



# HEART HEALTH HRA

HIGH RISK—EXISTING CONDITION



## RISK EXPLAINED

People in this category have reported at least one pre-existing condition that places their risk for developing additional or new cardiovascular disease (CVD) in the next 10 years at 20% or greater.

These pre-existing conditions include:

- Type 1 or type 2 diabetes
- Heart disease
- Heart attack
- Stroke or mini-stroke (also called transient ischemic attack or TIA)
- Heart failure
- Angina or chest pain
- Peripheral artery disease (PAD)



## EXAMPLE PERSONA

Anna is a 50-year-old Hispanic female with type 2 diabetes. She is currently taking medications to manage her blood sugar, cholesterol, and blood pressure. She has been seeing the same doctor for the past 5 years.

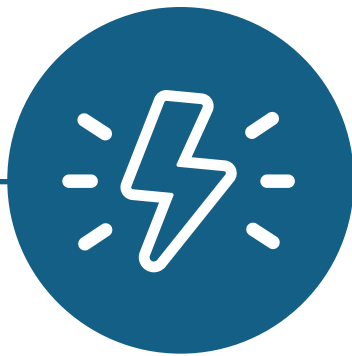
Anna has struggled to manage her weight as she approaches menopause. Her weight gain is having a negative impact on her quality of life, blood sugar, cholesterol, and blood pressure.

She's worried about her chances of having a heart attack in addition to all of her other health concerns.



## DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

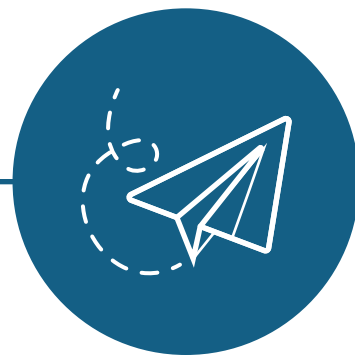
- Chronic care program enrollment.
- Appointment scheduling.



## PHONE CALL FOLLOW UP

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

- Enroll the user in a chronic care management program.
- Review the results report with them and explain their results.
- Encourage an appointment with their primary care physician to discuss their results and any next-steps.



## FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- The importance of chronic care management and staying in touch with their doctor.
- The early signs of a heart attack or other serious conditions.
- Who should see a cardiologist and why.



## ENROLLMENT IN CHRONIC-CARE MANAGEMENT

- Promote chronic care management programs available through your organization.
- Enroll the user in the appropriate programs if possible.

NO



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

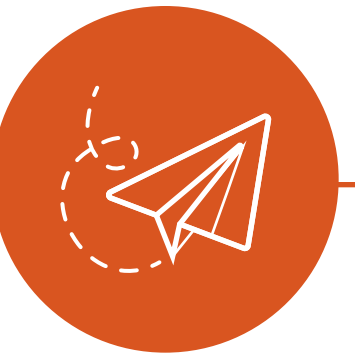
- Finding a doctor.
- Chronic care program enrollment.
- Appointment scheduling.



## PHONE CALL FOLLOW UP

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

- Find a primary care physician and set up an appointment.
- Enroll the user in a chronic care management program.
- Review the results report with them and explain their results.



## FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- Building a relationship with a primary care physician.
- The importance of chronic care management and staying in touch with their doctor.
- The early signs of a heart attack or other serious conditions.
- Who should see a cardiologist and why.

