



28 June 2023

Developing the Business Case for Hypertension Control

Budget Impact Model and Claims Analysis Guide

FTI Consulting's Center for Healthcare Economics and Policy, in partnership with the National Forum, are supporting the CDC Foundation in building the business case for employer engagement in hypertension prevention and control.



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Working with the CDC Foundation

- Where Private Resources Join World-Class Science to Save and Improve More Lives



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Key Objectives



Understand the healthcare costs and productivity loss due to hypertension



Use the budget impact model to estimate impact of hypertension on employers



Use the claims analysis guide to gain a detailed understanding of how hypertension affects workforce

Agenda

Introduction and Overview

Background: Impact of Hypertension on the Workforce

Tools to Estimate the Impact of Hypertension

Budget Impact Model

Break

Claims Analysis Guide

Discussion and Q&A with Employers

Wrap-up and Takeaways

Nearly half of participants already have a health initiative for their employees.

[Live Webinar Poll Question 1]

Does your organization currently have a health, wellbeing initiative or specific health benefit design to encourage the prevention and control of hypertension for your employees?

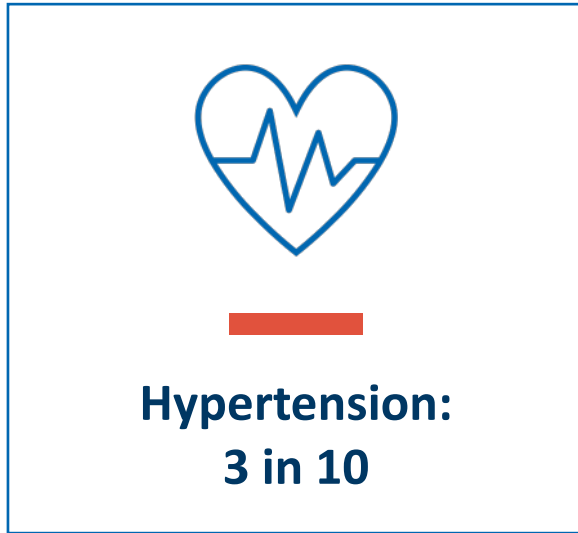


■ Have a health initiative ■ Does not have a health initiative ■ Not sure



Impact of Hypertension on the Workforce

Hypertension, also called high blood pressure, is the **most common** health condition among US adults aged 18-59 and affects more workers than either diabetes or depression.



Employed adults are younger on average than the overall US adult population, yet 3 in 10 employees have hypertension.

Hypertension is a workforce issue that affects individuals, their employers, and factors critical to a business' success.

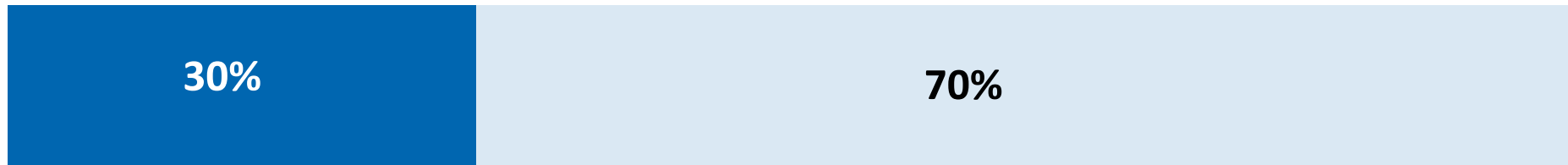
#1 Priority for CEOs...

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...should be the physical health and well-being of their employees, per an FTI Consulting survey of investors and professionals.

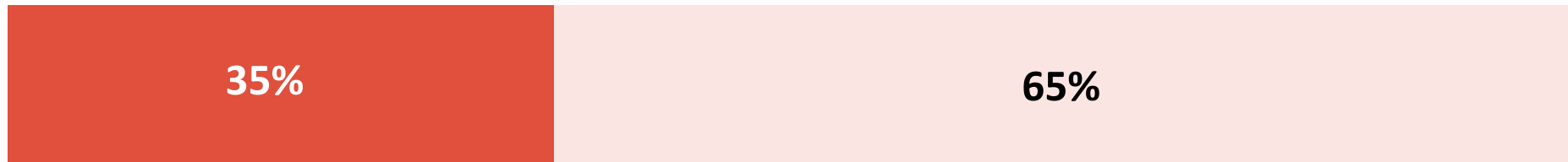
Many employees with hypertension are unaware of their condition or have uncontrolled hypertension.

Employee Hypertension Control and Awareness

Are **not** aware of their hypertension diagnosis



Do **not** have hypertension under control



Health risks are higher for employees with hypertension, and they are more likely to have other chronic diseases than those without hypertension.



