



ACID REFLUX HRA

SERIOUS SYMPTOMS REPORTED



RISK EXPLAINED

People in this group have indicated they are experiencing at least 1 of the following:

- Chest pain, not otherwise described
- Painful or difficulty swallowing
- Unexplained weightloss of 5% or more

These users are urged to seek medical attention for their potentially serious symptoms, regardless of other results.

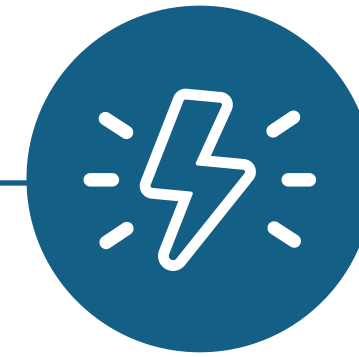


EXAMPLE PERSONA

Judith is a 62-year-old woman who has recently experienced significant weightloss and some difficulty swallowing. She believed it was due to indigestion that she has sometimes struggled with in the past.

She took the Acid Reflux assessment and was concerned to learn her symptoms may indicate a more serious condition, not necessarily related to GERD.

GOAL: SEEK MEDICAL ATTENTION



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

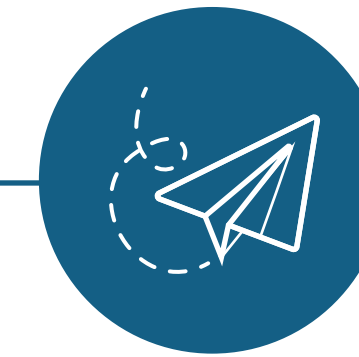
- Appointment scheduling.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

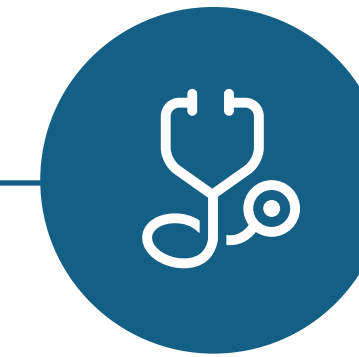
- Review their results report with them and answer any questions they have.
- Schedule an appointment with primary care.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Who should be screened for acid reflux disease, and when.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- Common and uncommon symptoms of acid reflux disease.
- The importance of obtaining and maintaining a relationship with primary care.



ADDRESS SYMPTOMS WITH PRIMARY CARE

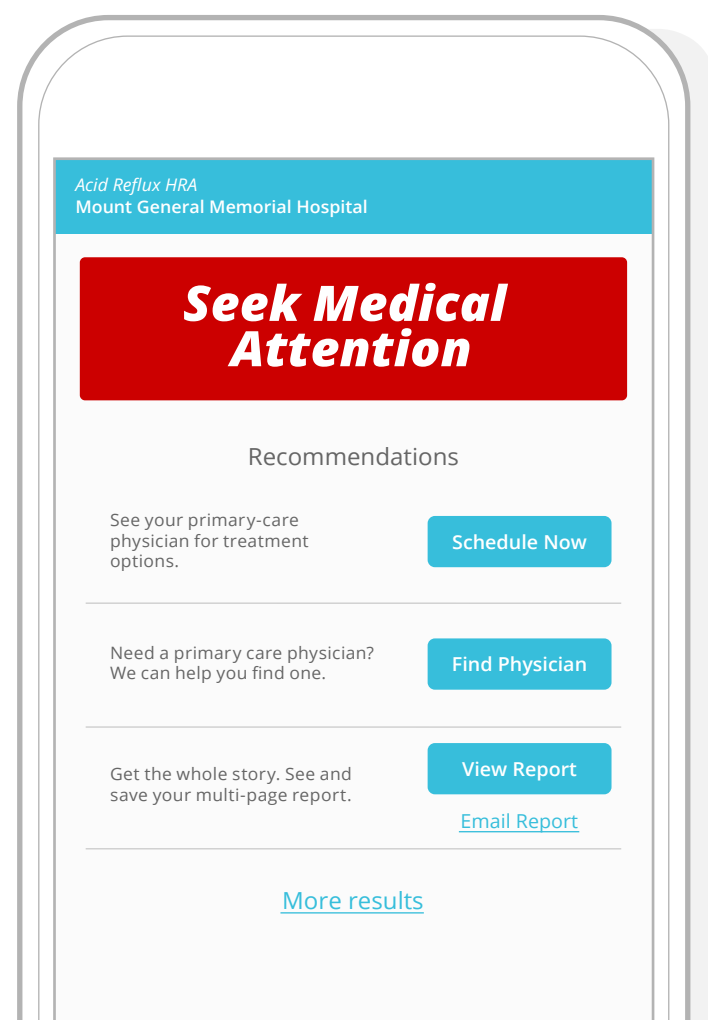
- In most cases, users in this group should have their symptoms assessed in a primary care setting to determine if their symptoms indicate a serious condition.

