

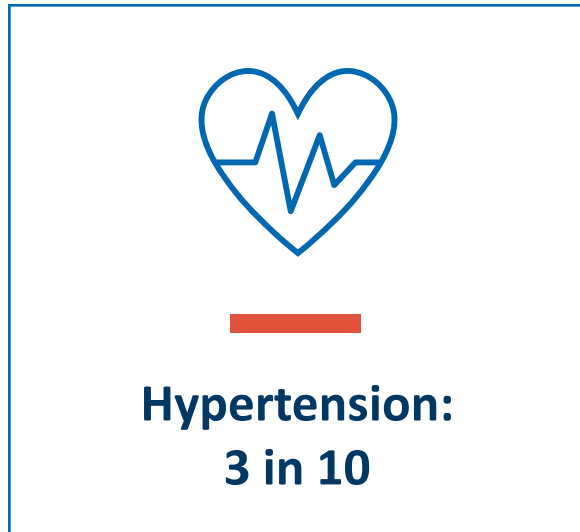


May 9, 2024

The Business Case for Hypertension Control: A Vital Investment for Businesses and Communities

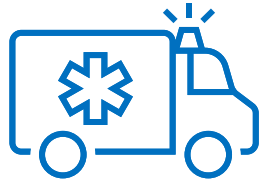
National Forum Mid-Year Meeting

Hypertension is the **most common** health condition among US adults 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**

Employers face **higher healthcare costs from employees *with hypertension*** 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.



44% higher

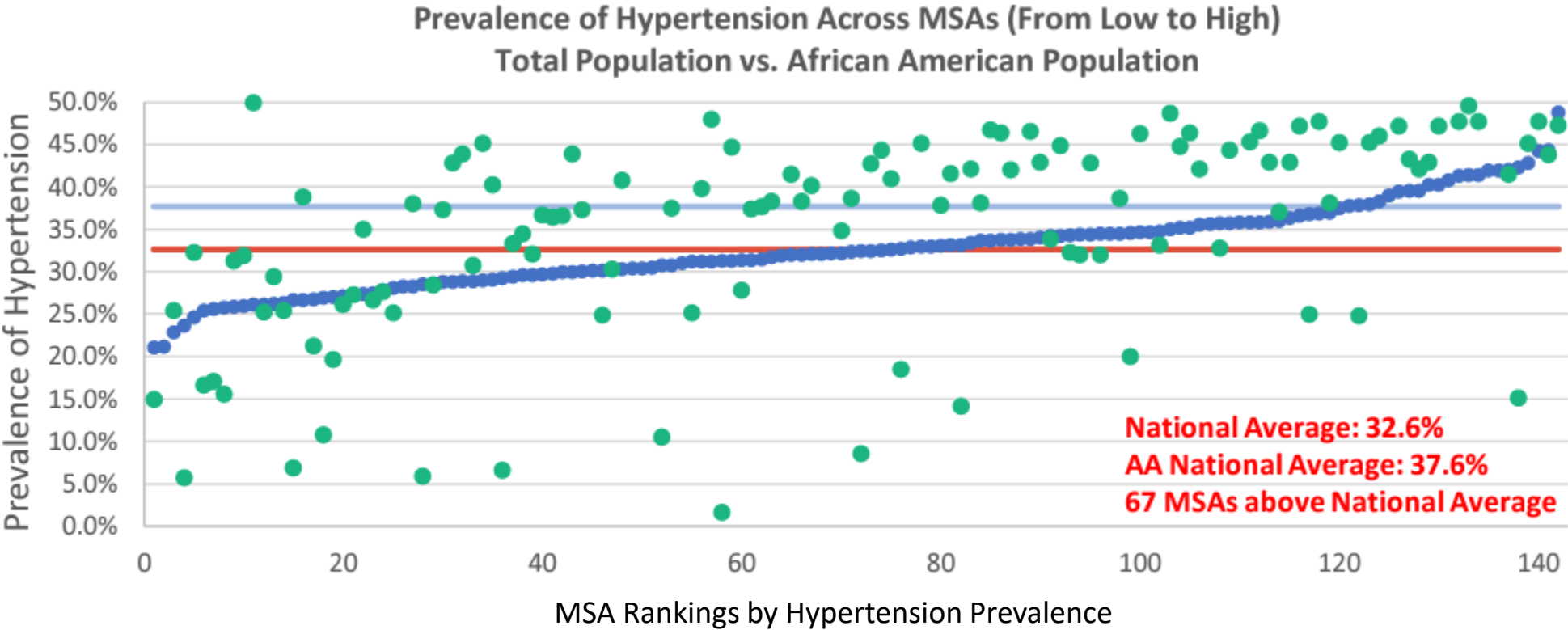
healthcare costs than individuals without hypertension in the employee population



2.3 times more

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

Prevalence of chronic conditions at local level provide key metrics for assessing total economic costs and impact of poor health on a community.



