

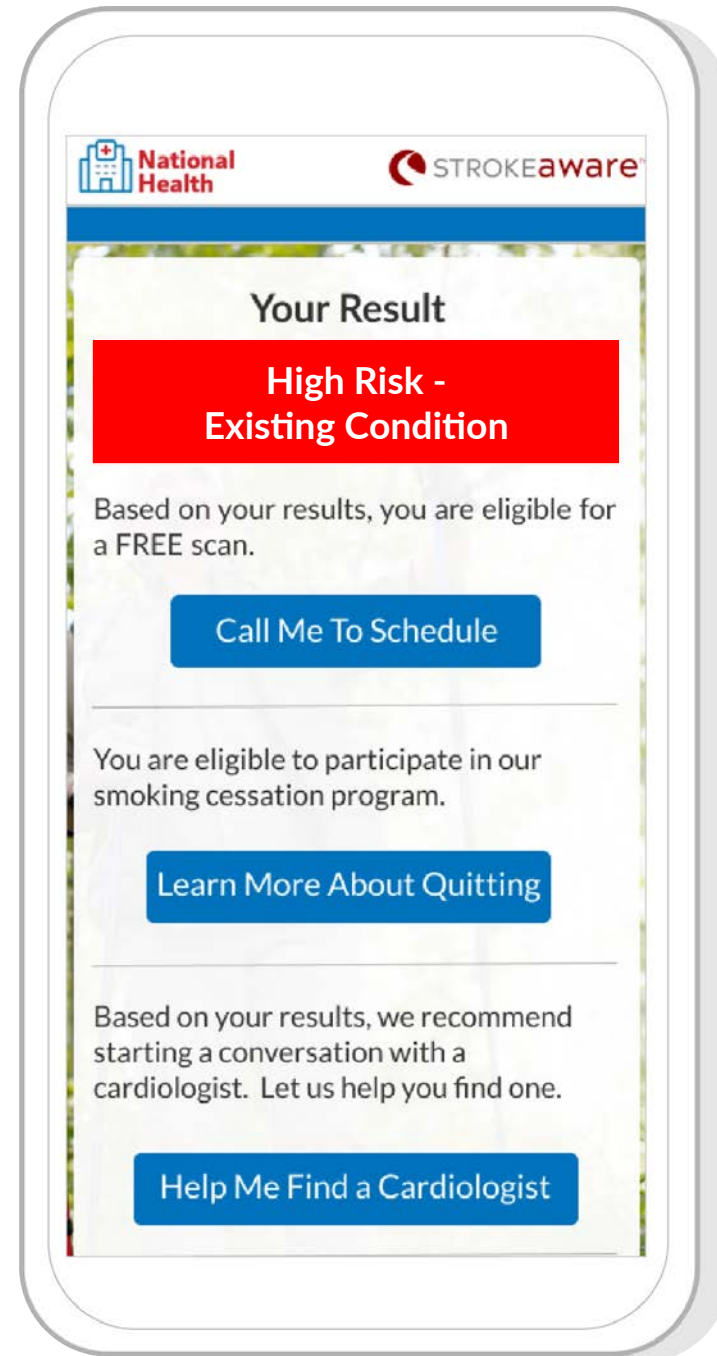
HIGH RISK - EXISTING CONDITION

People in this category are at high risk for stroke. They have reported at least 1 of the following pre-existing conditions that significantly increases their chance of stroke:

- Prior stroke
- Transient ischemic attack (TIA)
- Stroke symptoms, including:
 - Weak, numb, or drooping hand, tongue, cheek, face, arm or leg
 - Difficulty speaking, garbled/slurred speech, or inability to speak
 - Blurred, doubled, or decreased vision in one or both eyes

For people in this category, the factors that increase the risk of stroke may be lifestyle-related (weight, physical inactivity, smoking history, blood pressure, cholesterol, blood sugar) or health history-related (age, history of diabetes, 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:

- 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.