OTHER CONSIDERATIONS

People in this group may also have chronic cough, chronic laryngitis, chronic sore throat, or chronic hoarseness.

These users may have lifestyle habits or health histories that impact GERD symptoms, including smoking, overweight/obesity, or diabetes.

DOC-00428 - Updated on 10 Feb 2022





ACID REFLUX HRA

DIAGNOSED & SYMPTOMATIC



RISK EXPLAINED

People in this group have a diagnosis of gastroesophageal reflux disease (GERD), and they experience at least 1 of the following:

- Heartburn
- Regurgitation
- Trouble sleeping
- Need for OTC plus prescription meds
- Stomach pain
- Nausea

These users are encouraged to speak with a doctor about symptom control, regardless of the number or severity of symptoms reported.

EXAMPLE PERSONA

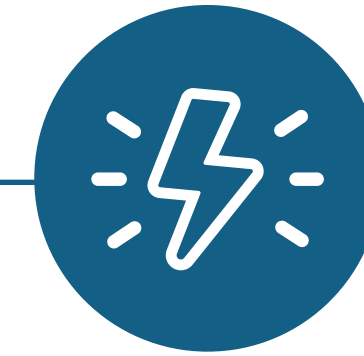
Gary is a 44-year-old man with GERD. He was diagnosed last year and has since managed to drop 20 pounds through diet and exercise. He also quit a pack-a-day smoking habit.

Despite making these lifestyle changes and taking his medication as prescribed, his GERD symptoms haven't gotten better. He recently started taking over-the-counter medications too.

He has a hard time sleeping and experiences a great deal of discomfort in his abdomen on a regular basis because of his symptoms.

DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Appointment scheduling.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

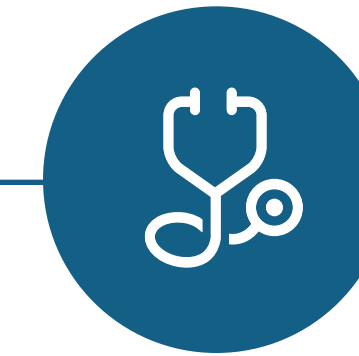
- Review their results report with them and answer any questions they have.
- Schedule an appointment with primary care.
- Discuss potential lifestyle changes and any next-steps.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

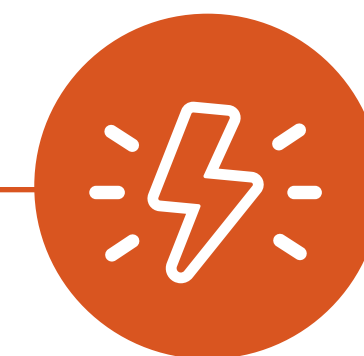
- What to do when acid reflux symptoms don't go away.
- Common and uncommon symptoms of acid reflux disease.
- The importance of maintaining a relationship with primary care to manage acid reflux disease.



ADDRESS SYMPTOMS WITH PRIMARY CARE

- In most cases, users in this group should have their symptoms assessed in a primary care setting to determine whether any changes to their current treatment is warranted.
- These users may benefit from a referral to gastroenterology.

NO



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor.
- Appointment scheduling.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user as soon as possible by phone call to:

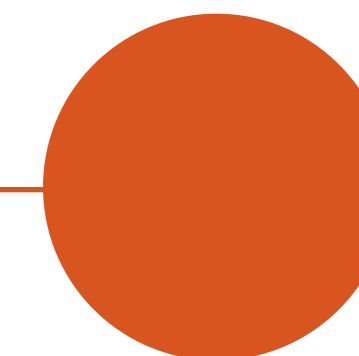
- Review their results report with them and answer any questions they have.
- Establish a primary care physician and schedule an appointment for screening.
- Discuss potential treatments, as well as their next-steps.



