

SERIOUS SYMPTOMS REPORTED

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

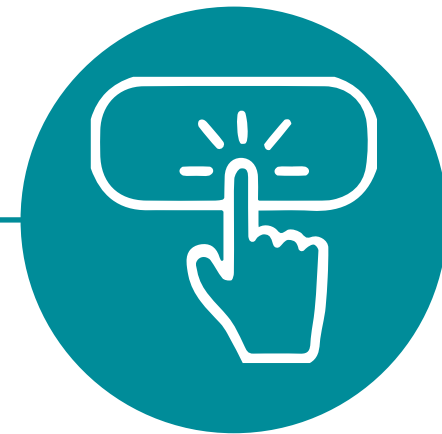
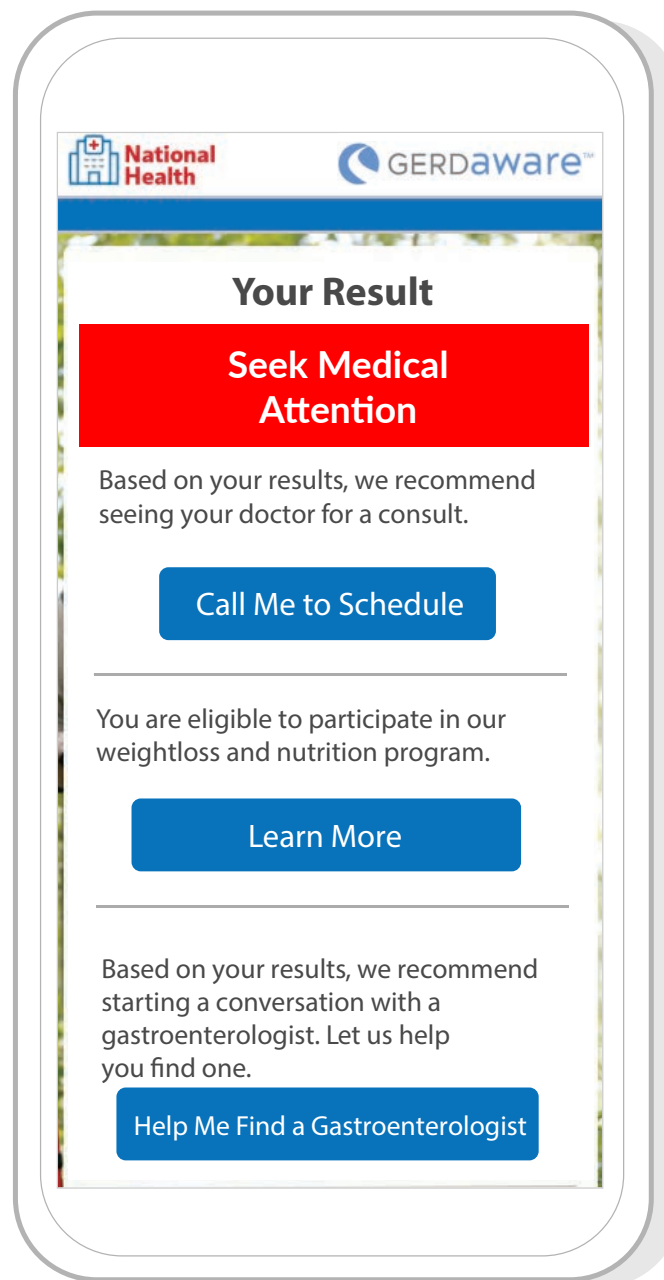
- Chest pain, not otherwise described
- Painful or difficulty swallowing
- Unexplained weightloss of 5% or more

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

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

GOAL: SEEK MEDICAL ATTENTION



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

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



NURTURING

Customize your nurturing content to explain:

- Who should be screened for GERD, and when.
- Diet and lifestyle habits that may influence GERD symptoms.
- Common and uncommon symptoms of GERD.
- 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.



EXAMPLE PERSONA



Mary is a 69-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 GERDAware assessment and was concerned to learn her symptoms may indicate a more serious condition, not necessarily related to GERD.