Approximately **half** of US adults with hypertension have **at least one other health condition** such as high cholesterol, diabetes, or coronary heart disease.



Nearly **4 in 10** US adults with hypertension have three or more other health conditions.

Employers face *higher healthcare costs from employees with hypertension* than those without hypertension.



44% higher

healthcare costs than individuals without hypertension in the employee population



\$25 billion

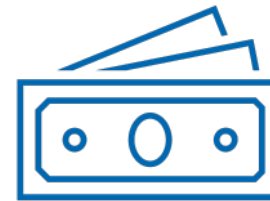
in additional cost by 2027 based on current trends

Employers face *higher productivity costs from employees with hypertension* than those without hypertension.



2.3 times more

hours away from work among those with uncontrolled compared to controlled hypertension



4.7 times higher

annual cost of time away from work compared to diabetes

Employers can *take action* to help their employees get their hypertension under control and improve health outcomes.



Innovative Insurance Design

...such as *value-based insurance design* that reduces cost-sharing to encourage greater adherence to high-value services and providers (e.g., reducing cost-sharing of antihypertensive medications, provide coverage for home blood pressure monitors)



Specialized Benefit Programs

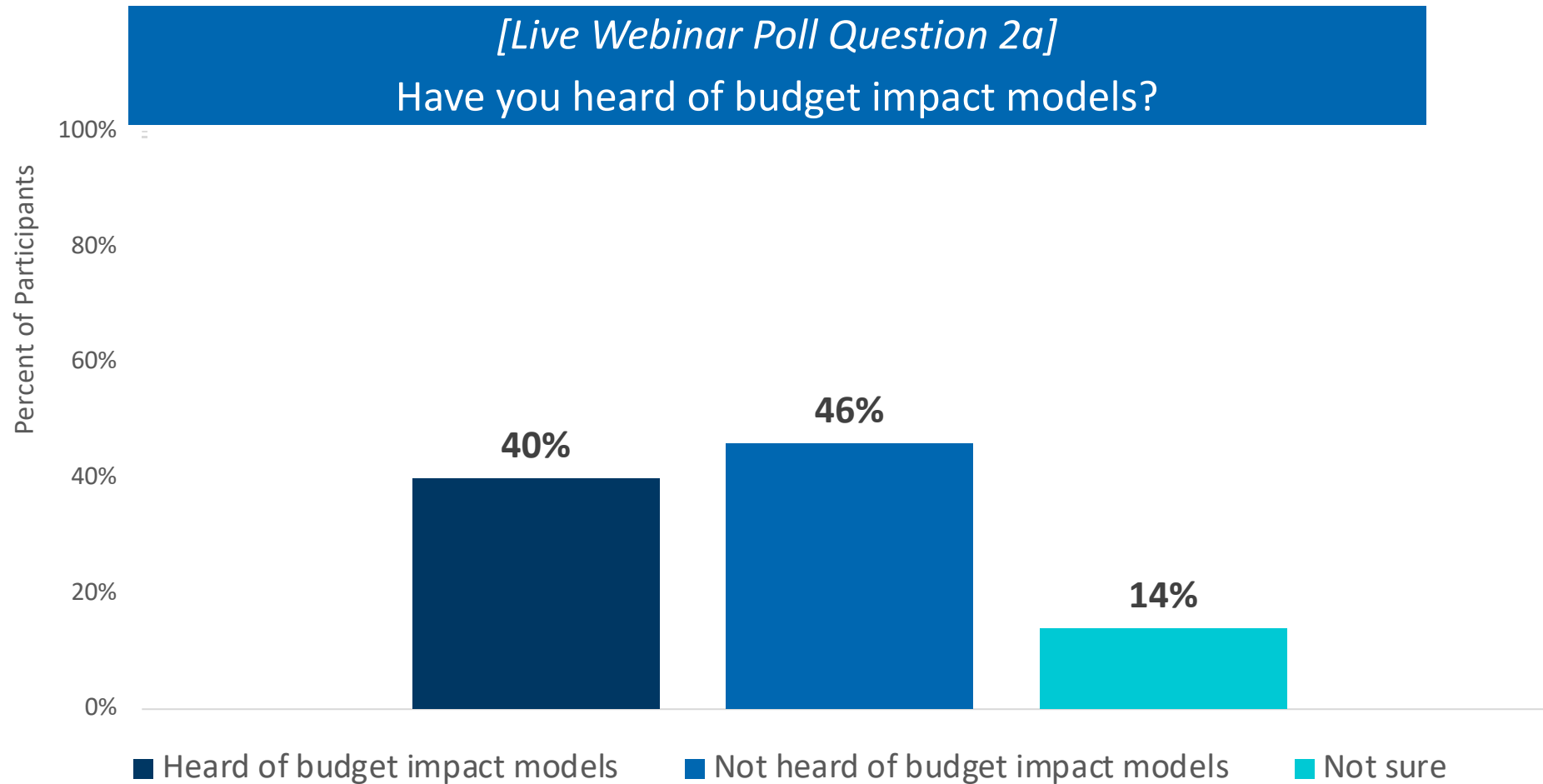
...such as free on-site blood pressure assessments and meetings with pharmacists, and incentives to encourage healthy lifestyles among employees (e.g., organized activity programs and healthy food and drink options at work)