FOLLOW-UP EMAILS

Customize your follow-up email content to focus on:

- What to do when acid reflux symptoms don't go away.
- Common and uncommon symptoms of acid reflux disease.
- The importance of creating a relationship with primary care to manage acid reflux disease.



ESTABLISH PRIMARY CARE RELATIONSHIP

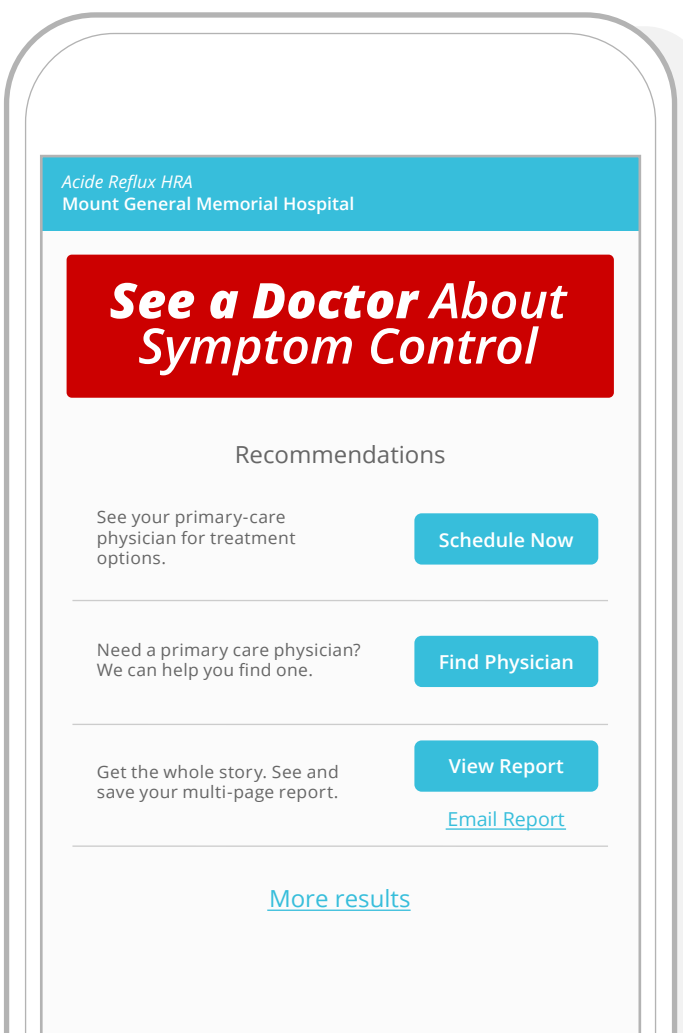
- In most cases, users in this group should have their symptoms assessed in a primary care setting to determine whether any changes to their current treatment is warranted.
- These users may benefit from a referral to gastroenterology.

OTHER CONSIDERATIONS

People in this group may also have chronic cough, chronic laryngitis, chronic sore throat, or chronic hoarseness.

These users may have lifestyle habits or health histories that impact GERD symptoms, including smoking, overweight/obesity, or diabetes.

DOC-00428 - Updated on 10 Feb 2022





ACID REFLUX HRA

UNDIAGNOSED WITH INCREASED RISK OF GERD



RISK EXPLAINED

People in this group do not have a diagnosis of gastroesophageal reflux disease (GERD), but they experience at least 3 of the following:

- Heartburn
- Regurgitation
- Trouble sleeping
- Need for OTC plus prescription meds
- Stomach pain
- Nausea

Their symptom score* indicates that GERD is likely. Further evaluation for GERD in a primary care setting is needed.

**symptom score = total points from the completed GerdQ questionnaire*



EXAMPLE PERSONA

Suzannah is a 53-year-old woman. She is an overweight non-smoker.

Suzannah drinks several cans of caffeinated soda each day and a glass or two of wine each night. She eats a diet heavy in spicy, acidic foods.

She finds it hard to sleep several nights a week, is constantly tasting acid in her throat, and has started taking daily antacids for heartburn.

