

# HIGH RISK—EXISTING CONDITION

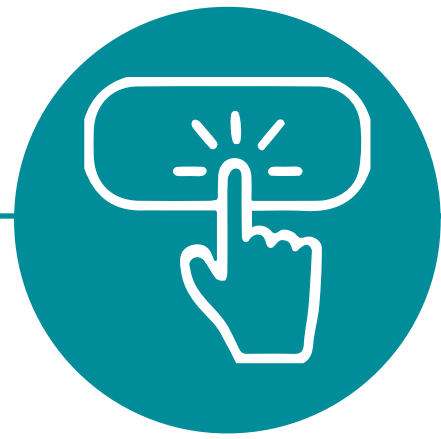
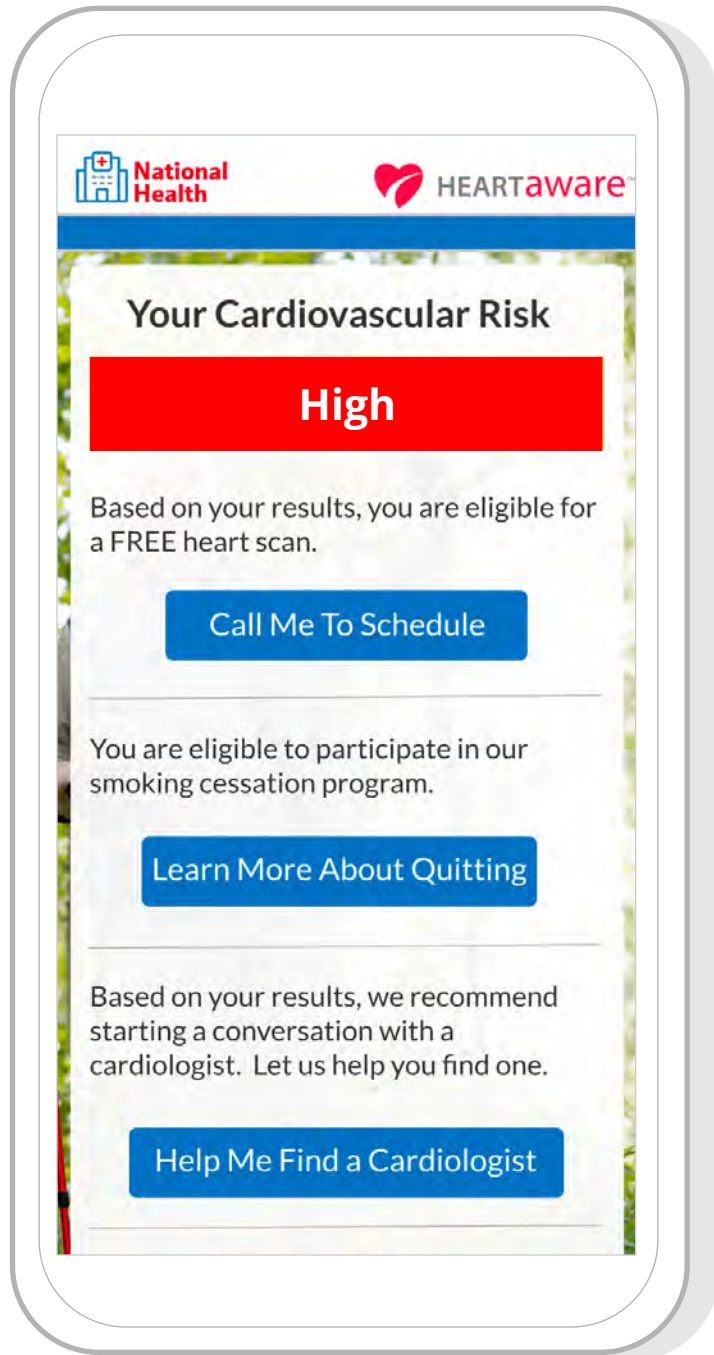
People in this category have at least one of these high risk existing conditions:

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

These conditions place their risk for developing additional or new cardiovascular disease (CVD) in the next 10 years at 20% or greater.