1. Musich, S., Wang, S., & Hawkins, K., "The impact of a value-based insurance design plus health coaching on medication adherence and medical spending," Population Health Management (2015), <https://www.liebertpub.com/doi/abs/10.1089/pop.2014.0081>.
2. Gibson, T., Sara W., Emily K., Candace B., Christine T., Feride F., Joseph D., & Mauceri, E., "A value-based insurance design program at a large company boosted medication adherence for employees with chronic illnesses," (2011), <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2010.0510>.
3. "Pharmacy coaching program improves Ohio health scores," Drug Topics (2011), <https://www.drugtopics.com/view/pharmacy-coaching-program-improves-ohio-health-scores>.



Budget Impact Model

Only 40% of the participants have heard of budget impact models.

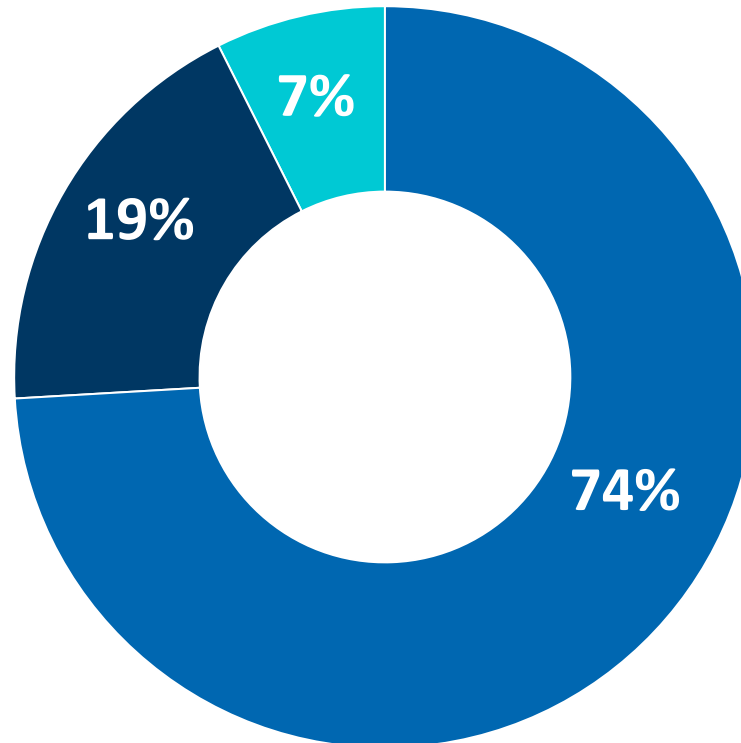


Among employers who have heard of budget impact models, 74% of them have not used one.

[Live Webinar Poll Question 2b]

Have you used a budget impact model?

■ Yes ■ No ■ Not sure



The budget impact model (BIM) uses employer specific data to estimate costs related to hypertension.

Data *required* to use the model

- Number of employees

Data *useful to have but not required* to use the model

- Employee population-level demographic characteristics (e.g., % by age group)
- Percent of employees with hypertension
- Average median wage
- Average total healthcare costs (i.e., per employee medical and pharmacy costs)
- Average productivity loss (e.g., average number of hours absent from work)



In addition to default data provided in the BIM, more data can be obtained from published research articles, internal data sources, or claims analysis reports from health benefit providers.

The budget impact model estimates *additional costs*, or the *extra financial impact*, of hypertension.