ENROLLMENT IN CHRONIC-CARE MANAGEMENT

- 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.

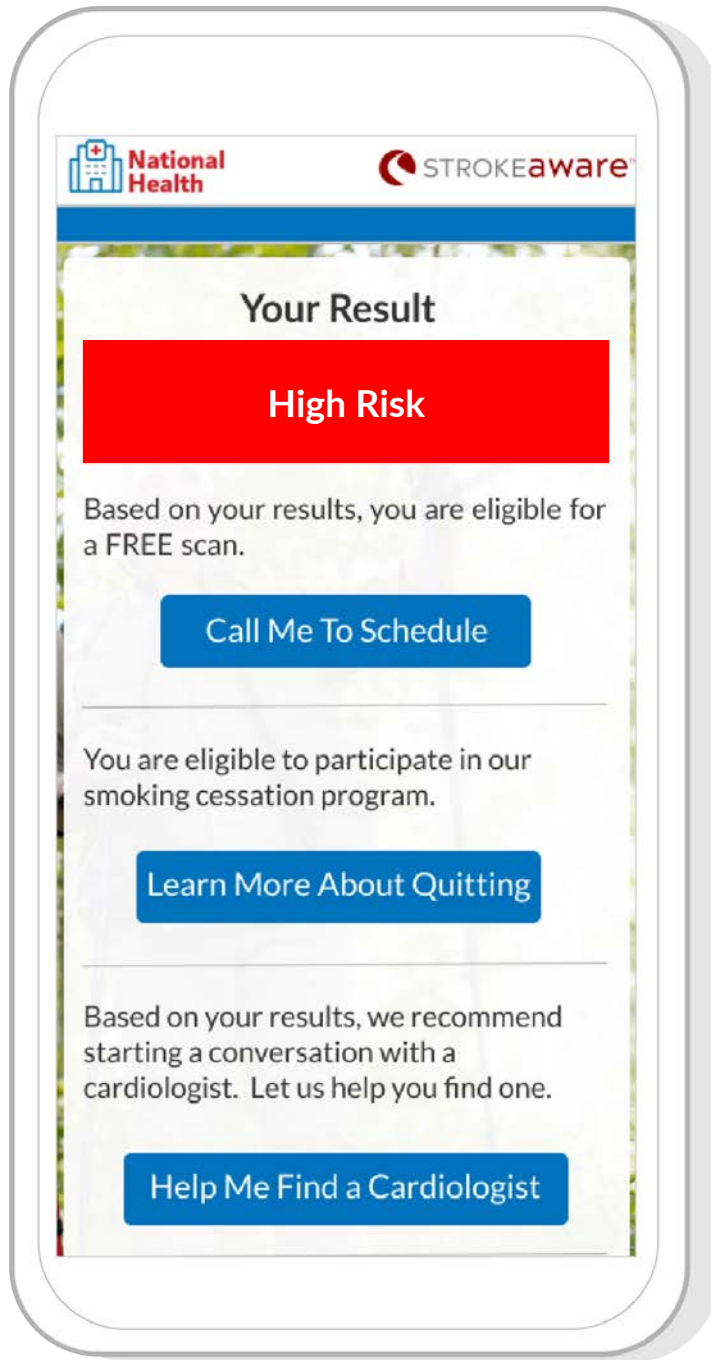


EXAMPLE PERSONA

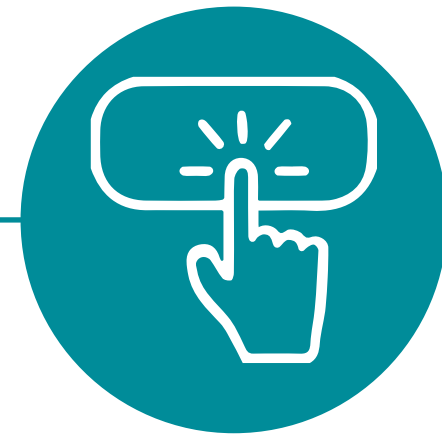
Sam is a 67-year-old African American male with type 2 diabetes. He is overweight and quit smoking a year ago after experiencing a TIA.