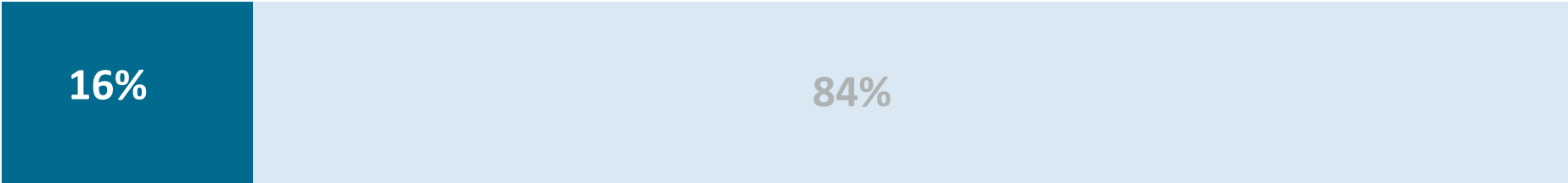
Note: 4 cities did not report sufficient survey results for AA population (sample size <=1).

- MSA Hypertension Prevalence
- Hypertension Prevalence Among African Americans

Key Challenge: Hypertension is treatable and yet many individuals with hypertension are unaware of their condition or have uncontrolled hypertension.

Hypertension Control and Awareness Among Adults

Are **not** aware of their hypertension diagnosis¹



Do **not** have hypertension under control



Hypertension control is achievable with immediate health and productivity returns for a population.

1. Paulose-Ram R, Gu Q, Kit BK. Characteristics of U.S. adults with hypertension who are unaware of their hypertension, 2011–2014. NCHS data brief, no 278. Hyattsville, MD: National Center for Health Statistics. 2017
2. The Centers for Disease Control and Prevention. Facts About Hypertension. Available at: <https://www.cdc.gov/bloodpressure/facts.htm>. Accessed 18 April 2024.

Key data points allow an employer or community leaders to assess and address the health and economic impact of hypertension on their specific population.

1. Data on the prevalence of hypertension

2. Data on the health impact of hypertension

3. Data on costs of hypertension to employers or a broader region

4. Data on hypertension initiatives and their impact

New tools make it easier for businesses to assess and manage business risk related to the healthcare and productivity costs of hypertension.



Budget Impact Model (BIM)

For a given population, the BIM uncovers the impact of hypertension on **health outcomes** as well as its **drivers**. Inputs, which are customizable, are used to best describe the given population and provide **tailored results**.



Claims Analysis Guide (CAG)

Based on our research, major employers are **most concerned** with **number of employees with hypertension, costs, treatment adherence, and evaluation of initiatives**. This guide assists in revealing these aspects, if claims data is accessible.

FTI's Center for Healthcare Economics and Policy, in partnership with the National Forum, supported CDC Foundation to build the business case for employer engagement in hypertension prevention and control, including the development of these tools.

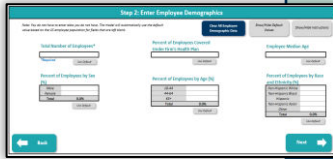
The Budget Impact Model (BIM) allows employers and communities to **easily estimate the impact** of hypertension on a specific employee population or a broader region.

Step 1. Decide Analysis Population to Estimate Impact of Hypertension



- An entire workforce or regional population
- Stratified groups in the workforce or job function
- **Key takeaway:** Analysis can account for up to 5 subgroups across industry sectors or job functions or demographics – critical for large employers or regions with various industry, which have different costs or prevalence

Step 2. Enter Demographic Characteristics



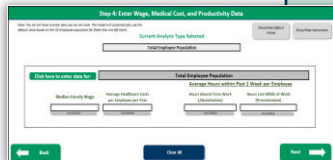
- Total target population; Proportion by age, sex, race covered under health plan
- **Key takeaway:** Customize the results by the demographic breakdown of a specific region or employer population

Step 3. Enter Hypertension Prevalence Data (if available)