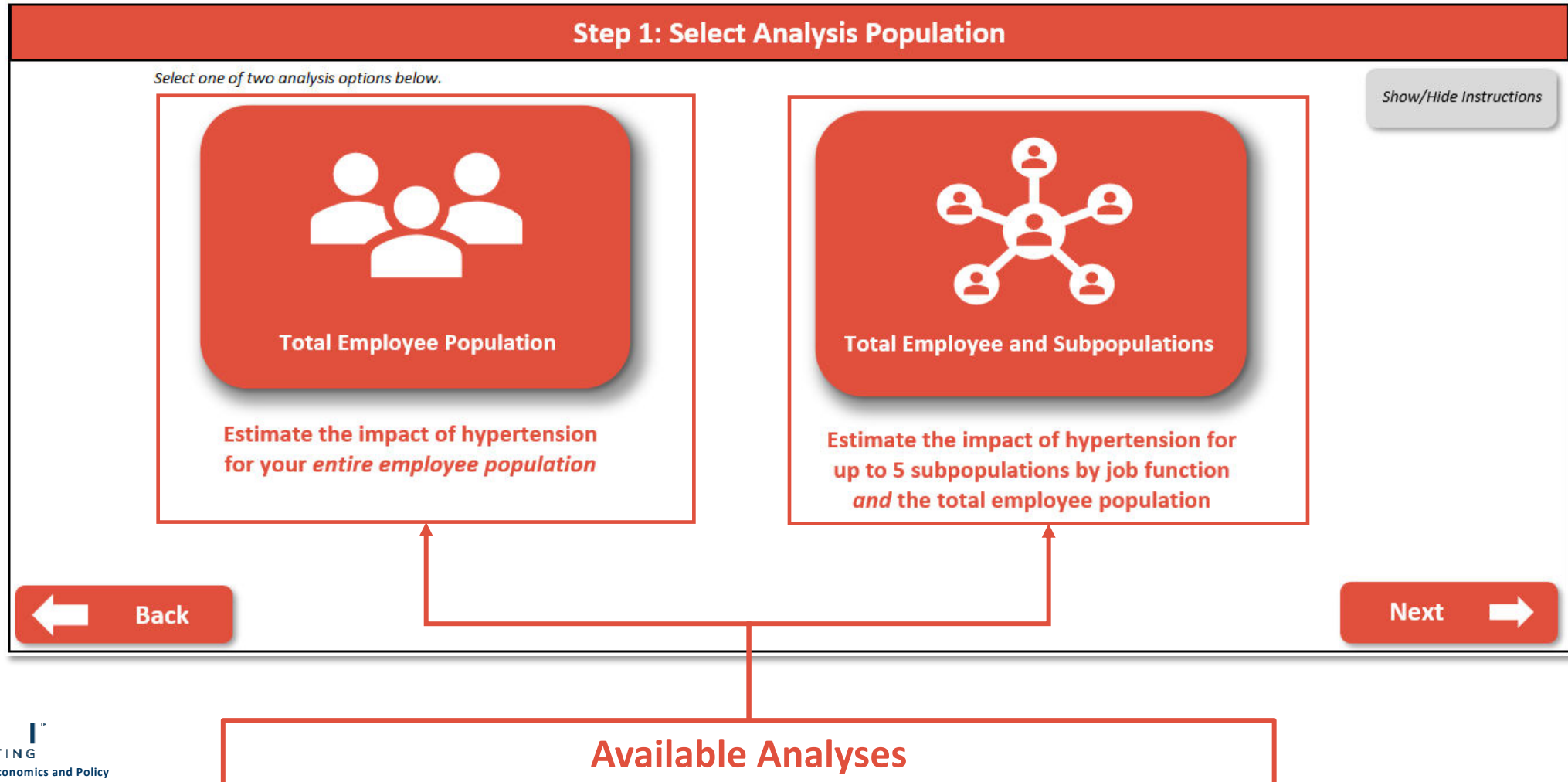


Model Results

- Estimated Number of Covered Employees with Hypertension (e.g., overall and by demographic subgroups)
- Additional per Employee Annual Cost due to Hypertension (e.g., medical and pharmacy costs, productivity loss costs)
- Additional Total Employer Cost due to Hypertension

Results can be exported and shared with internal teams and senior leadership to show impact and take next steps to inform insurance design or specialized benefit programs.

Users can select one of two analyses to estimate the impact of hypertension within their employee population.



Users are encouraged to input *employer-specific data*, including industry, to estimate more precise results. However, most data points are not required.

Step 2: Enter Employee Demographics

Note: You do not have to enter data you do not have. The model will automatically use the default value based on the US employee population for fields that are left blank.