Sam has been seeing the same doctor for 5 years to treat his diabetes. He recently started experiencing chest pain and is wondering if his symptoms mean there's something going on.

Frank took this HRA while looking for information about his symptoms on his clinic website.



GOAL: REFERRAL TO A VASCULAR SPECIALIST FOR 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 specialist).
- 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 further evaluation for stroke.
- 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 stroke or other serious conditions.
- Lifestyle changes that can help reduce the risk of stroke.



CARDIVASCULAR SCREENING

- Most high-risk users should undergo additional screening for stroke. This may include a carotid ultrasound.
- In most cases, patients in this group should be under the care of a vascular specialist or cardiologist.

HIGH RISK

People in this group are at high risk of stroke because they have three or more high risk factors. This result will display regardless of the number of moderate or low risk factors the users have.

This group did not report any previous stroke, stroke symptoms or TIA.

For people in this category, the factors that increase the risk of stroke may be lifestyle-related (weight, physical inactivity, smoking history, blood pressure, cholesterol) or health history-related (age, family history, history of atrial fibrillation or diabetes).

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.



EXAMPLE PERSONA

Mary-Jo is a 66-year-old Caucasian female. She smokes cigarettes daily, and her blood pressure and cholesterol are both high in spite of taking medications to control them.

Her father and grandfather died of heart disease before the age of 70. Suzanne is starting to worry about her risk. She has recently started to exercise more and is considering quitting smoking.

Mary-Jo took this HRA while visiting a health fair, and was alarmed by what she learned about her risk.



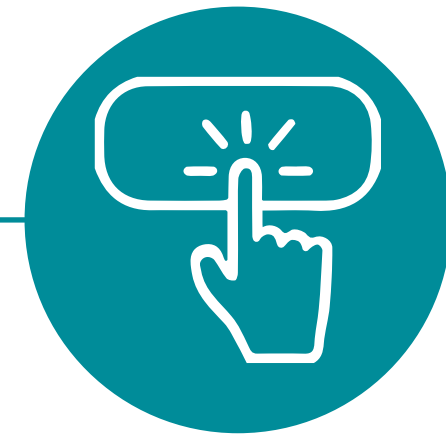
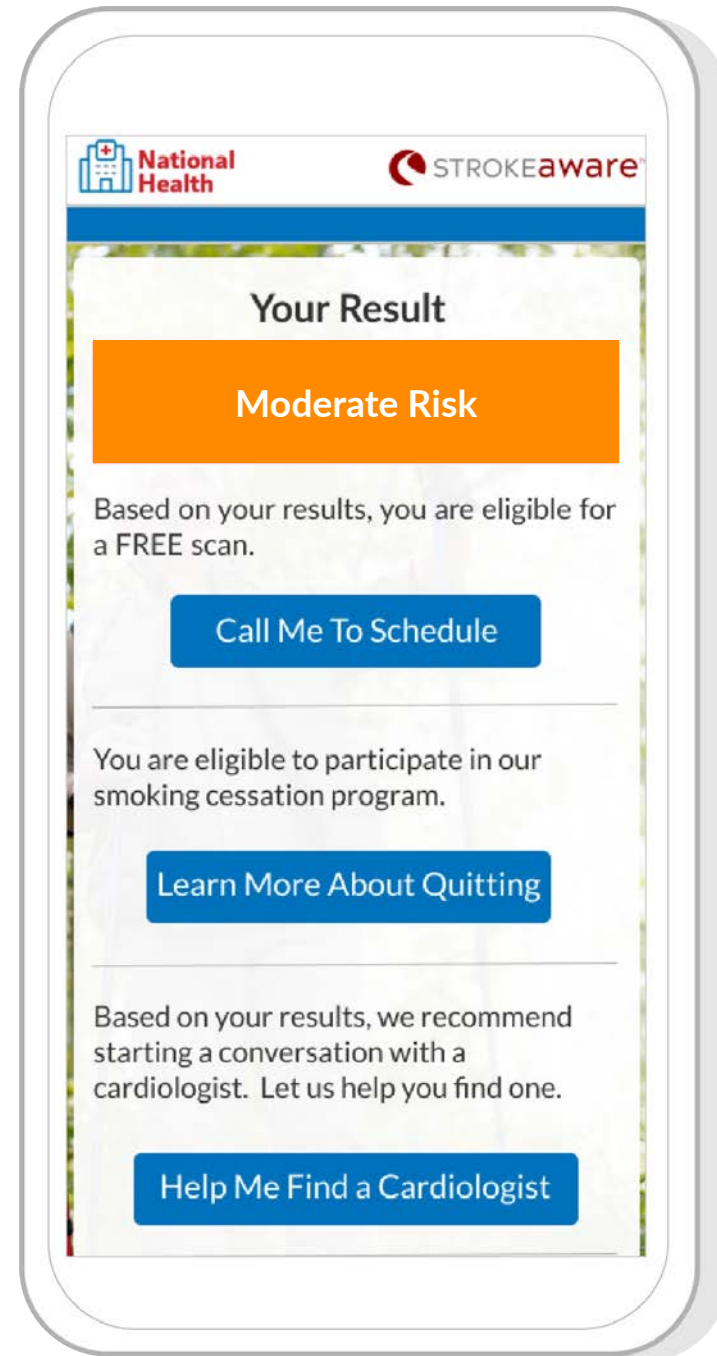
MODERATE RISK