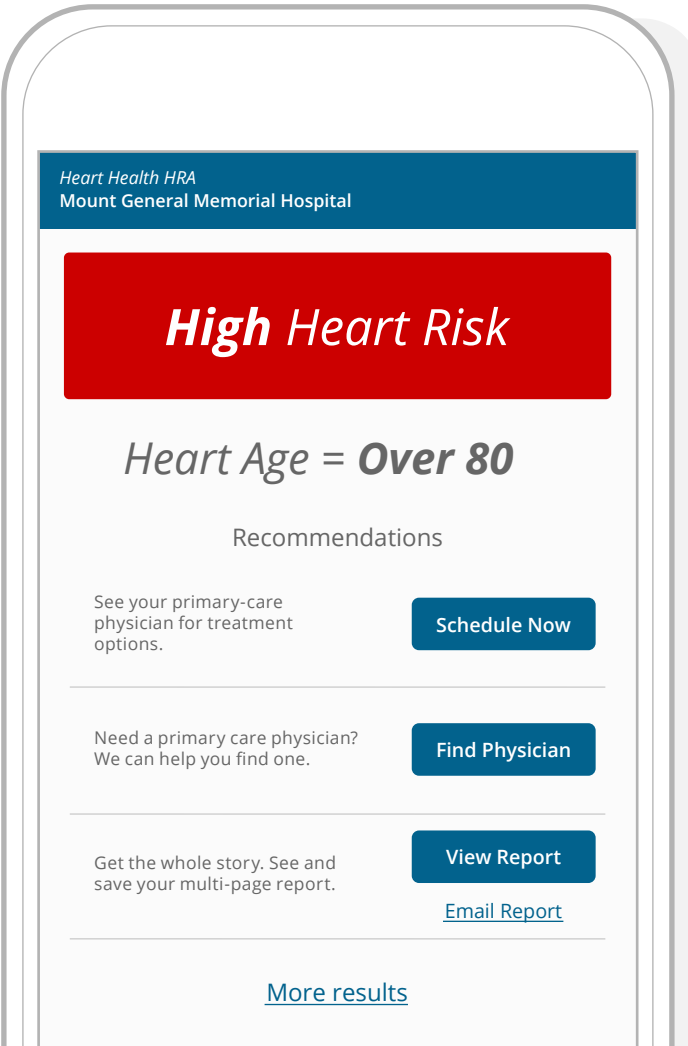


## ENROLLMENT IN CHRONIC-CARE MANAGEMENT

- Promote appointment scheduling and chronic care management programs.
- Enroll the user in the appropriate programs if possible.

## OTHER CONSIDERATIONS

These people may also have one or several other risk factors that contribute to their chances of developing cardiovascular disease. Risk factors may be lifestyle-related (weight, smoking history, blood pressure, cholesterol) or health history-related (age, family history, medications).





# HEART HEALTH HRA

HIGH RISK



## RISK EXPLAINED

People in this group have a 20% or greater chance of developing cardiovascular disease (CVD) in the next 10 years.

This estimate is based on their current risk factors and health history.



## EXAMPLE PERSONA

Charles is a 57-year-old Caucasian male with obesity (5'9" and 285 lbs). He hasn't seen a doctor in over 2 years, but he knows his blood pressure (BP) is moderately high. He's been checking it at the local pharmacy with some regularity.

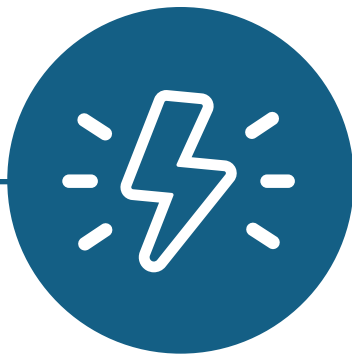
He is hesitant to see a doctor, so he's been trying to lower his BP on his own. He quit smoking 6 months ago and has been getting about an hour of moderate intensity exercise every week. In spite of his efforts, his numbers aren't improving.

Charles took this assessment at the urging of his wife, and his result confirmed that he should see a health care professional to discuss his risk factors and long-term health.



## DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling (potentially with a cardiologist).
- Health risk management programs.



## PHONE CALL FOLLOW UP

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

- Encourage a discussion with their primary care physician to receive cardiovascular screening or stress tests.
- Review the results report with them and explain their results.
- Emphasize lifestyle changes that may help lower their risk.



## FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- The importance of chronic care management and staying in touch with their doctor.
- The early signs of a heart attack or other serious conditions.
- Who should see a cardiologist, and why.



## CARDIOVASCULAR SCREENING

- Most high-risk users should undergo cardiovascular screening. This may include a cardio stress test.
- This group is most likely to have underlying conditions that may warrant cardiovascular procedures.
- In most cases, patients in this group should be under the care of a cardiologist.

NO



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

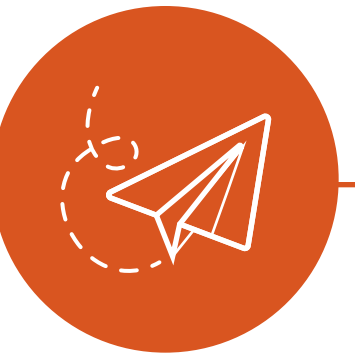
- Finding a doctor.
- Appointment scheduling (potentially with a cardiologist).



## PHONE CALL FOLLOW UP

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

- Find a primary care physician and set up an appointment to review their results report.
- Encourage them to receive cardiovascular screening or stress tests with a doctor.