DIAGNOSED & SYMPTOMATIC

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

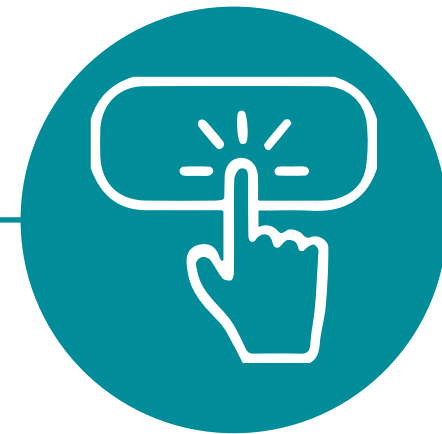
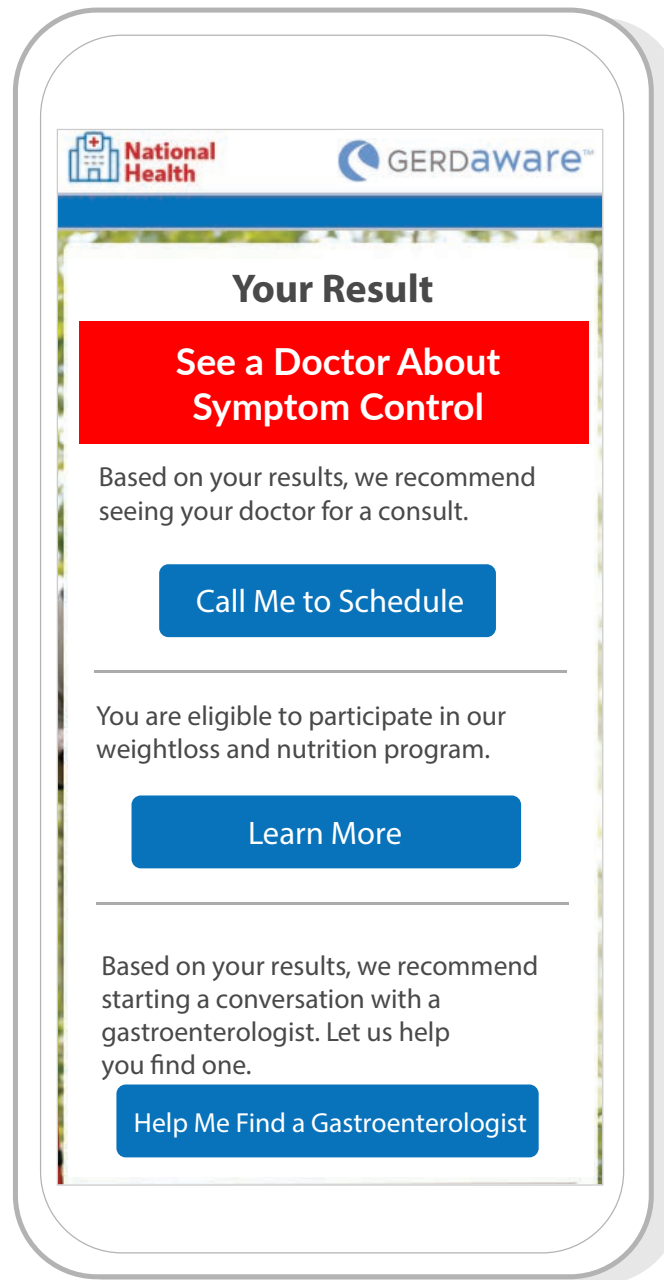
- Heartburn
- Regurgitation
- Trouble sleeping
- Need for OTC plus prescription meds
- Stomach pain
- Nausea

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

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.

GOAL: SCHEDULING A PRIMARY CARE APPOINTMENT



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible 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.



NURTURING

Customize your nurturing content to explain:

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



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.



EXAMPLE PERSONA



Paul is a 47-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.