Both her father and her sister were diagnosed with GERD before the age of 50, and she is wondering if she might have the condition, too.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

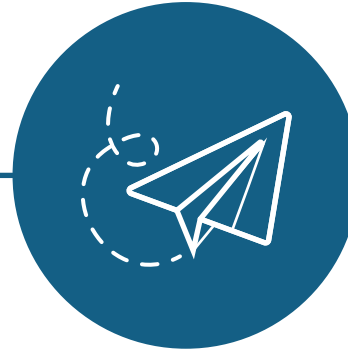
- Appointment scheduling.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report with them and discuss next steps.
- Schedule an appointment for screening via primary care.
- Discuss any lifestyle changes they can make to help reduce symptoms.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- When to see a doctor about symptoms of acid reflux disease.
- Common and uncommon symptoms of acid reflux disease.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- The importance of maintaining a relationship with primary care for gastrointestinal health.



SCREENING VIA PRIMARY CARE

- In most cases, users in this group should be screened for GERD in a primary care setting.
- These users may benefit from a referral to gastroenterology.

NO



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor.
- Appointment scheduling.



PHONE CALL FOLLOW UP

Follow up with the user as soon as possible by phone call to:

- Review their results report with them and discuss next steps.
- Establish a primary care physician and schedule an appointment for screening.
- Discuss any lifestyle changes they can make to help reduce symptoms.



FOLLOW-UP EMAILS

Customize your follow-up email content to focus on:

- When to see a doctor about symptoms of acid reflux disease.
- Common and uncommon symptoms of acid reflux disease.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- The importance of creating a relationship with primary care for gastrointestinal health.



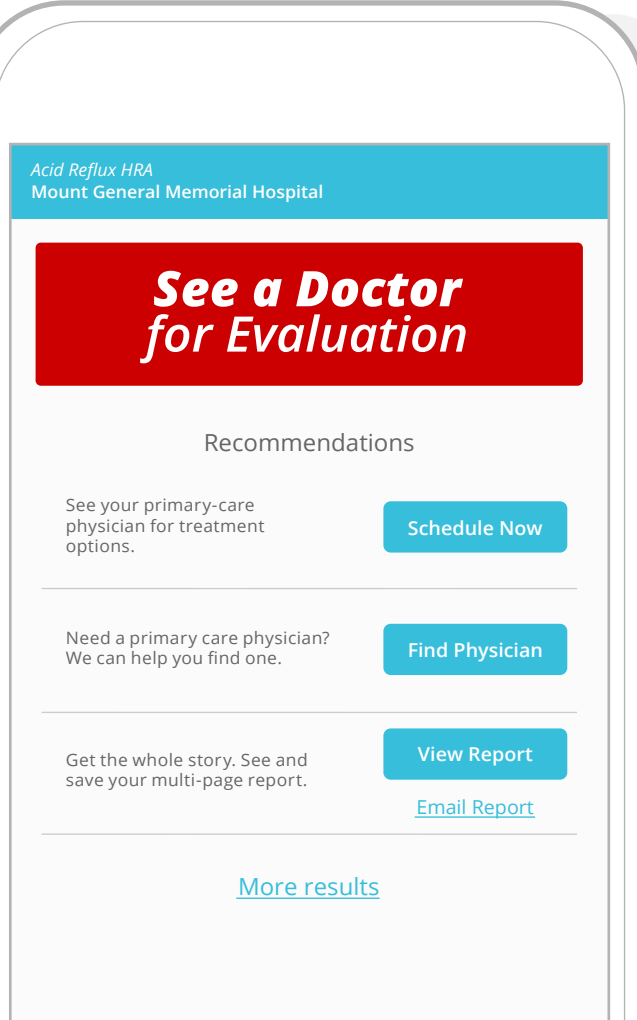
SCREENING VIA PRIMARY CARE

- In most cases, users in this group should be screened for GERD in a primary care setting.
- These users may benefit from a referral to gastroenterology.

OTHER CONSIDERATIONS

People in this group may also have chronic cough, chronic laryngitis, chronic sore throat, or chronic hoarseness. These chronic symptoms are not part of the GerdQ symptom score.*

These users may have lifestyle habits or health histories that impact GERD symptoms, including smoking, overweight/obesity, or diabetes.





ACID REFLUX HRA

UNDIAGNOSED WITH SOME SYMPTOMS



RISK EXPLAINED

People in this group do not have a diagnosis of gastroesophageal reflux disease (GERD), but they experience at least 1 of the following:

- Heartburn
- Regurgitation
- Trouble sleeping
- Need for OTC plus prescription meds
- Stomach pain
- Nausea

Their symptom score* does **not** indicate that GERD is likely. But the presence of at least 1 symptom warrants an evaluation by primary care.