[Clear All Employee Demographic Data](#) [Show/Hide Default Values](#) [Show/Hide Instructions](#)

Total Number of Employees*

**Required* [Use Default](#)

Percent of Employees Covered Under Firm's Health Plan

[Use Default](#)

Employee Median Age

[Use Default](#)

Percent of Employees by Sex (%)

Male	
Female	
Total	0.0%

[Use Default](#)

Percent of Employees by Age (%)

18-44	
44-64	
65+	
Total	0.0%

[Use Default](#)

Percent of Employees by Race and Ethnicity (%)

Non-Hispanic White	
Non-Hispanic Black	
Hispanic	
Non-Hispanic Asian	
Other	
Total	0.0%

[Use Default](#)

[Back](#) [Next](#)

Enter employee population specific data

Users can identify the proportion of employees with hypertension for their industry or elect to use their own data.

Step 3: Enter Percent of Employees with Hypertension

Note: You do not have to enter data you do not have. The model will automatically use the default value based on the US employee population for fields that are left blank.

Show/Hide Default Values Show/Hide Instructions

Current Analysis Type Selected

Total Employee Population

Subpopulation(s)	Step 3.1: Select Data Source for Percent of Employees with Hypertension and press enter	Step 3.2: If Custom, Enter Employees with Hypertension (%)
Total Employee Population	--Select Option--	

Back Clear All Next

Identify proportion of employees with hypertension

Users can enter healthcare costs, wages, and productivity data or use default values if data are not available.

Step 4: Enter Wage, Medical Cost, and Productivity Data

Note: You do not have to enter data you do not have. The model will automatically use the default value based on the US employee population for fields that are left blank.

Current Analysis Type Selected

Total Employee Population

Click here to enter data for: Total Employee Population

Median Hourly Wage <input type="text"/> <small>Use Default</small>	Average Healthcare Costs per Employee per Year <input type="text"/> <small>Use Default</small>	Hours Absent from Work (Absenteeism) <input type="text"/> <small>Use Default</small>	Hours Lost While at Work (Presenteeism) <input type="text"/> <small>Use Default</small>
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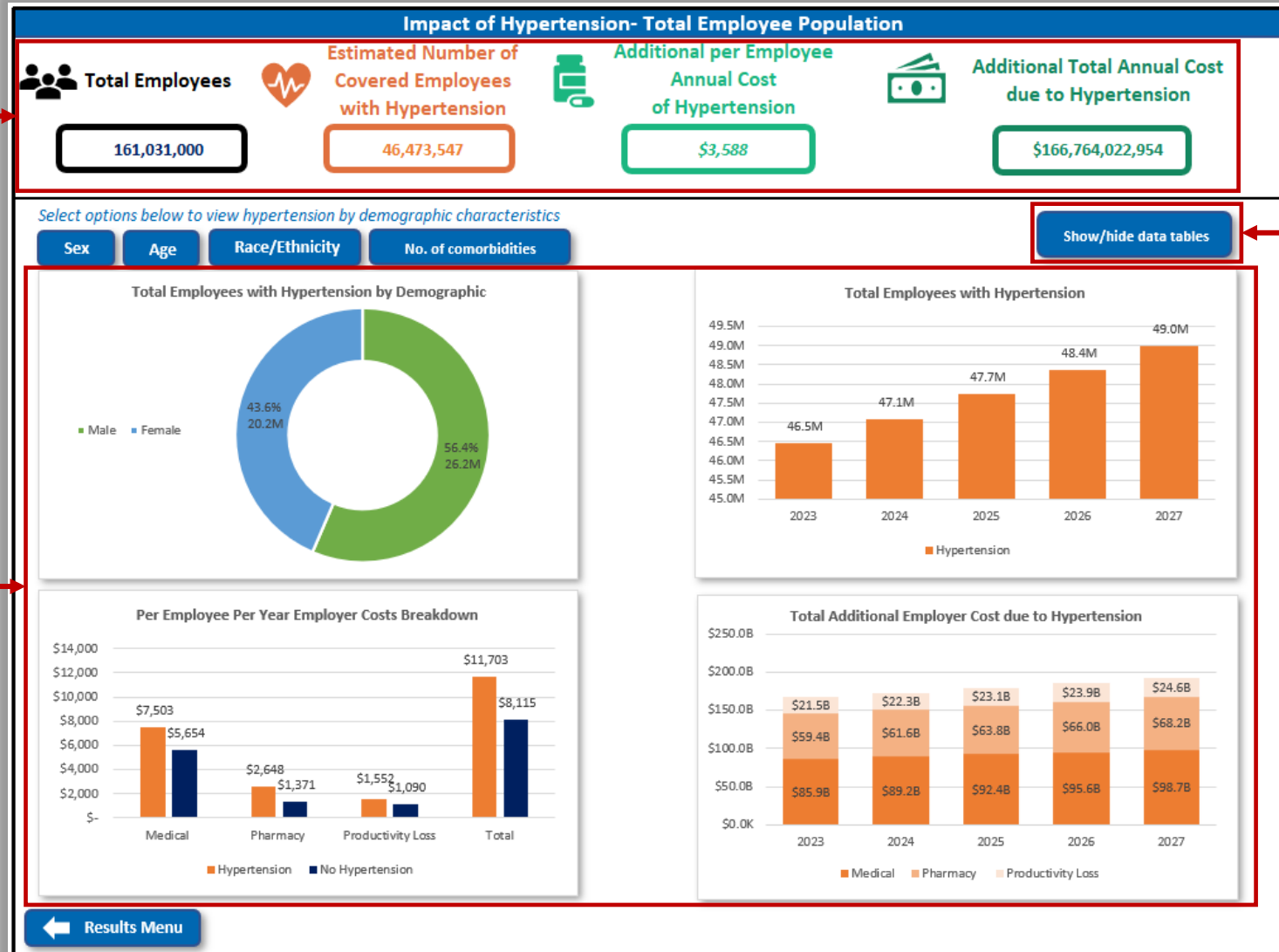
Enter wages and healthcare costs