## FOLLOW UP EMAILS

Customize your follow-up email content to focus on:

- Building a relationship with a primary care physician.
- Talking to a doctor about cardiovascular health.
- Knowing the early signs of a heart attack or other serious conditions.
- Who should see a cardiologist, and why.



## CARDIOVASCULAR SCREENING

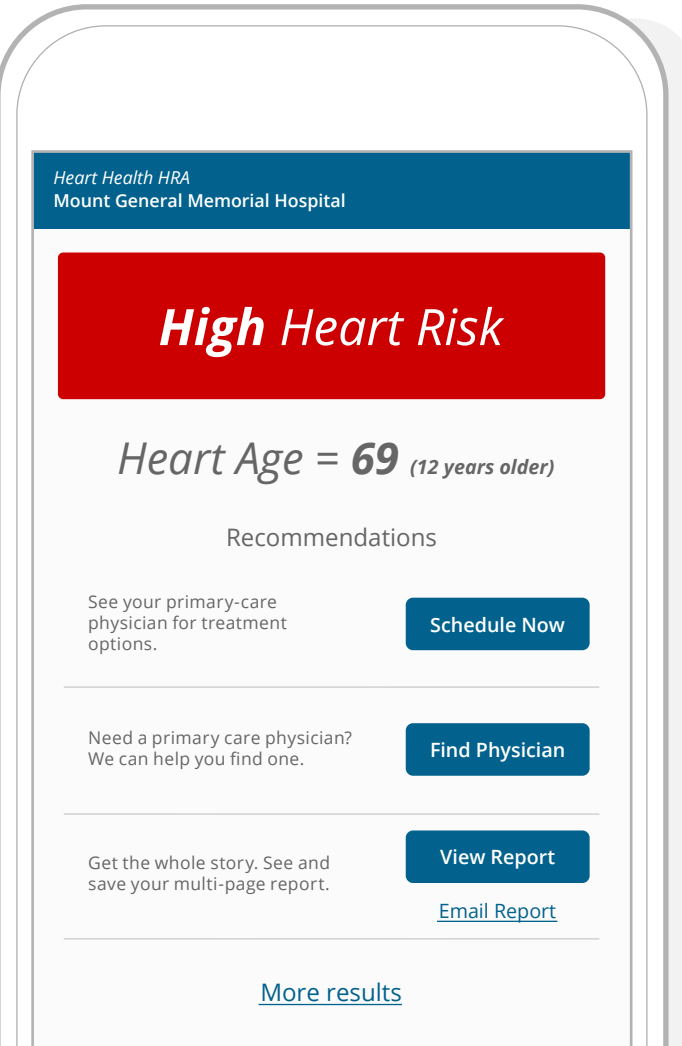
- Most high-risk users should undergo cardiovascular screening. This may include a cardio stress test.
- This group is most likely to have underlying conditions that may warrant cardiovascular procedures.
- In most cases, patients in this group should be under the care of a cardiologist.

## OTHER CONSIDERATIONS

For people in this category, the factors that increase the risk of developing CVD in the next 10 years may be lifestyle-related (weight, smoking history, blood pressure, cholesterol) or health history-related (age, family history, medications).

This group does not report any of the pre-existing conditions listed in the *High Risk-Existing Condition* category.

This group has the most "surprise" risk and typically warrants the most aggressive follow-up. They may not be actively engaged with their doctor, so they may be good candidates for cardio screening or a cardio stress test. They should be educated about their risk and actively managed through regular checkups with a cardiologist.





# HEART HEALTH HRA

MODERATE RISK



## RISK EXPLAINED

People in this group have a 10% to 19% chance of developing cardiovascular disease (CVD) in the next 10 years **OR** their risk of developing CVD in the next 10 years is less than 10% but they have 2 or more of the following risk factors:

- Age 55 or older if female; age 45 or older if male
- Current smoker
- Any immediate family diagnosed with early heart disease
- On medication to control hypertension

**OR:**

- Systolic blood pressure of 140 mm Hg or higher
- Diastolic blood pressure of 90 mm Hg or higher



## EXAMPLE PERSONA

Diane is a 67-year-old African American woman. She's on medication for high blood pressure, and her latest reading was 125/72 mm Hg. She's otherwise healthy with no family history of heart disease.