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).

## GOAL: ENROLLMENT IN CHRONIC-CARE MANAGEMENT PROGRAM



### 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.



### FOLLOW UP

Follow up with the user as soon as possible 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.



### NURTURING

Customize your nurturing 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.



### EXAMPLE PERSONA

Bettie is a 55-year-old Caucasian 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.

Bettie has struggled to manage her weight since 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.

## HIGH NEAR-TERM RISK

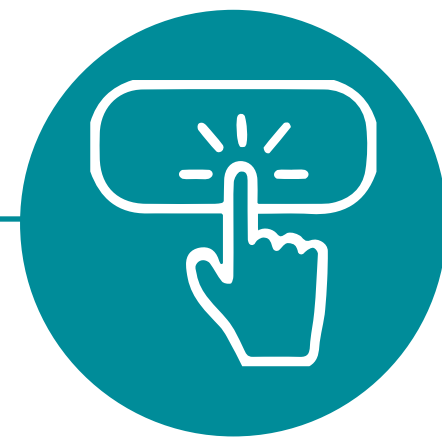
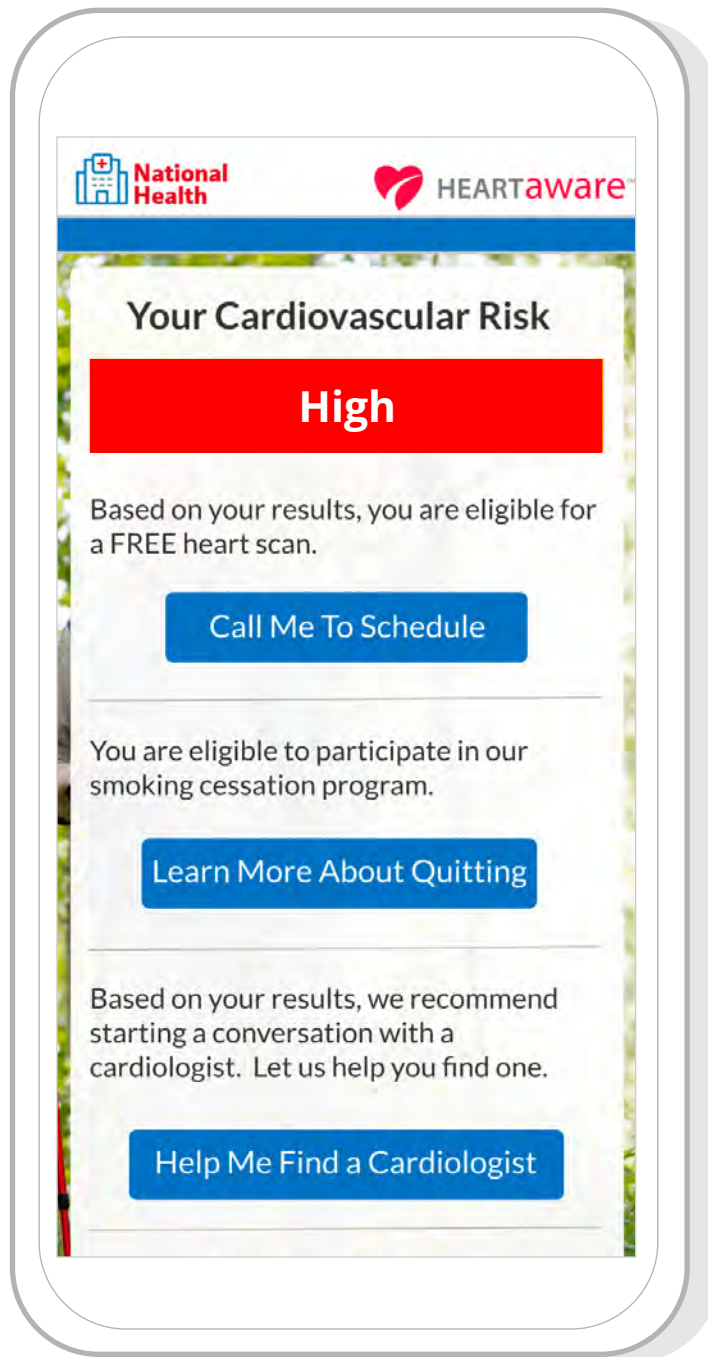
People in this group have a 20% or greater chance of developing cardiovascular disease (CVD) in the next 10 years. This estimate is based on their current risk factors and health history.