UNDIAGNOSED WITH INCREASED RISK OF GERD

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

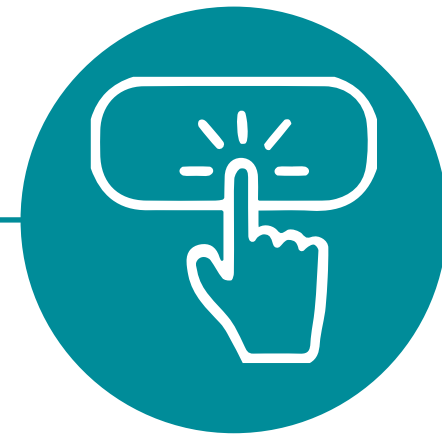
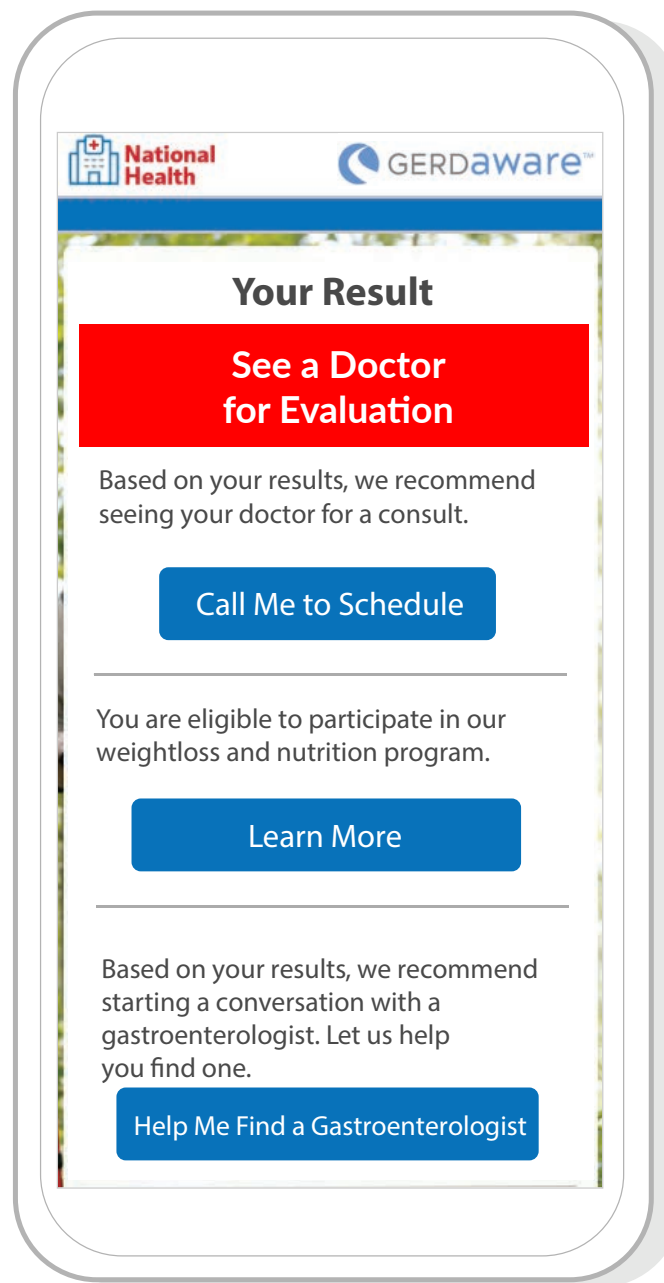
Their symptom score* indicates that GERD is likely. Further evaluation for GERD in a primary care setting is needed.

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.

*symptom score = total points from the completed GerdQ questionnaire

GOAL: DISCUSS SCREENING DURING PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible 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.



NURTURING

Customize your nurturing content to explain:

- When to see a doctor about symptoms of GERD.
- Common and uncommon symptoms of GERD.
- Diet and lifestyle habits that may influence GERD 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.



EXAMPLE PERSONA

Suzy is a 54-year-old woman. She is an overweight non-smoker. Suzy 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.