People in this group are at moderate risk for stroke because they have a combined total of three or more moderate and high risk factors. This result will display regardless of the number of low risk factors the user has.

This group did not report any previous stroke, stroke symptoms or TIA.

For people in this category, the factors that increase the risk of stroke may be lifestyle-related (weight, physical activity, former smoker, cholesterol, blood pressure) or health history-related (age, pre-diabetes, unknown history of atrial fibrillation, unknown family history of stroke).

GOAL: SCHEDULING A PRIMARY CARE FOLLOW-UP 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 stroke or other serious conditions.
- Who should see a specialist, and why.



PRIMARY CARE APPOINTMENT

- Users with moderate risk should be seen by a primary care physician.
- Some users may warrant referral to a specialist for additional screening.
- Most users would benefit from health risk management programs or early intervention.



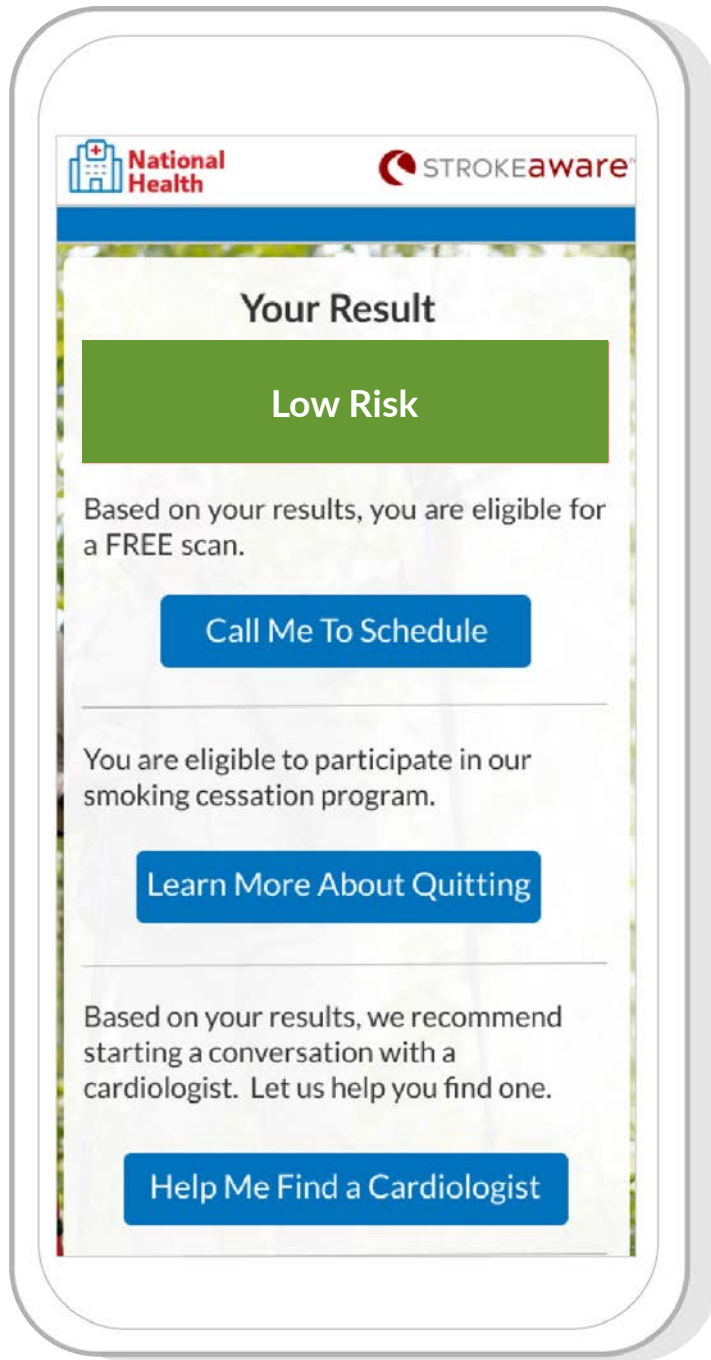
EXAMPLE PERSONA

Amy is a 57-year-old African American woman. She's never smoked, and her total cholesterol number is very good.

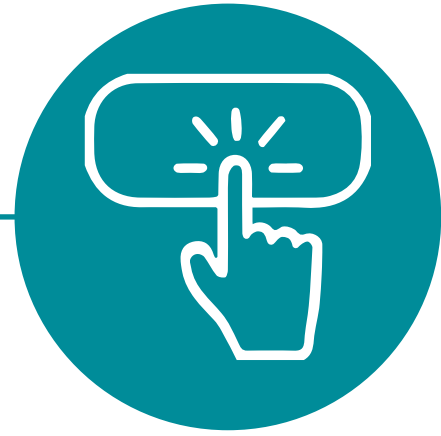
She has high blood pressure, but she's been doing 180 minutes of moderate-intensity cardio every week to try and lower it. She's hoping the exercise will also help her lose a few pounds.

Amy doesn't know her family history of stroke, so she's surprised to learn that she's at moderate risk for stroke. She wasn't aware that stroke risk increases with age and can be impacted by BMI.





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 as soon as possible 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 stroke.
- 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.
- Some users may be eligible for health risk management programs or community wellness initiatives.



LOW RISK

People in this group are at low risk of stroke because they have a combined total of no more than two moderate and high risk factors.

These users have a near-term risk that is low, but they may have one or two risk factors that can impact stroke risk over time.

For people in this category, the factors that increase the risk of stroke may be lifestyle-related (weight, smoking history, blood pressure, cholesterol) or health history-related (age, family history, pre-existing conditions).



EXAMPLE PERSONA

Lucie is a 33-year-old Asian woman. She is slightly overweight and is a daily smoker.

She exercises for 180 minutes every week and has tried to quit smoking several times. Right now, her blood pressure and cholesterol numbers are still in the good range.

Lucie wants to find a way to quit smoking. She experiences anxiety when she thinks about what will happen if she doesn't, because her dad had a heart attack a few months ago. She's more motivated to quit smoking after completing the HRA and learning that smoking is a high risk factor.