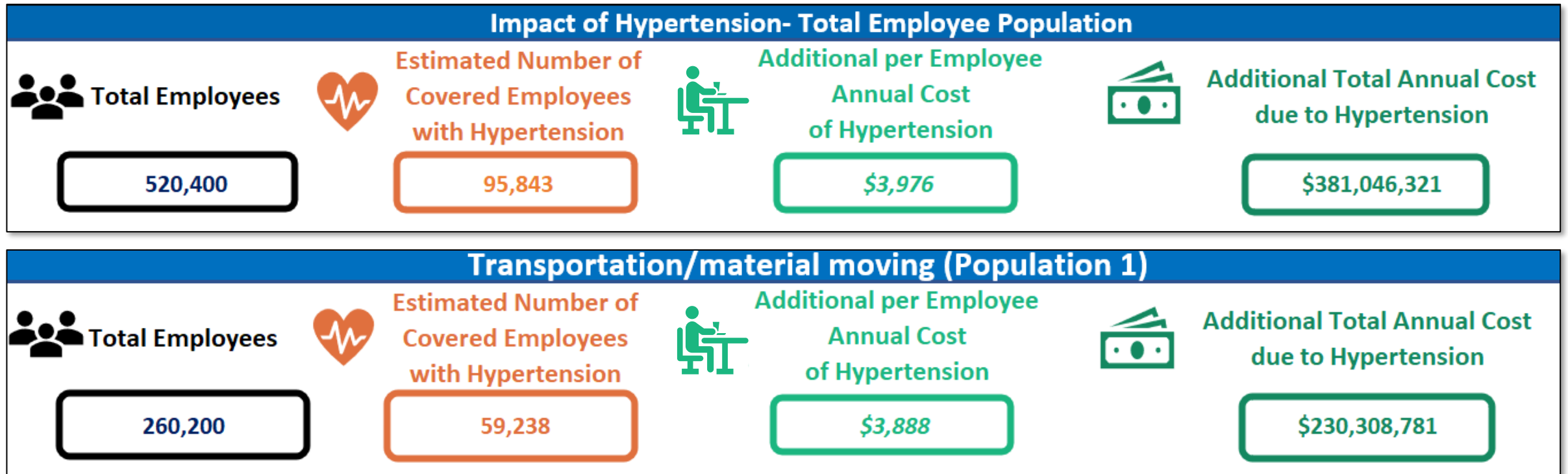
- If data are not available, use industry or job sector specific prevalence rates built into the model.
- **Key takeaway:** Prevalence rates vary by industry and job function and the analysis can take this into account

Step 4: Enter Average Wage and Hours Worked



- Use default values if data are not available
- **Key takeaway:** Customize the productivity loss cost estimates based on specific population or subgroups

The BIM estimates the incremental costs of hypertension for a specific employer or region **overall and by sub-populations.**