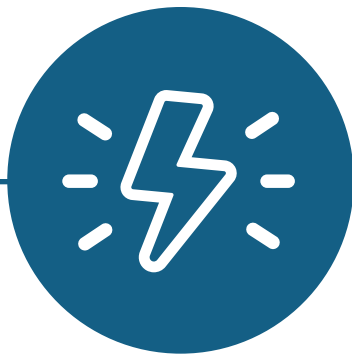
She's a never-smoker who does 120 minutes of moderate-intensity cardio each week. In spite of working out, she has struggled to maintain a healthy weight over the years and is currently classified as overweight (i.e. height is 5'5" and weight is 156 lbs).

Diane is surprised to learn her risk category is moderate. She wasn't aware that age alone is an important risk factor for CVD.



## DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

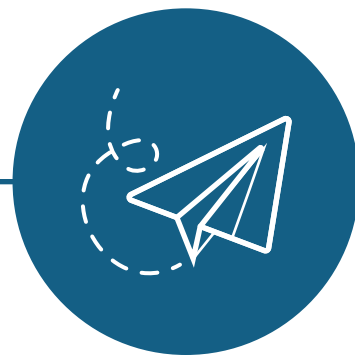
- Appointment scheduling.
- Health risk management information.
- Community wellness events at your organization.



### PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Confirm that the user is in regular contact with their primary care physician.
- Review the results report with them and explain their results.
- Promote healthy lifestyle habits that may help decrease their risk as they age.



### FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- The importance of talking to a doctor about cardiovascular health.
- The early signs of a heart attack or other serious conditions.
- Who should see a cardiologist, and why.



### PRIMARY CARE FOLLOW-UP

- Users with moderate risk should be seen by a primary care physician.
- Some users may warrant referral to a cardiologist for additional screening.
- Some users may be eligible for health risk management programs.

NO



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

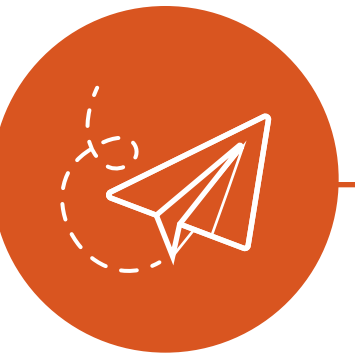
- Finding a doctor.
- Appointment scheduling.
- Health risk management information.



### PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Find a primary care physician and set up an initial appointment.
- Review the results report with them and explain their results.
- Promote healthy lifestyle habits that may help decrease their risk as they age.



### FOLLOW UP EMAILS

Customize your follow-up email content to focus on:

- Building a relationship with a primary care physician.
- The importance of talking to a doctor about cardiovascular health.
- The early signs of a heart attack or other serious conditions.
- Who should see a cardiologist, and why.