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

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 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.

### GOAL: SCHEDULING A CARDIOVASCULAR SCREENING



#### 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.



#### FOLLOW UP

Follow up with the user as soon as possible 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.



#### NURTURING

Customize your nurturing 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.



#### EXAMPLE PERSONA

David 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.

David 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.





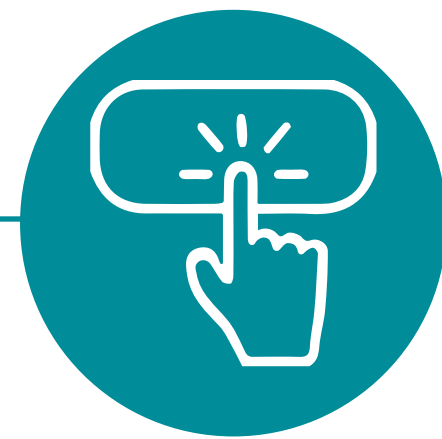
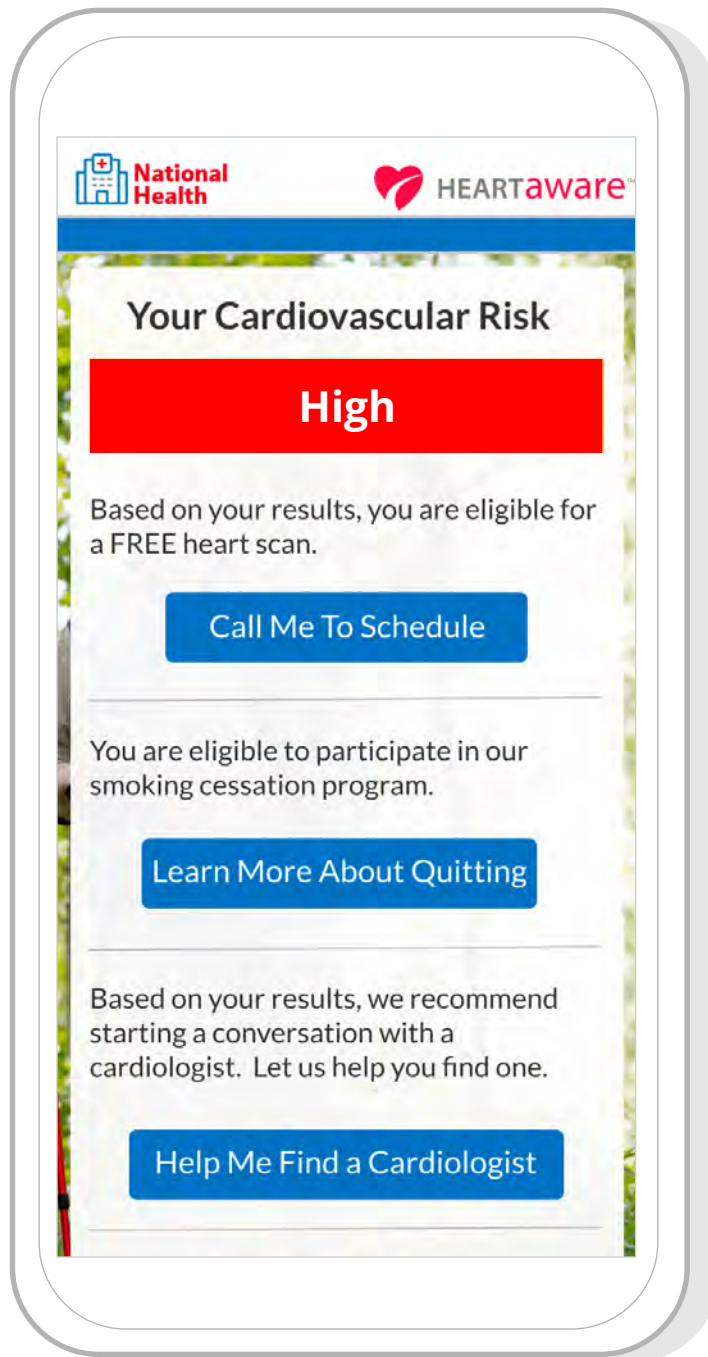
## HIGH LONG-TERM RISK