**symptom score = total points from the completed GerdQ questionnaire*



EXAMPLE PERSONA

Erik is a 34-year-old male who smokes and drinks on a regular basis.

Erik describes his diet as being “steady in fast food and snacks,” and he recently started having very painful heartburn after eating greasy fast food and drinking beer.

Erik did some research on acid reflux disease when his 56-year-old mother was diagnosed with GERD a few months ago. He’s curious if his heartburn is a sign of GERD, and he wonders if he should be on medications.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Appointment scheduling.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report with them and discuss next steps.
- Schedule an appointment to address their current symptoms.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Who should be screened for acid reflux disease, and when.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- Common and uncommon symptoms of acid reflux disease.
- The importance of maintaining a relationship with primary care.



ADDRESS SYMPTOMS IN PRIMARY CARE SETTING

- Users in this group should be educated about acid reflux disease and its causes.
- In most cases, these users should be encouraged to make diet and/or lifestyle changes that can reduce symptoms.

NO



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor.
- Appointment scheduling.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user as soon as possible by phone call to:

- Review their results report with them and discuss next steps.
- Establish a primary care physician and schedule an appointment to address their current symptoms.



FOLLOW-UP EMAILS

Customize your follow-up email content to focus on:

- Who should be screened for acid reflux disease, and when.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- Common and uncommon symptoms of acid reflux disease.
- The importance of creating a relationship with primary care.



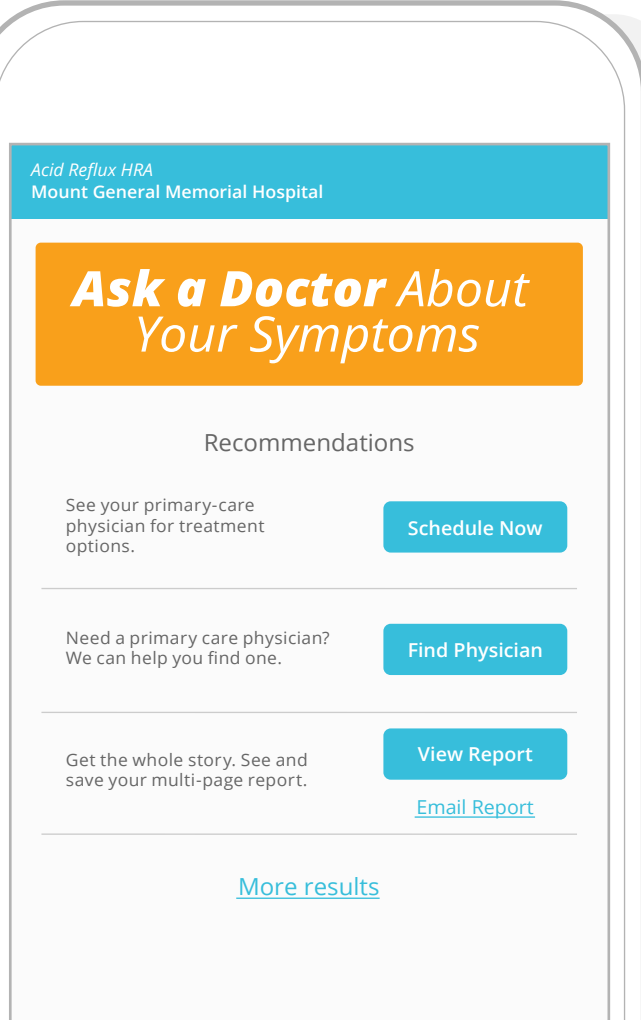
ESTABLISH PRIMARY CARE RELATIONSHIP

- Users in this group should be educated about acid reflux disease and its causes.
- In most cases, these users should be encouraged to make diet and/or lifestyle changes that can reduce symptoms.

OTHER CONSIDERATIONS

People in this group may also have chronic cough, chronic laryngitis, chronic sore throat, or chronic hoarseness. These chronic symptoms are not part of the GerdQ symptom score.*

These users may have lifestyle habits or health histories that impact GERD symptoms, including smoking, overweight/obesity, or diabetes.





ACID REFLUX HRA

DIAGNOSED & ASYMPTOMATIC



RISK EXPLAINED

People in this group have a diagnosis of gastroesophageal reflux disease (GERD), and they report none of the following:

- Heartburn
- Regurgitation
- Trouble sleeping
- Need for OTC plus prescription meds
- Stomach pain
- Nausea

These people may have chronic cough, chronic laryngitis, chronic sore throat, or chronic hoarseness. These symptoms should be evaluated in a primary care setting.