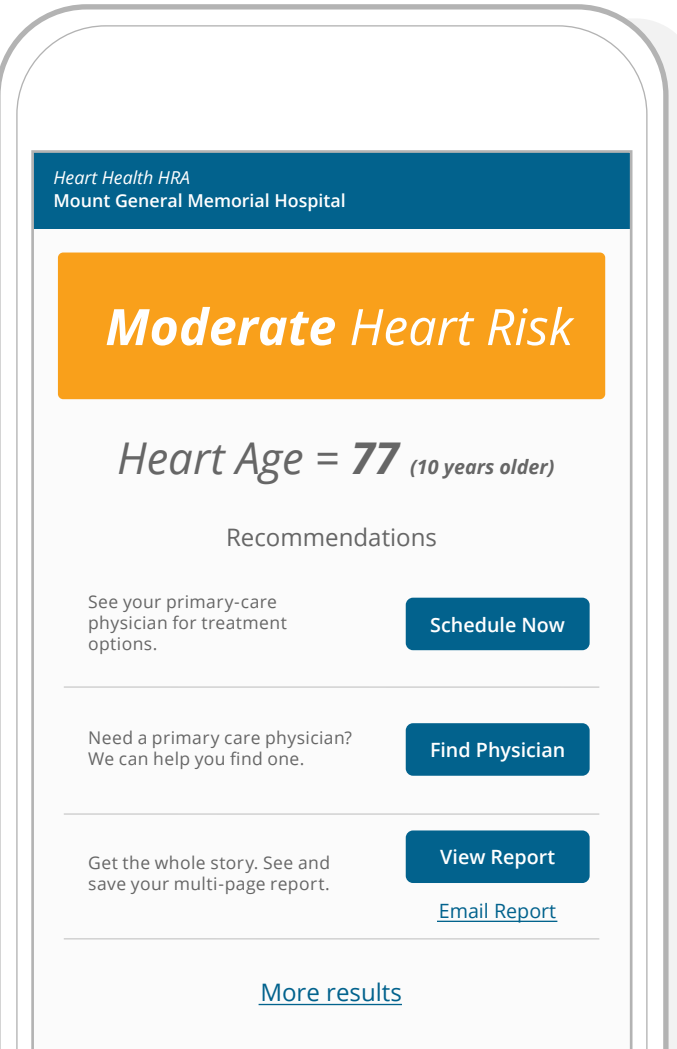
### PRIMARY CARE FOLLOW-UP

- Users with moderate risk should be seen by a primary care physician.
- Some users may warrant referral to a cardiologist for additional screening.
- Some users may be eligible for health risk management programs.

## OTHER CONSIDERATIONS

For people in this category, the factors that increase the risk of developing CVD in the next 10 years may be lifestyle-related (weight, smoking history, blood pressure, cholesterol) or health history-related (age, family history, medications).

This group does not report any of the pre-existing conditions listed in the *High Risk-Existing Condition* category. This group should be proactively engaged and their risk should be managed through regular checkups with a primary care physician.





# HEART HEALTH HRA

LOW RISK



## RISK EXPLAINED

People in this group have at most 1 of the risk factors listed in *Moderate Risk* and less than a 10% chance of developing cardiovascular disease (CVD) in the next 10 years.



## EXAMPLE PERSONA

Sarah is a 38-year-old Asian woman. She is a daily smoker who has attempted to quit smoking several times. She's generally healthy, with all of her numbers within the recommended ranges (i.e. blood pressure, blood sugar, cholesterol, weight, weekly exercise, etc.).

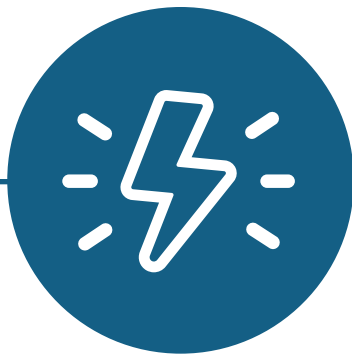
Sarah is concerned about her CVD risk because her 65-year-old uncle just had a heart attack, in spite of being otherwise fit and healthy.

Sarah is aware that smoking increases her CVD risk every day. She wants to find a way to quit, and she experiences anxiety when she thinks about what will happen if she doesn't.



## DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Health fairs and other events sponsored by your organization.
- Social media engagement or newsletter sign-ups.



## PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review the results report with them and explain their results.
- Encourage them to visit their primary care physician to discuss their results and learn what may increase their risk in the future.



## FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- The importance of staying in touch with a primary care doctor.
- Lifestyle changes that can reduce the risk of cardiovascular disease.
- Community wellness programs offered by your organization.



## SCREENING FOR HEALTHY BEHAVIORS

- Users with low risk should see their primary care physician to review their risks and discuss lifestyle factors that influence their risk, such as smoking or BMI.
- Some users may be eligible for health risk management programs or community wellness initiatives.

NO

## GOAL: CREATING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Finding a doctor.
- Appointment scheduling.
- Health fairs and other events by your organization.



## PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Find a primary care physician and set up an appointment.
- Review the results report with them and explain their results.
- Encourage them to visit their primary care physician to discuss their results and learn what may increase their risk in the future.



## FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- The importance of building a relationship with a primary care physician.
- Lifestyle changes that can reduce the risk of cardiovascular disease.
- Community wellness programs offered by your organization.