Enter productivity data

The BIM estimates the impact of hypertension on healthcare costs and productivity for your specific business, accounting for the industry.

High-level overview of results

Hypertension impact can also be estimated for up to five job functions within your business



Data tables of all results

BIM detailed results on hypertension impact



Budget Impact Model Demonstration

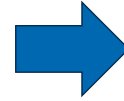


Budget Impact Model

Q&A



Break



After the break:

- *Learn how to use the Claims Analysis Guide*
- *Hear employers discuss their experiences managing hypertension in their employee population*



Heart-healthy Break Ideas

- Move away from the computer.
- Stretch your neck, arms, back, and legs.
- Take a short stroll inside or climb the stairs if you're able.
- Grab a healthy beverage or lite snack.
- Inhale and exhale deeply for a few rounds of breathing meditation.

Trivia

What proportion of all US employees have hypertension?

a) 40%

b) 30%

c) 53%

d) 63%

Hypertension is a silent condition and thus, many people with hypertension may not be aware of it.

a) True

b) False

Which of these interventions can help improve high blood pressure control?

a) Antihypertensive medications

b) Home blood pressure monitors

c) Lifestyle programs

d) All of the above

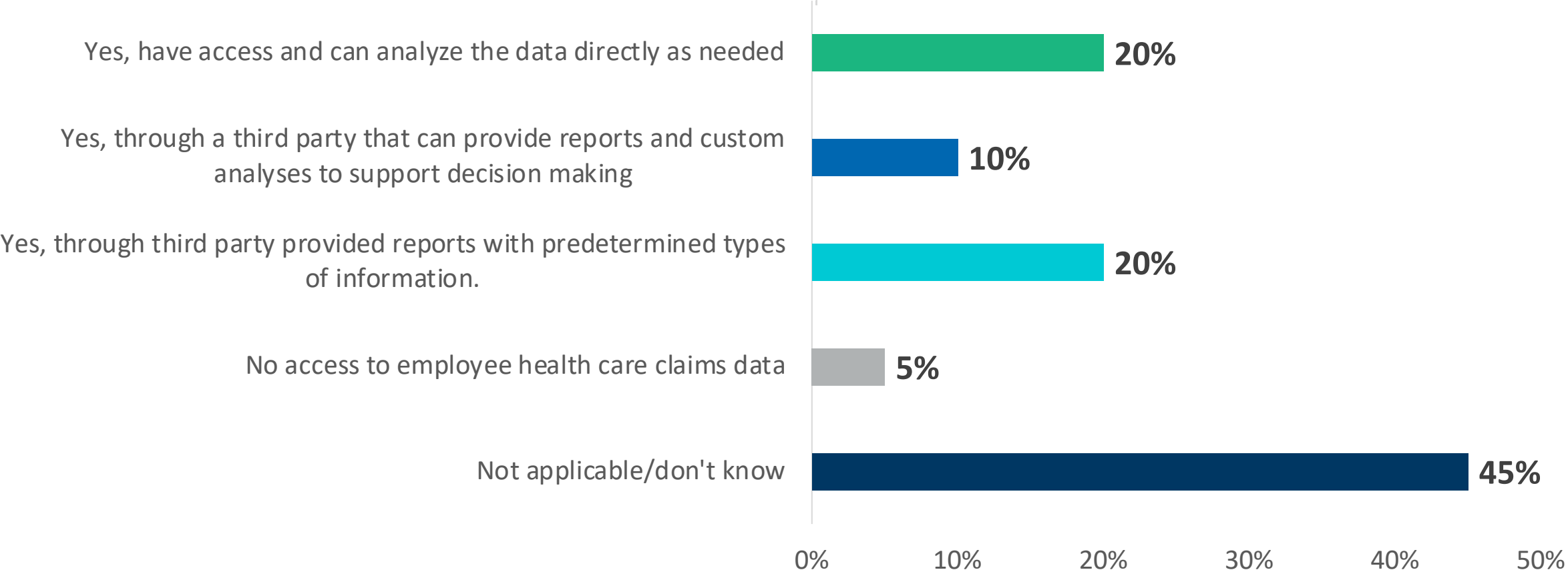
1. FTI Consulting's Center for Healthcare Economics and Policy analyses of the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, BRFSS SMART City and County Prevalence & Trend Data for 2020 (https://www.cdc.gov/brfss/smart/Smart_data.htm). High blood pressure data from 2019. Prevalence rates vary across metro regions and states.
2. "Why High Blood Pressure is a 'Silent Killer'," American Heart Association (3/31/2023), <https://www.heart.org/en/health-topics/high-blood-pressure/why-high-blood-pressure-is-a-silent-killer>.
3. "Sectors and Strategies," Centers for Disease Control and Prevention (3/17/2023), <https://www.cdc.gov/bloodpressure/CTAstrategies.htm#employers>.