UNDIAGNOSED WITH SOME SYMPTOMS

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

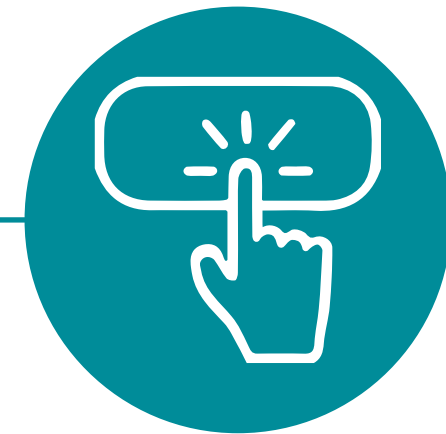
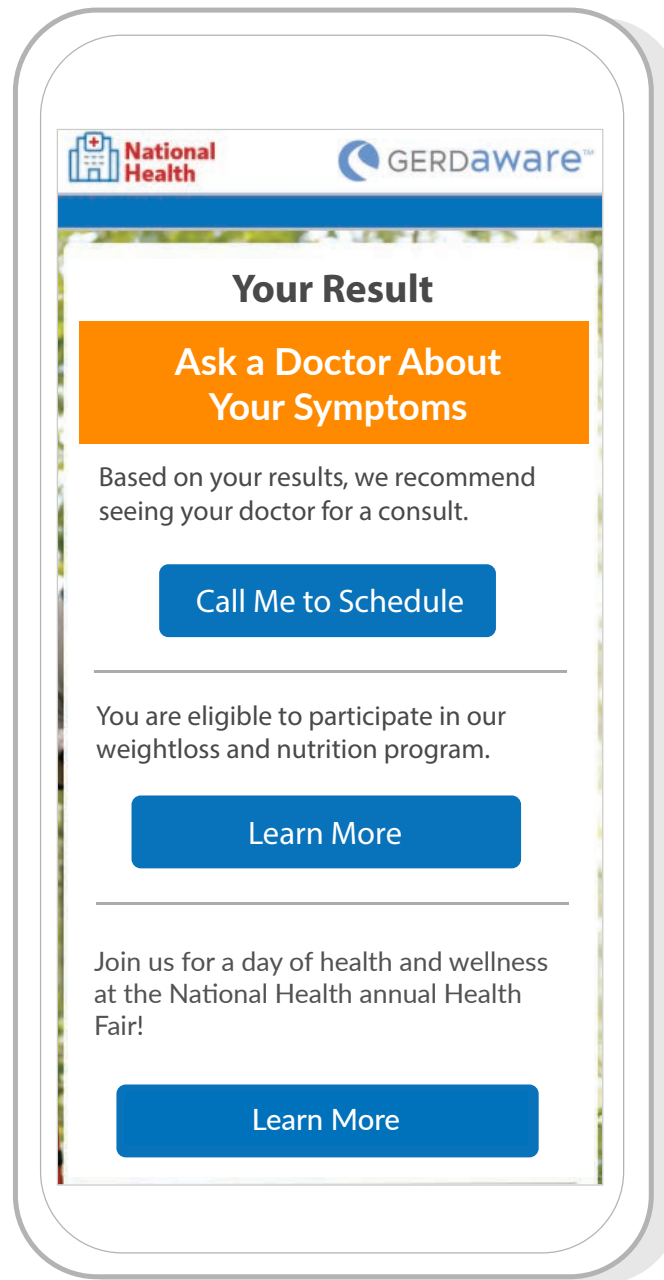
Their symptom score* does not indicate that GERD is likely. But the presence of at least 1 symptom warrants an evaluation by primary care.

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.

*symptom score = total points from the completed GerdQ questionnaire

GOAL: ADDRESS SYMPTOMS DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

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



NURTURING

Customize your nurturing content to explain:

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



ADDRESS SYMPTOMS IN PRIMARY CARE SETTING

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



EXAMPLE PERSONA

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

Andrew 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.

Andrew did some research on GERD when his 58-year-old mother was diagnosed with the condition a few months ago. He’s curious if his heartburn is a sign of GERD, and he wonders if he should be on medications.