People in this group have a 40% or greater chance of developing cardiovascular disease (CVD) in the next 30 years. This estimate is based on their current risk factors and health history.

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

For people in this category, the factors that increase the risk of developing CVD in the next 30 years may be lifestyle-related (weight, smoking history, blood pressure, cholesterol) or health history-related (age, family history, medications).

### GOAL: SCHEDULING A PRIMARY CARE SCREENING APPOINTMENT



#### CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling with primary care or help to find a doctor
- Health risk management programs.



#### FOLLOW UP

Follow up with the user as soon as possible 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.



#### NURTURING

Customize your nurturing 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 high long-term 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.



#### EXAMPLE PERSONA

James is a 31-year-old Caucasian male with obesity (5'11" and 325 lbs) and high blood pressure. James has smoked about a pack a day since he was 16.

James took this assessment because he knows his smoking and excess weight are unhealthy and he is concerned how they may be affecting his heart health. Though his short-term risk for CVD is low, his result confirmed that he should see a health care professional to discuss his risk factors and long-term health.

## MODERATE RISK

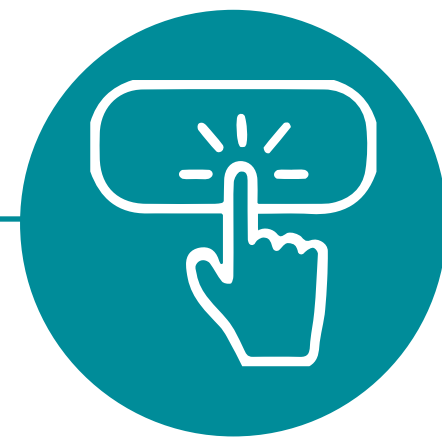
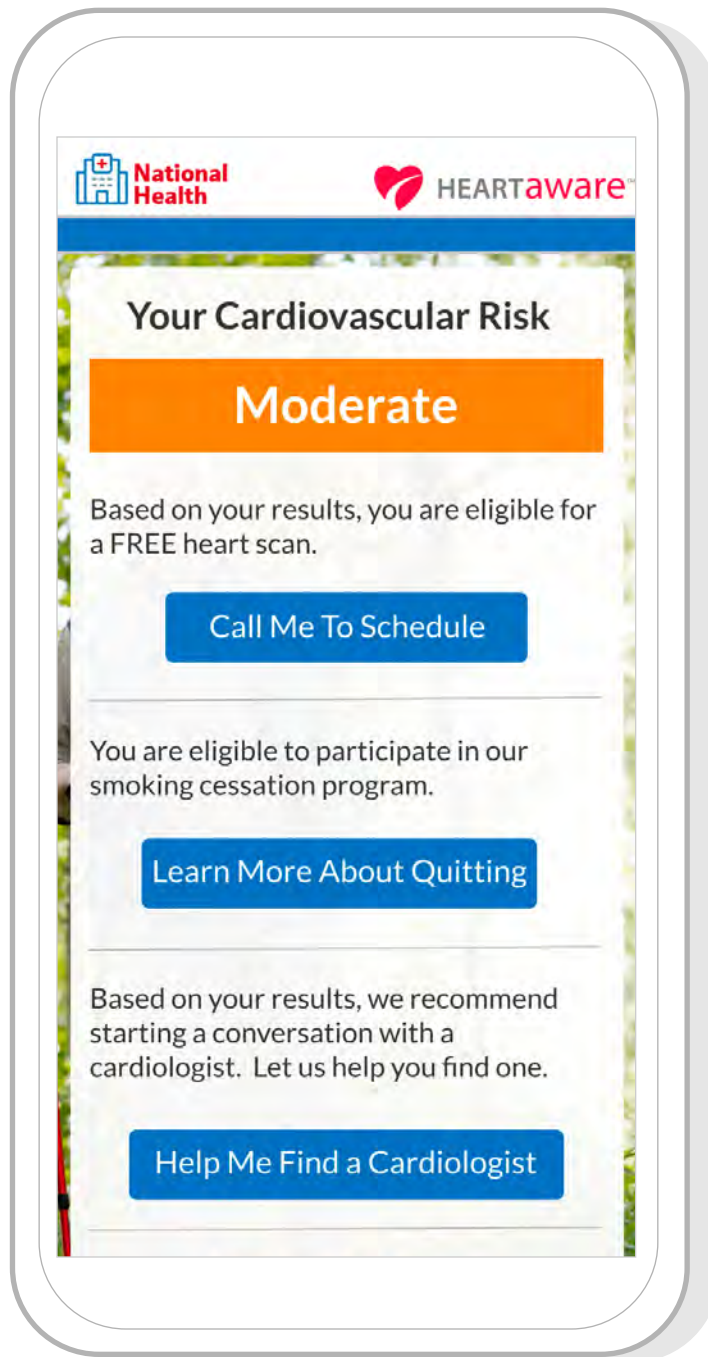
People in this group have a 10%-19% chance of developing cardiovascular disease (CVD) in the next 10 years **OR** a 20-39% chance of developing CVD in the next 30 years **OR** they have 2 or more of the following risk factors:

- 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

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.

### GOAL: SCHEDULING A PRIMARY CARE SCREENING APPOINTMENT



#### 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.



#### FOLLOW UP

Follow up with the user as soon as possible 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.



#### NURTURING

Customize your nurturing 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.



#### EXAMPLE PERSONA



Jan is a 69-year-old African American female. 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).