EXAMPLE PERSONA

Cameron is a 46-year-old male. He does not smoke, drinks moderately, and is in the overweight BMI range.

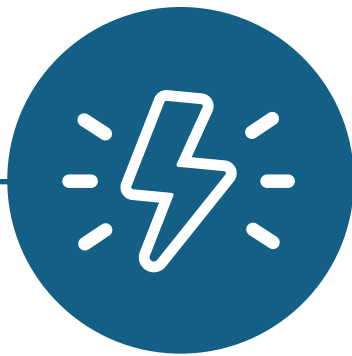
Cameron was diagnosed with GERD five years ago and has been symptom-free since starting medications two years ago.

However, he developed laryngitis four weeks ago that hasn't resolved. He's heard that laryngitis might be related to GERD, but he isn't sure if he should see the doctor about it yet.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

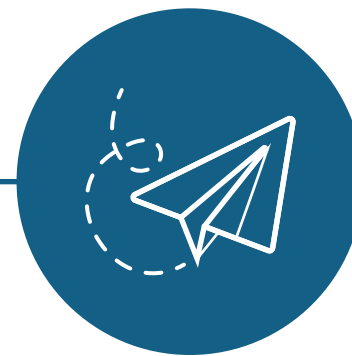
- Relevant health content.
- Health fairs or other events sponsored by your community.
- Appointment scheduling.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report and answer any questions they have about their results.
- Encourage them to think about lifestyle or diet changes that may reduce their risk of symptoms reoccurring in the future.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Common and uncommon symptoms of acid reflux disease.
- Diet and lifestyle habits that may improve acid reflux symptoms.
- The importance of maintaining a relationship with primary care to manage acid reflux disease.



EDUCATION & INTERVENTION

- In most cases, these users don't require any immediate intervention for acid reflux symptoms.
- These users may benefit most from educational health content during a regular primary care visit.

NO



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor.
- Relevant health content.
- Health fairs or other events sponsored by your community.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Help them set up a primary care relationship.
- Review their results report and answer any questions they have about their results.
- Encourage them to think about lifestyle or diet changes that may reduce their risk of symptoms reoccurring in the future.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Common and uncommon symptoms of acid reflux disease.
- Diet and lifestyle habits that may improve acid reflux symptoms.
- The importance of maintaining a relationship with primary care to manage acid reflux disease.

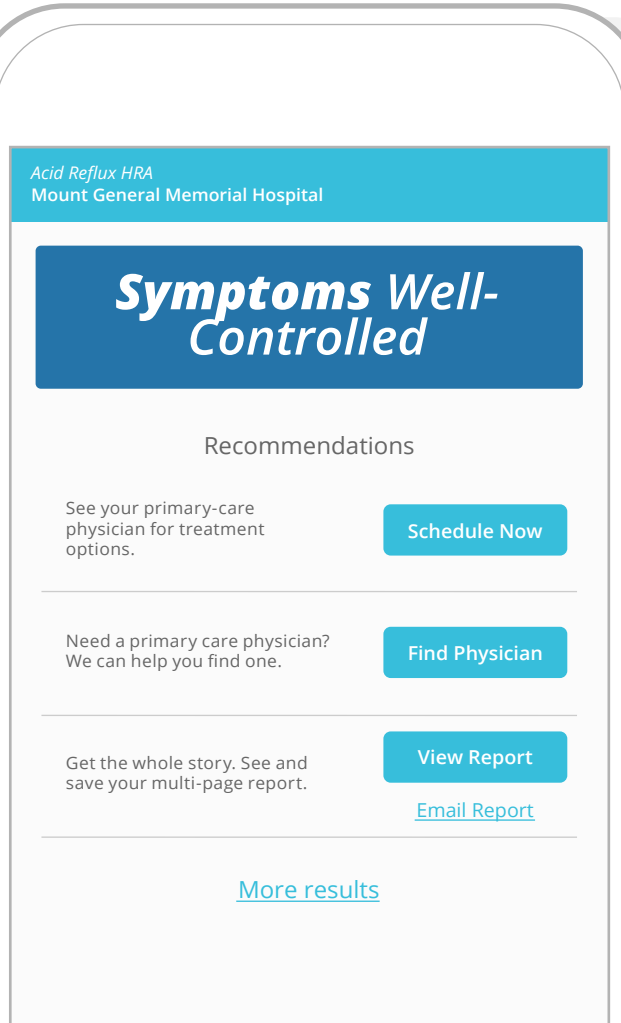


EDUCATION & INTERVENTION

- In most cases, these users don't require any immediate intervention for acid reflux symptoms.
- These users may benefit most from educational health content during a regular primary care visit.