Claims Analysis Guide

Half of the participants have access to their claims data through either a third party or their own database.

[Live Webinar Poll Question 3]
Do you have access to employee health care claims data?

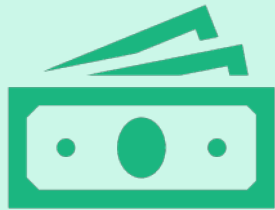


Employers can use the Claims Analysis Guide to inform health and wellbeing interventions and insurance benefit decision-making.



Question 1: How many employees have hypertension?

- Provides data points for decision making including current number of employees with hypertension and number of employees newly diagnosed.



Question 2: What are the costs related to hypertension?

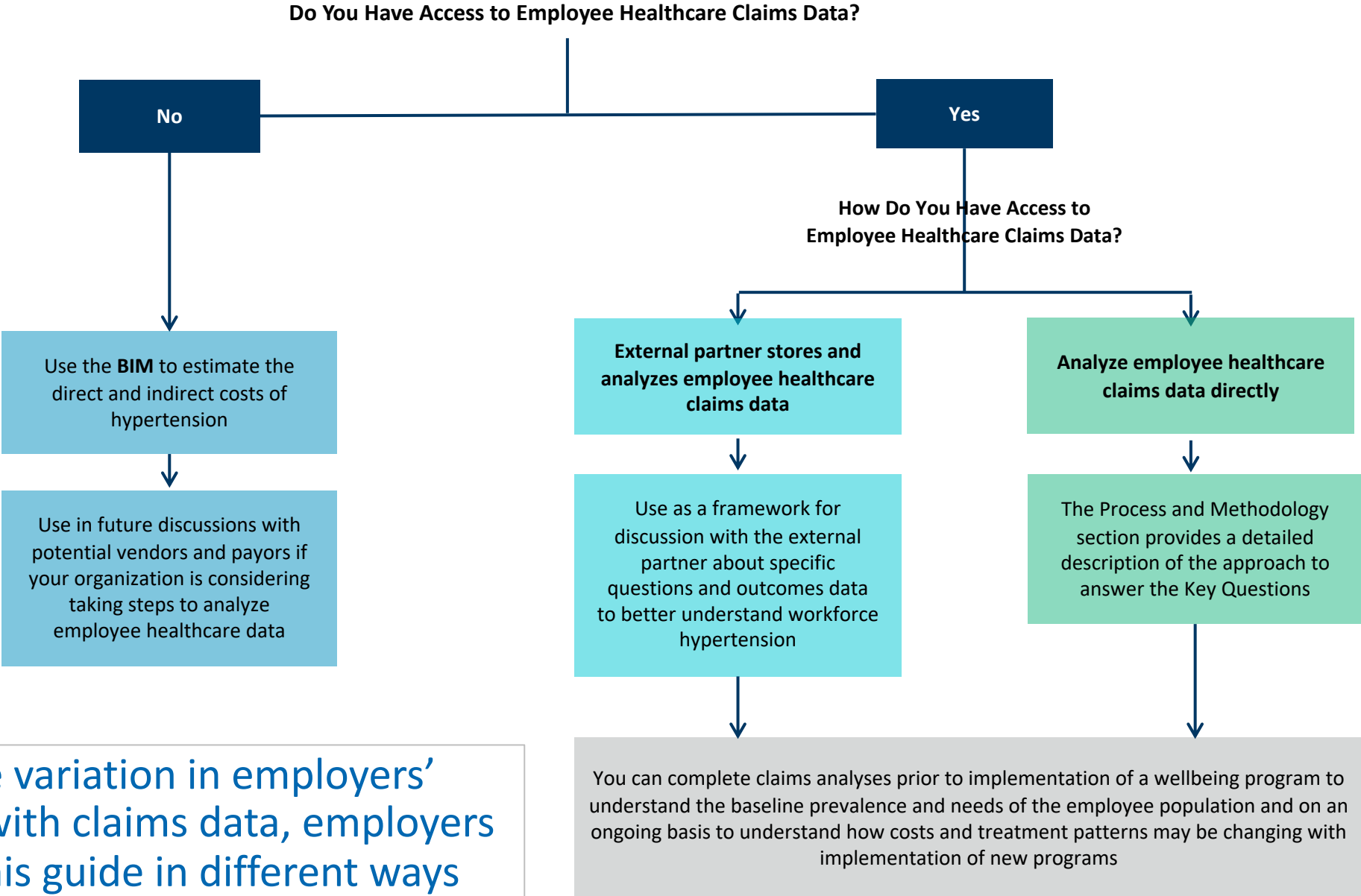
- Provides detailed insights on hypertension-related direct medical costs broken out by various categories such as age group, race/ethnicity, type of care (e.g., inpatient hospitalization, physician office visit), treatment category, and neighborhood characteristics as measured by the Social Deprivation Index (SDI).