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



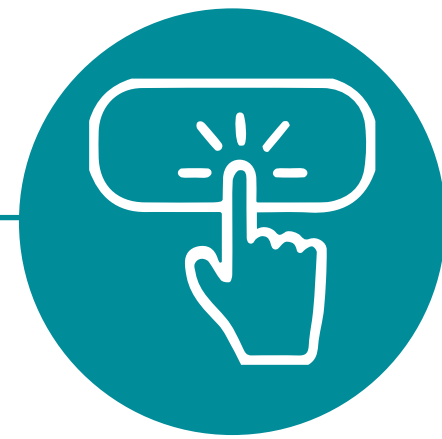
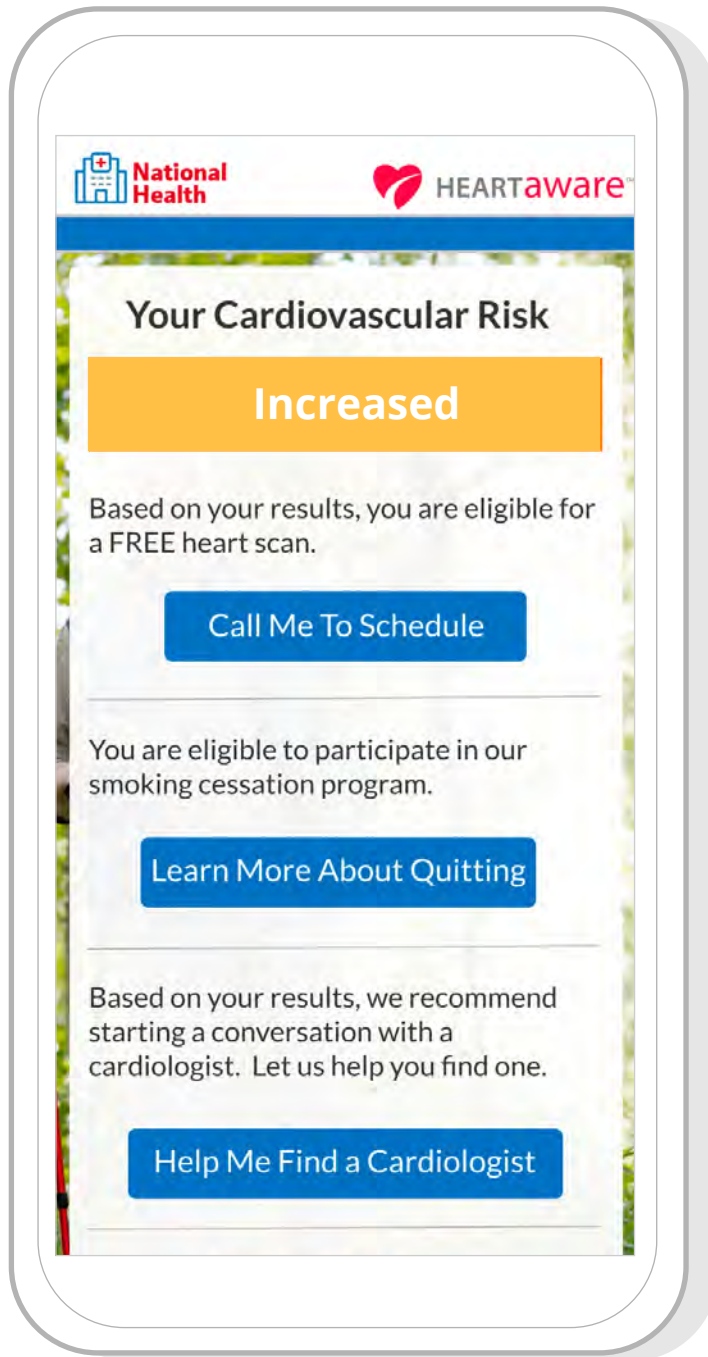
## INCREASED RISK

People in this group have a low near-term and long-term risk of developing CVD, but their “heart age” calculation is higher than their actual age due to risks associated with the following:

- Higher than normal BMI
- Age
- Current smoker
- Diabetes (type 1 or type 2)
- On medication to control hypertension OR
  - Systolic blood pressure of 140 mm Hg or higher

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.

### GOAL: SCHEDULING A PRIMARY CARE SCREENING APPOINTMENT



#### 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.



#### FOLLOW UP

Follow up with the user as soon as possible 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.



#### NURTURING

Customize your nurturing 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 increased risk should be seen by a primary care physician.
- Some users may be eligible for health risk management programs.