OTHER CONSIDERATIONS

These users may also have lifestyle habits or health histories that impact GERD symptoms, including smoking, overweight/obesity, or diabetes.





ACID REFLUX HRA

UNDIAGNOSED & ASYMPTOMATIC



RISK EXPLAINED

People in this group do not have a diagnosis of gastroesophageal reflux disease (GERD), and they report none of the following:

- Heartburn
- Regurgitation
- Trouble sleeping
- Need for OTC plus prescription meds
- Stomach pain
- Nausea

Their symptom score* indicates that GERD is unlikely. Nevertheless, they may have chronic symptoms or risk factors that should be evaluated in a primary care setting (see Other Considerations).

**symptom score = total points from the completed GerdQ questionnaire*



EXAMPLE PERSONA

Charlotte is a 32-year-old woman. Her BMI is 27 (overweight); she does not exercise much at all; she smokes 4-5 cigarettes a day; and she drinks 3-4 alcoholic drinks in the evening on weekends.

She's been battling a chronic cough for some time. While searching online for possible causes, she found this assessment and was curious if she might have acid reflux disease.

Charlotte learned that it's unlikely she has GERD, and that it's appropriate to ask a doctor about her long-term cough. She also learned that weight, smoking, and drinking may put her at increased risk for developing GERD in the future.

OTHER CONSIDERATIONS

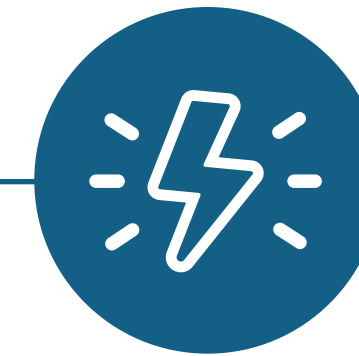
These users may have chronic cough, chronic laryngitis, chronic sore throat, or chronic hoarseness. These chronic symptoms are not part of the GerdQ symptom score.*

These users may also have lifestyle habits or health histories that impact GERD symptoms, including smoking, overweight/obesity, or diabetes



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

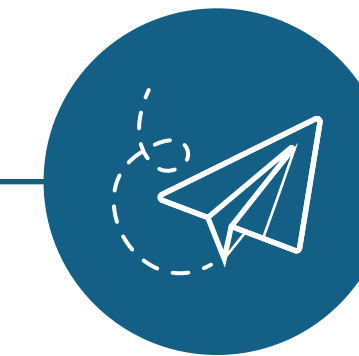
- Relevant health content.
- Health fairs or other events sponsored by your community.
- Appointment scheduling.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report and answer any questions they have about their results.
- Encourage them to think about lifestyle or diet changes that may reduce their risk of developing symptoms in the future.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

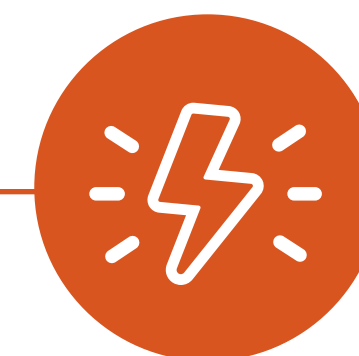
- Common and uncommon symptoms of acid reflux disease.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- The importance of maintaining a relationship with primary care for gastrointestinal health.



EARLY INTERVENTION VIA PRIMARY CARE

- In most cases, these users don't require any immediate screening or intervention.
- These users may benefit most from educational health content during a regular primary care visit.

NO



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor.
- Relevant health content.
- Health fairs or other events sponsored by your community.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Common and uncommon symptoms of acid reflux disease.
- Diet and lifestyle habits that may influence acid reflux symptoms.
- The importance of creating a relationship with primary care for gastrointestinal health.



EARLY INTERVENTION VIA PRIMARY CARE

- In most cases, these users don't require any immediate screening or intervention.
- These users may benefit most from educational health content during a regular primary care visit.