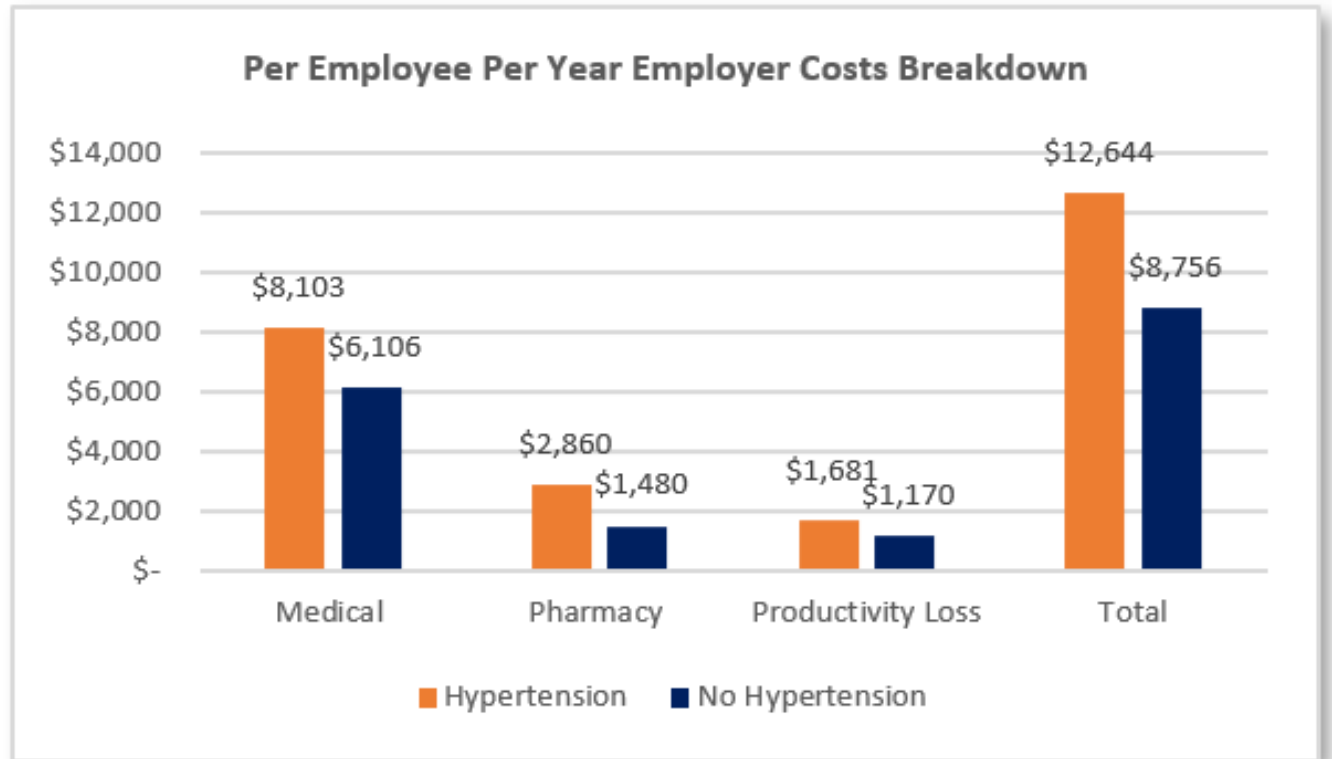
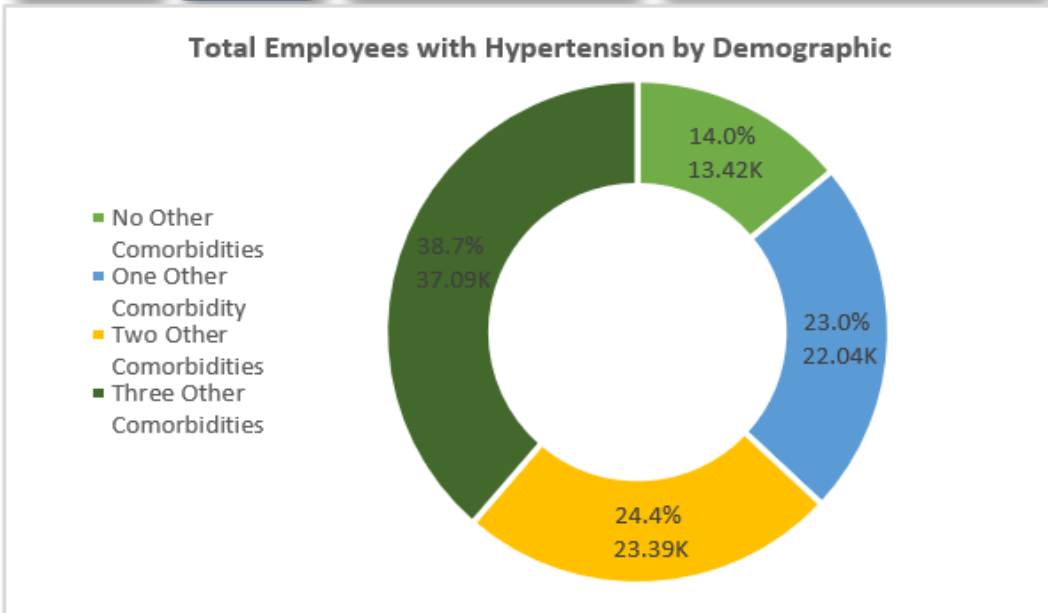
Example dashboard based on a large urban area with a population of ~520,000, analyzed with three sub-populations.

Key takeaway: The dashboard shows, at a glance, the overall as well as the differential per person and total impact of hypertension for each sub-population.

The BIM generates **detailed health and cost impact results** for the total population and each sub-population.