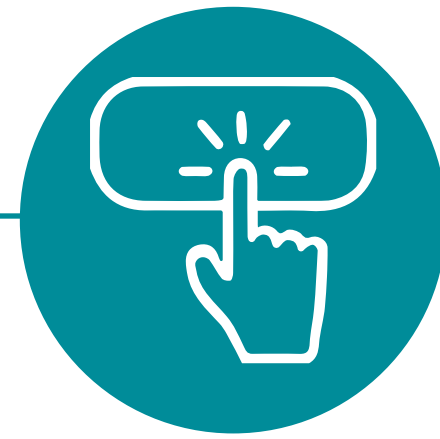
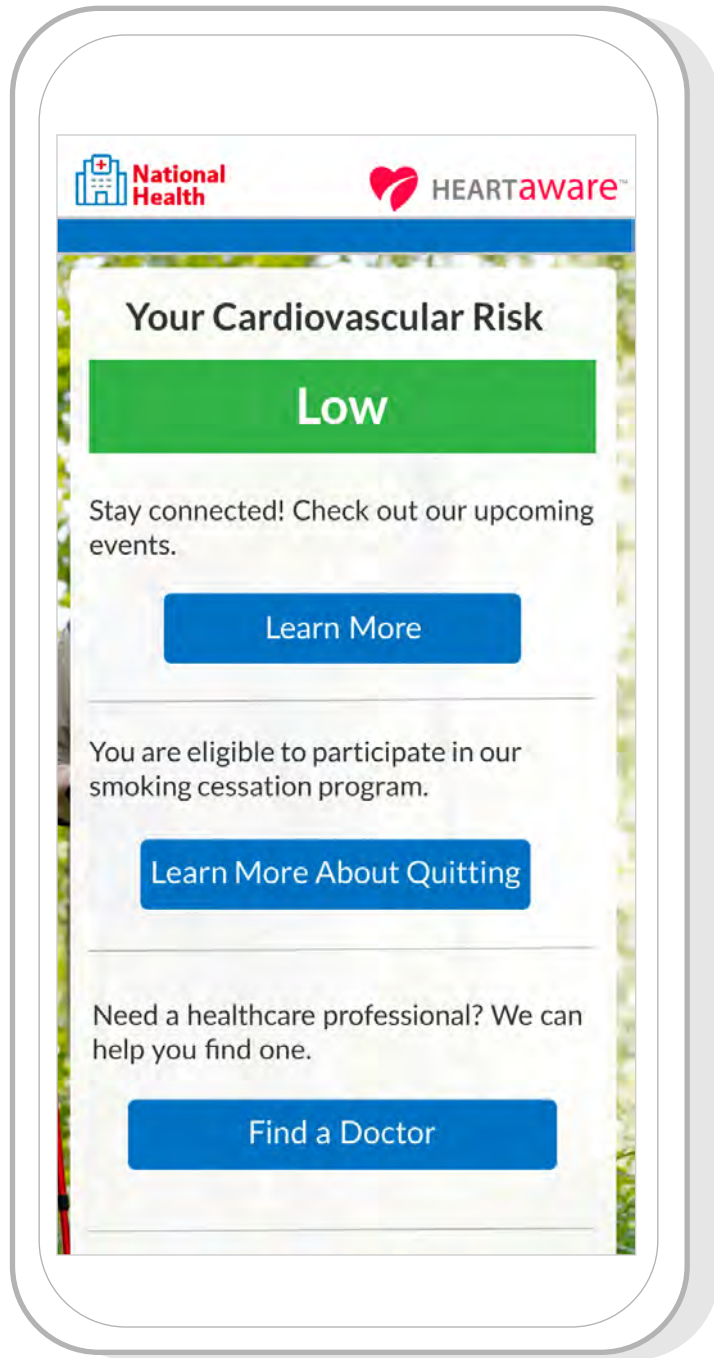
#### EXAMPLE PERSONA

Mariana is a 33-year-old Hispanic female. She is a non-smoker and moderately active, but struggles to maintain a healthy weight (BMI=29) and has recently been told her blood pressure was elevated.

Mariana completed the assessment and was surprised to learn her “Heart Age” of 41 was a nearly decade higher than her actual age. She decided to make an appointment with her primary care provider to discuss how to lower her long-term risk of CVD.



## GOAL: EARLY INTERVENTION FOR LIFESTYLE-RELATED RISK FACTORS



### 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.



### FOLLOW UP

Follow up with the user 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.



### NURTURING

Customize your nurturing 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.

## LOW RISK

People in this category have a less than a 10% chance of developing cardiovascular disease (CVD) in the next 10 years.

This group does not report any of the pre-existing conditions listed in the *High Risk-Existing Condition* category and don't have any lifestyle-related risk factors (weight, smoking history, blood pressure or cholesterol) or health history-related risk factors (age, family history, medications).