DIAGNOSED & ASYMPTOMATIC

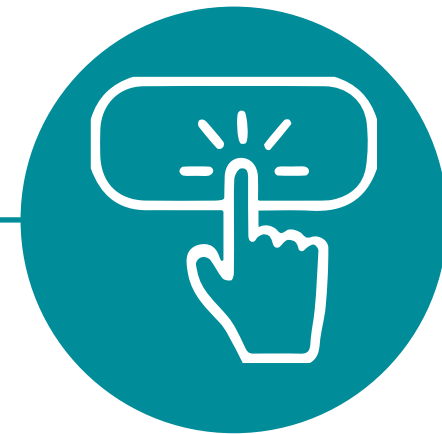
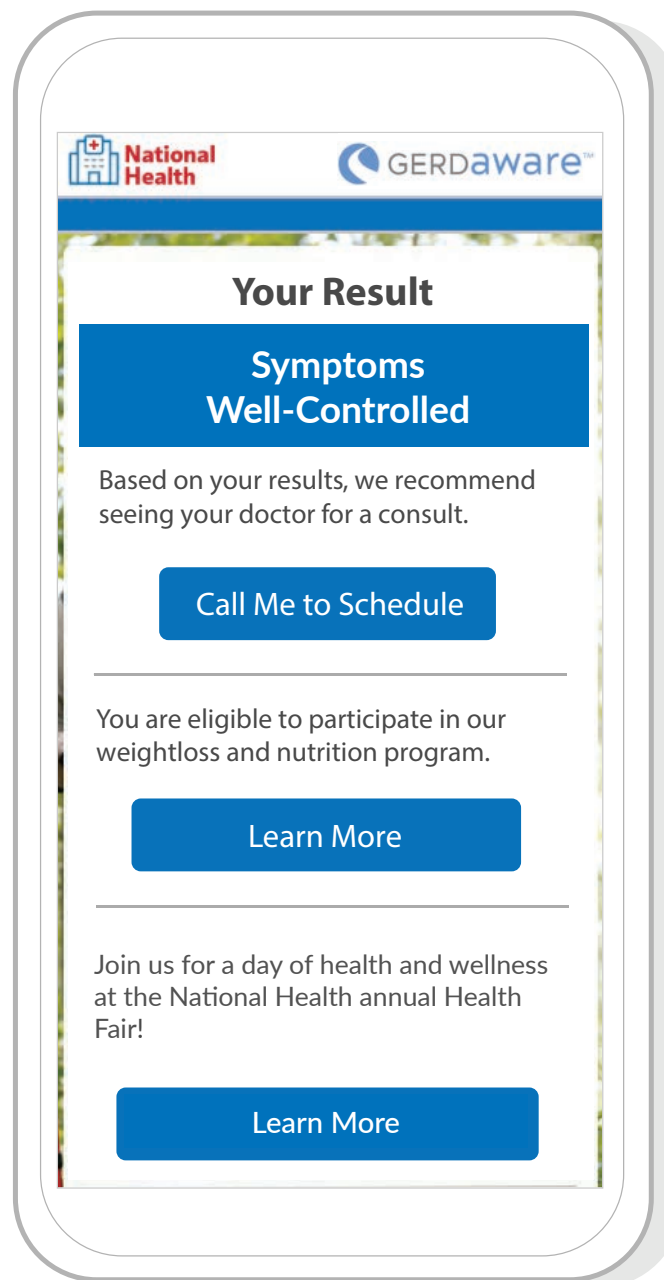
People in this group have a diagnosis of gastroesophageal reflux disease (GERD), and they report none of the following:

- 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.

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

GOAL: EDUCATION & LIFESTYLE INTERVENTION AT REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

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



FOLLOW UP

Follow up with the user as soon as possible 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.



NURTURING

Customize your nurturing content to explain:

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



EDUCATION & INTERVENTION

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



EXAMPLE PERSONA



Antony is a 45-year-old male. He does not smoke, drinks moderately, and is in the overweight BMI range.