Select options below to view hypertension by demographic characteristics

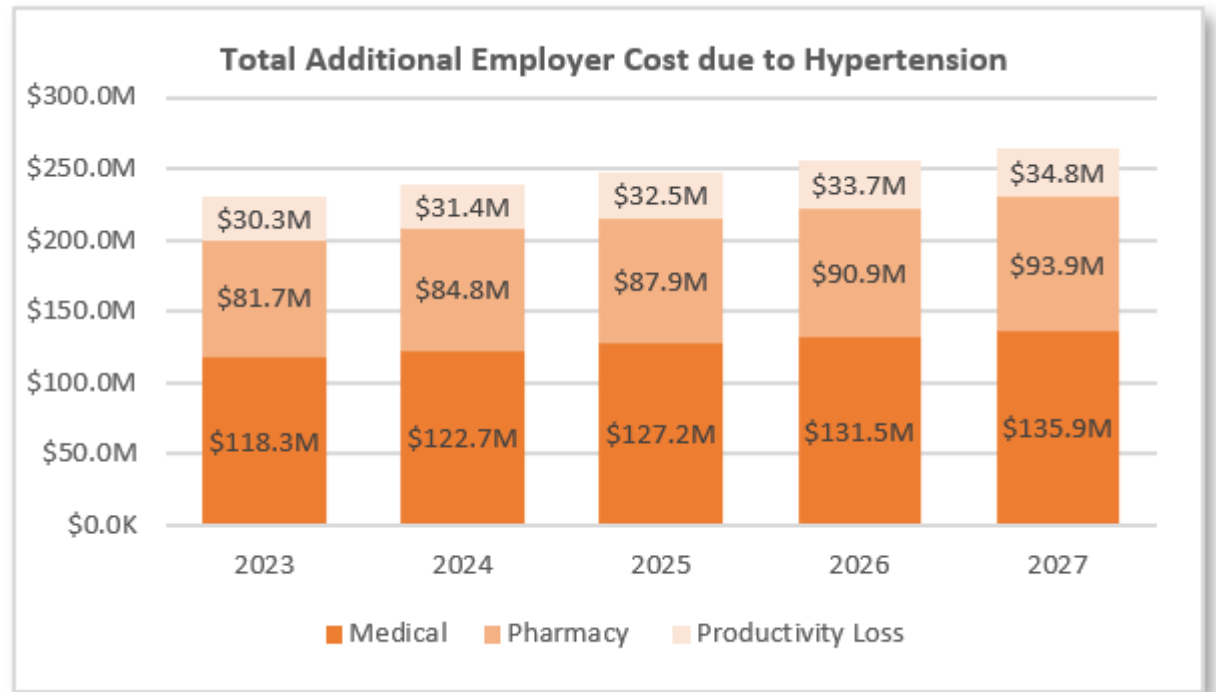
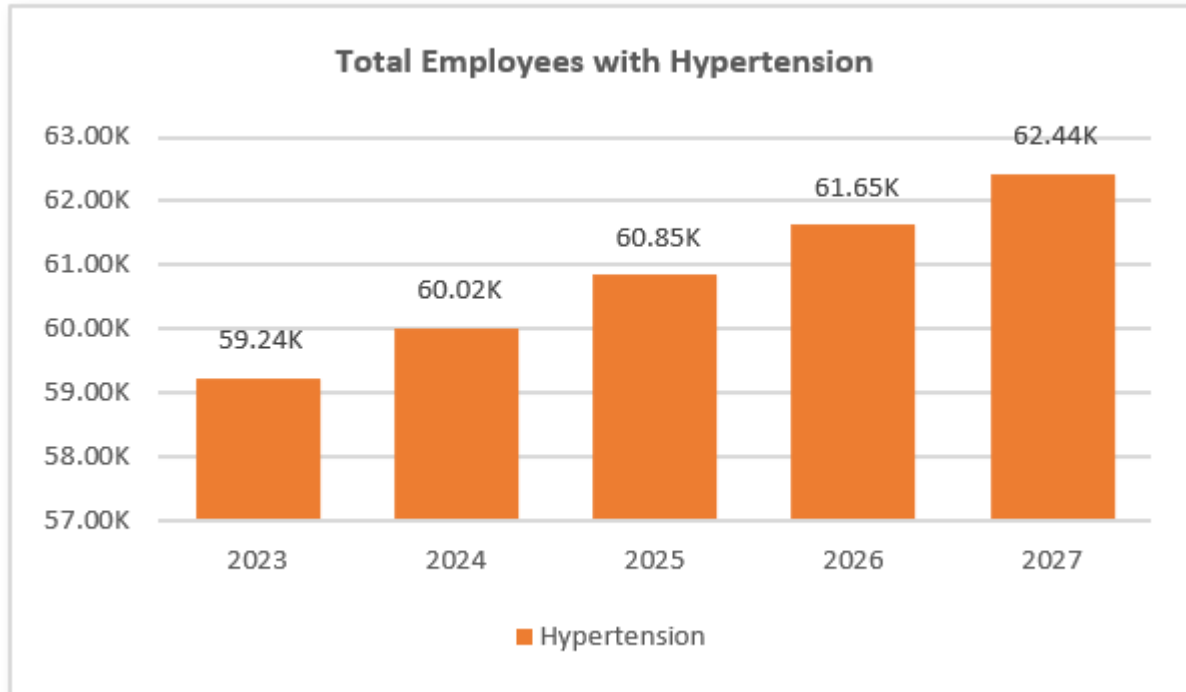
- Sex
- Age
- Race/Ethnicity
- No. of comorbidities