## SCREENING FOR HEALTHY BEHAVIORS

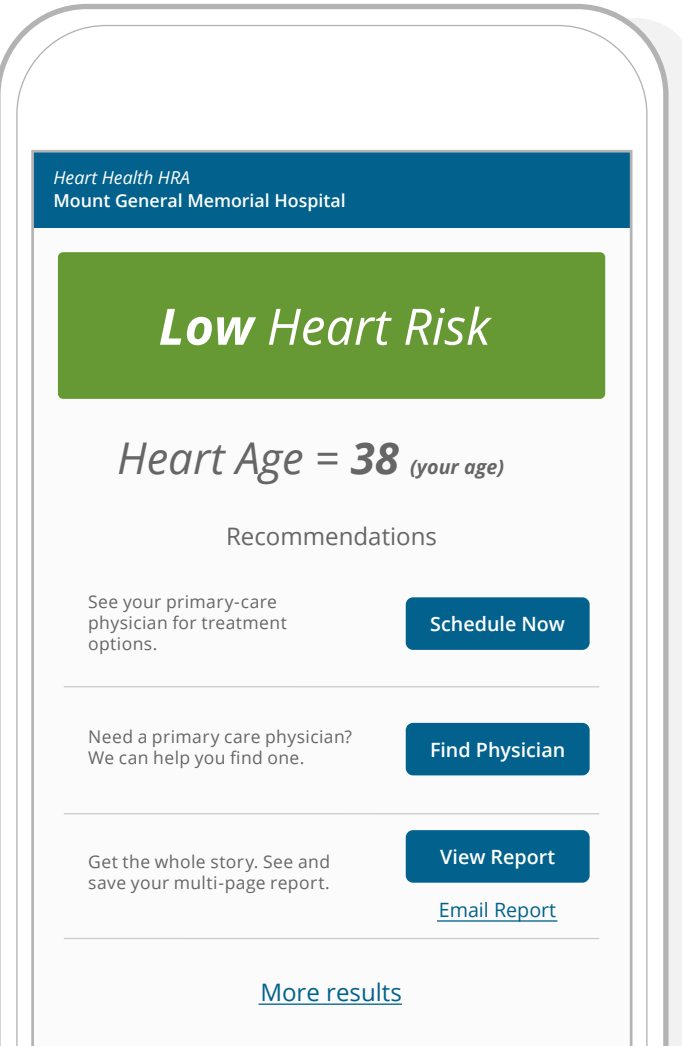
- Users with low risk should be seen by a primary care physician to review their risks and discuss lifestyle factors that influence their risk, such as smoking or BMI.
- Some users may be eligible for health risk management programs or community wellness initiatives.

## OTHER CONSIDERATIONS

This group does not report any of the pre-existing conditions listed in the *High Risk-Existing Condition* category, and they don't have 2 or more of the risk factors listed in *Moderate Risk*.

Their 10-year risk is low, but they may have risk factors that increase their 30-year risk of CVD. These risk factors may be lifestyle-related (weight, smoking history, blood pressure, cholesterol) or health history-related (age, family history, medications).

DOC-00308 - Updated 10 Feb 2022





# HEART HEALTH HRA

UNKNOWN RISK

## GOAL: SETTING UP AN APPOINTMENT FOR BLOOD PRESSURE SCREENING



### RISK EXPLAINED

People in this category are at unknown risk for cardiovascular disease (CVD) because they answered “I don’t know” for systolic blood pressure.



### EXAMPLE PERSONA

Christian is a 45-year-old Caucasian male. He works a sedentary job and is slightly overweight. He recently started taking daily aspirin to lower his risk of heart attack, though he didn’t consult a doctor about his CVD risk or his decision to self-medicate. He hasn’t been in for a physical in 5 years and isn’t convinced that he needs to see anyone yet.

Because of his weight and low physical activity, which he knows is a bad combination, he’s curious about his CVD risk. Christian is surprised to learn that his CVD risk can’t be estimated without knowing his blood pressure, so he’s realizing that it might be time for a check-up.



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling for blood pressure screening.
- Finding a doctor, if they don’t already have one.



### PHONE CALL FOLLOW UP

Follow up by phone with the user to:

- Set up an appointment to get their blood pressure checked.
- Review the results report with them and explain their results.
- Encourage them to re-take the HRA after having their blood pressure checked.



### FOLLOW UP EMAILS

Customize your follow-up email content to focus on:

- Emphasizing “knowing your numbers” for good heart health.
- Encouraging them to reassess their risk with the HRA after having their blood pressure measured.
- Encouraging them to stay in touch with a primary care physician.
- Educating about early signs of a heart attack or other serious conditions.



### BLOOD PRESSURE SCREENING

- Perform a blood pressure screening and any other applicable tests for these users.
- Prompt them to return to the HRA to reassess their risk after learning their blood pressure.

### OTHER CONSIDERATIONS

People in this group are unable to indicate their systolic blood pressure (SBP) either by choosing a range or entering their SBP number. They do not report any of the pre-existing conditions listed in the *High Risk-Existing Condition* category.

These people may be at high, moderate, or low risk. This health risk assessment requires SBP to estimate a 10-year and 30-year CVD risk. People in this group should have their blood pressure measured in order to assess their CVD risk.

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