### 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.



### EXAMPLE PERSONA

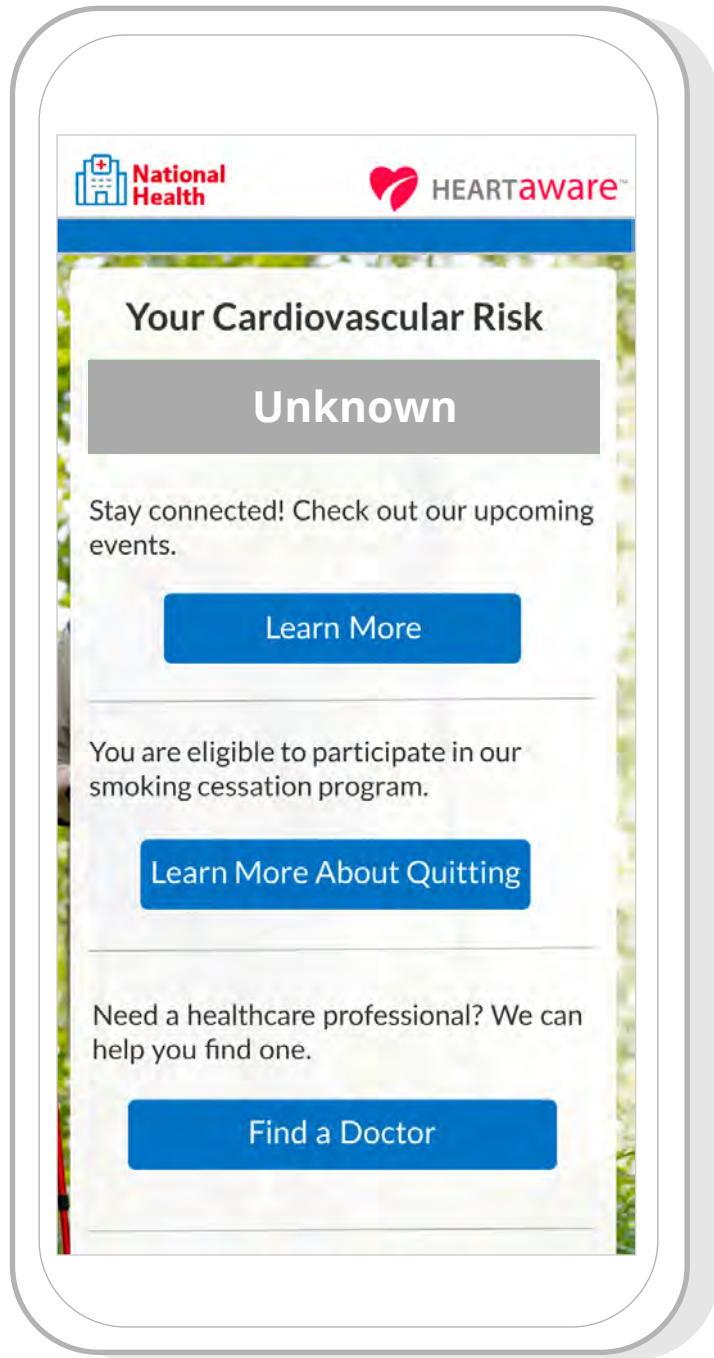
Melissa is a 38-year-old Asian woman. She's a non-smoker and generally healthy, with all of her numbers within the recommended ranges (i.e. blood pressure, blood sugar, cholesterol, weight, weekly exercise, etc.).

Though there is no known family history of CVD, Melissa is concerned about her risk because her 65-year-old uncle just had a heart attack, despite being otherwise fit and healthy.





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



### 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.



### FOLLOW UP

Follow up 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.



### NURTURING

Customize your nurturing content to explain:

- 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.

## UNKNOWN RISK

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

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.



### 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.



### EXAMPLE PERSONA

Jon is a 42-year-old Caucasian male. He works a sedentary job and is slightly overweight. 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. Jon 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.