Example dashboard based on a large urban area with a population of ~ 520,000 employed adults, analyzed with three sub-populations. Results shown for the total population.

Key takeaway: The BIM shows drivers of hypertension cost impacts (medical, pharmacy, and productivity loss) and the incremental costs.

The BIM generates **projected costs by cost type** and shows that without intervention, they will continue to increase.



Example dashboard based on a large urban area with a population of ~520,000 employed adults, analyzed with three sub-populations. Results shown for the total population.

Key takeaway: The BIM provides data and transparency for your customers in terms of opportunity costs and future costs with no additional intervention.

The Claims Analysis Guide was developed to help **employers ask questions and obtain data to understand drivers and inform 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).

The Employer and Community Business Case for Hypertension Prevention and Control

- ❑ U.S. businesses and communities face significant economic and health risks from uncontrolled hypertension. They can act on opportunities for investment in interventions using data-informed strategies.
- ❑ Employer efforts that address hypertension among its entire employee population have greater community impact by reaching areas with significant health disparities or needs, fostering growth and resiliency.
- ❑ Prioritizing hypertension aligns with the [core principles of putting people first](#) and contributes to the [financial benefits of controlling and managing](#) hypertension within the workplace environment. New [customizable tools](#) (Hypertension Budget Impact Model (BIM) and Hypertension Claims Analysis Guide (CAG)) offer a transformative opportunity for business and community stakeholders by providing forecasting and actionable data to move the needle on a highly prevalent disease and a driver of higher acute disease such as heart disease, stroke, and kidney disease.

Employers have the power to transform the health and wellbeing of their communities through hypertension control initiatives informed by appropriate data and tools.

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 business and community

Center Resources for Data and Tools to Assess the Health and Cost Impact of Hypertension

FTI's Center for Healthcare Economics and Policy (the Center) brings advanced economic modeling, research-based methods and validated data sources to inform analyses and assist clients (business, collaboratives, health systems, health plans, government) proactively to assess drivers of poor health, their individual and collective impact at the community level, and opportunities and benefits from action.

Urgency for Action

The pandemic created shared value and enhanced awareness of individual's community. Multi-sector collaboratives with trusted community relationships and health have been able to develop and implement solutions for their communities. Actionable data and quantification of economic impacts along with these collaborative efforts help make inroads into poor health, access, and motivate economic impacts.

Health, Health Equity and Economic Impact

The Center assists organizations to understand the health of communities, economic impact of health and health disparities and evaluate effective to answer: *What drives poor health? What is its impact? Which successful interventions generate benefit? How do we implement solutions? How do we measure success?* We focus on:

1. **Value proposition of population health and health equity**
2. **Health and economic metrics and modeling of health disparities**
3. **Evaluation of interventions designed to address population health and inequities**

Selected Resources



[Data Driven Approaches for Informed Health Equity Action](#)



[National Forum for Heart Disease & Stroke Prevention's 20th Annual Meeting on Economic Impact of Health Inequity Presentation](#)



[National Forum for Heart Disease & Stroke Prevention's Mid-Year Presentation: Mobilizing Faith-based and Trusted Community Leaders in Buffalo, New York to Improve Blood Pressure Control in Underserved Communities](#)



[Health & Economic Impact of COVID-19 – Health Collaboration to Address Health Disparities](#)



Nashville, TN | [Nashville Region Health Competitiveness Initiative](#)



Buffalo/ Western NY | [The Economic Impact of Poor Health on Our WNY Community Report](#)



Rochester, NY | [The High Blood Pressure Collaborative](#)

This presentation was prepared by FTI Consulting's Center for Healthcare Economics and Policy staff. Any views expressed herein are those of the author(s) and not necessarily the views of FTI Consulting, Inc., its management, its subsidiaries, its affiliates, or its other professionals.



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