Question 3: How many employees are treated with medication for hypertension?

- Provides data on hypertension treatment and adherence as measured by proportion days covered (PDC).

Using the Claims Analysis Guide



Given the variation in employers' experience with claims data, employers may use this guide in different ways

1. "Health Insurance Claims Analysis Guide for Employers," FTI Consulting (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.



Discussion and Q&A with Employers

Moderated by: *John M. Clymer, Executive Director, National Forum for Heart Disease & Stroke Prevention*



Discussion and Q&A with Employers: Speaker Bios



David Hines

Executive Director of Employee Benefits, Metro Nashville Public Schools (MNPS)

- At MNPS, David established a network of primary care clinics to serve their employees, retirees and their dependents.
- In 2017, he opened MNPS' first integrated health and wellness facility, combining primary care, behavioral health, health coaching, fitness, physical therapy, chiropractic, acupuncture and pharmacy.
- His current work extends to creating greater access to specialty care through clinic-based telehealth and the development and expansion of value-based care, including adoption of bundled payment programs for medical services ranging from maternity care to medical and surgical weight loss.



Jake Flaitz

Director of Benefits & Well-being, Paychex

- Jake is responsible for the strategic direction and management of all corporate benefits including health and group, retirement, wellness, food services, and employee well-being programs
- During his tenure, Paychex has been nationally recognized for its innovative approach in integrating the company's employee benefits and well-being programs. The benefits and well-being program is one of the most prominent and strongest elements of Paychex' employee value proposition.
- Jake is active in health and well-being issues, nationally and locally. He is a member of the Business Group on Health's Health Innovations Forum.

Live Conversation: Insight and Experience from Employers



What programs or health benefit designs has your organization implemented to help employees manage hypertension? How was success determined?



How have you made the case to others in the company that these initiatives are good investments?



What factors influenced your senior management team to take action in managing hypertension on their Employee Population?



What has been your experience working with Pharmacy Benefit Managers (PBMs) and Third-Party Administrators (TPA), e.g., vendors with this data?



Wrap Up & Takeaways



Key Takeaway

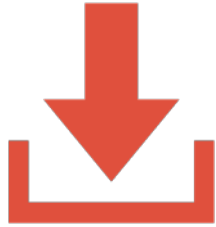
Hypertension is a **treatable** yet chronic health condition and a **hidden business risk** to employers.

Despite a low level of awareness, with appropriate forecasting tools and actionable data, **employers have the power to manage this risk and improve health and wellbeing outcomes** for their employees.

New tools, such as **the budget impact model** and **the claims analysis guide**, can make it easy to reduce risk.

An investment in hypertension prevention and management is an investment in your business.

Planned Next Steps



You will receive materials from this webinar in the following weeks, including beta versions of the budget impact model and the claims analysis guide.



Ask: As you review, please send any feedback to the study team as we build the next version of the model for public release.

To share additional information or feedback with the project team, please contact Kyi-Sin Than at **Kyi-Sin.Than@fticonsulting.com**



Thank You!



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For additional information, please reach out to FTI Consulting's Center for Healthcare Economics and Policy project leaders.

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