Antony 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.

UNDIAGNOSED & ASYMPTOMATIC

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

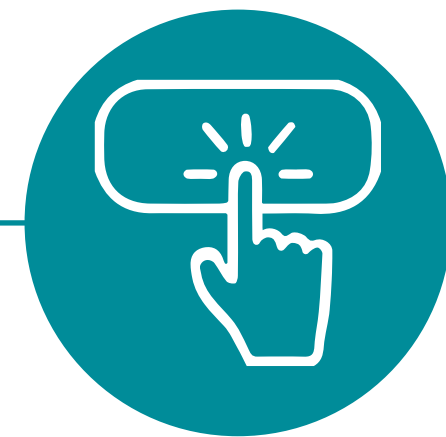
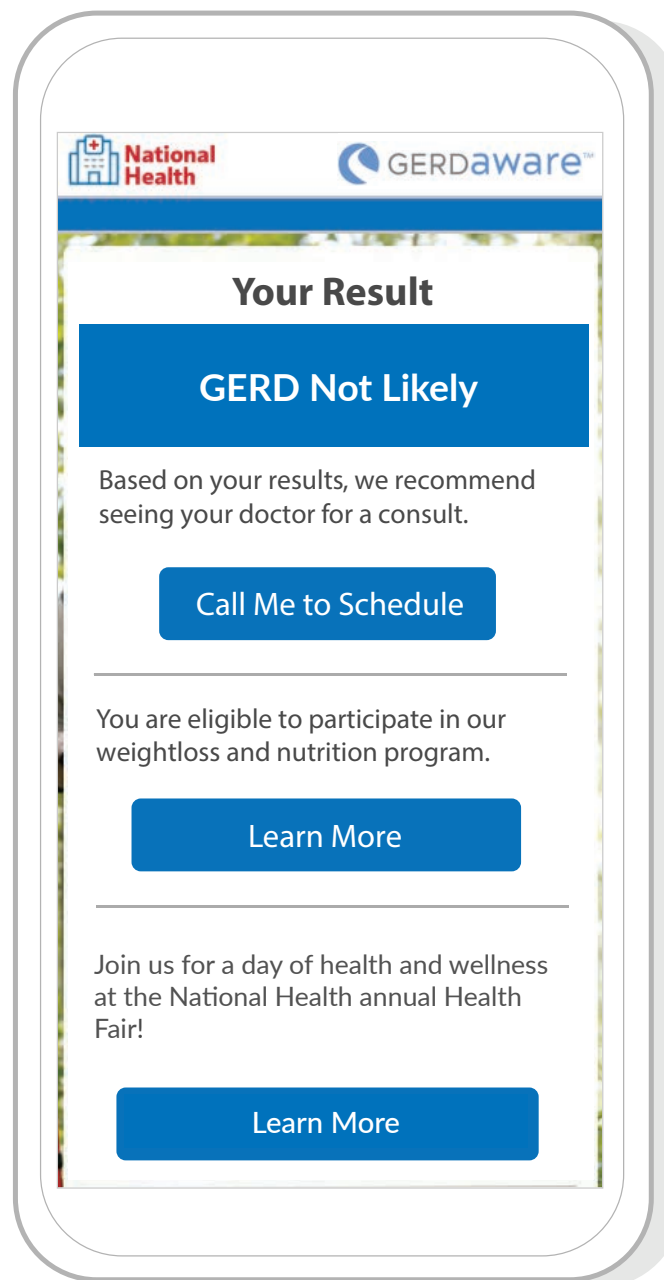
Their symptom score* indicates that GERD is unlikely. Nevertheless, they may have chronic symptoms or risk factors that should be evaluated in a primary care setting.

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.

*symptom score = total points from the completed GerdQ questionnaire

GOAL: EARLY INTERVENTION AT REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

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



FOLLOW UP

Follow up with the user as soon as possible 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.



NURTURING

Customize your nurturing content to explain:

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



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.



EXAMPLE PERSONA

Sara is a 34-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 GERD.

Sara 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.