

Empowering Your Most Challenging Hypertensive Patients:

A New Engagement
Framework for Value-Based
Care Providers

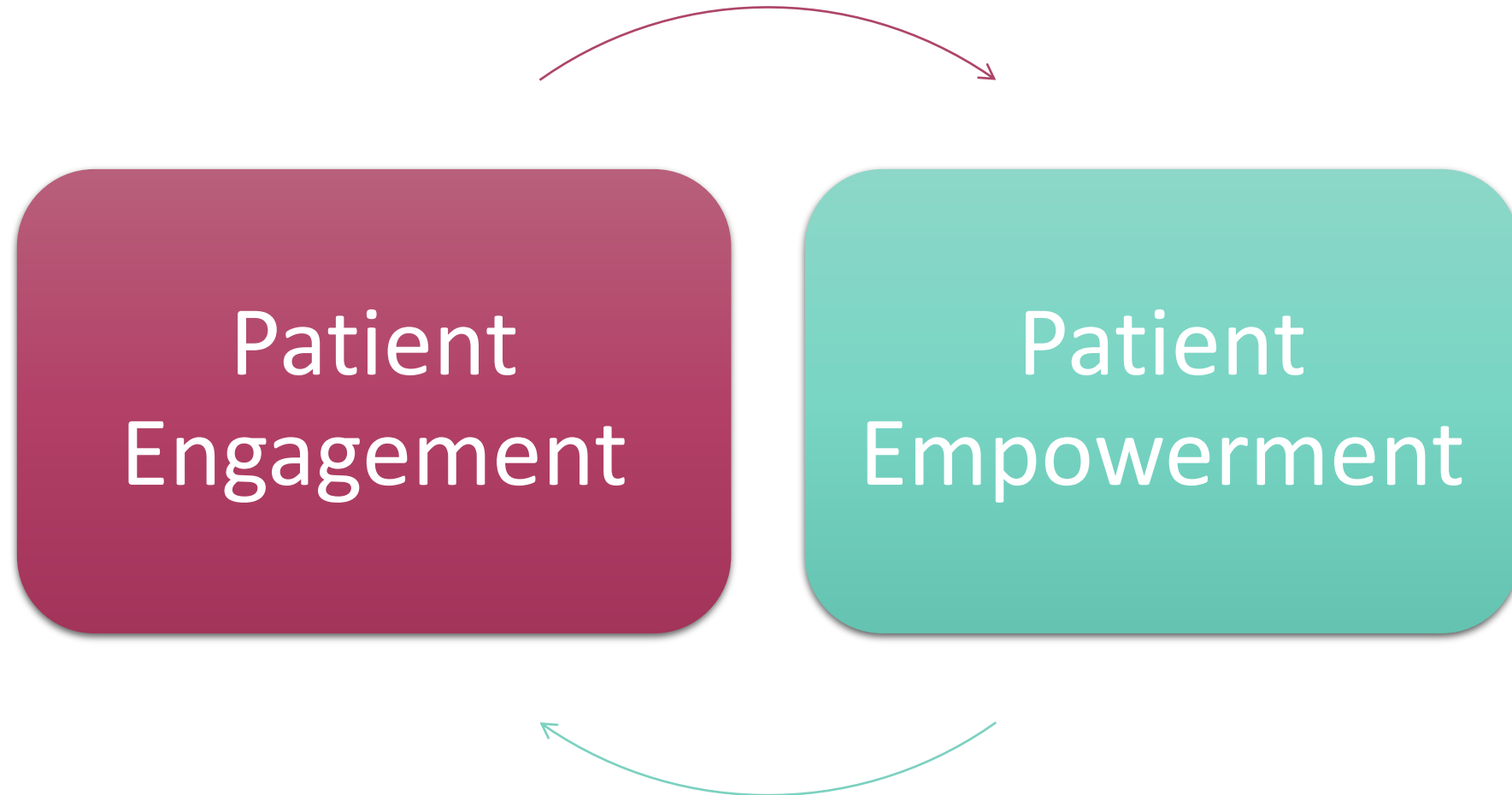


Speaker Cathy Kenworthy

- CEO/Founder – Health Hippo
- President – ConceiveAbilities
- Operating Partner – Periscope Equity
- Board Member:
 - Ascension Ventures
 - Integrated Behavioral Health
 - Yenkin-Majestic
- Education:
 - MIT Sloan – MS in Management, Operations Research
 - Georgetown – BS in Chemistry, Mathematics



Solving the Hypertension Challenge

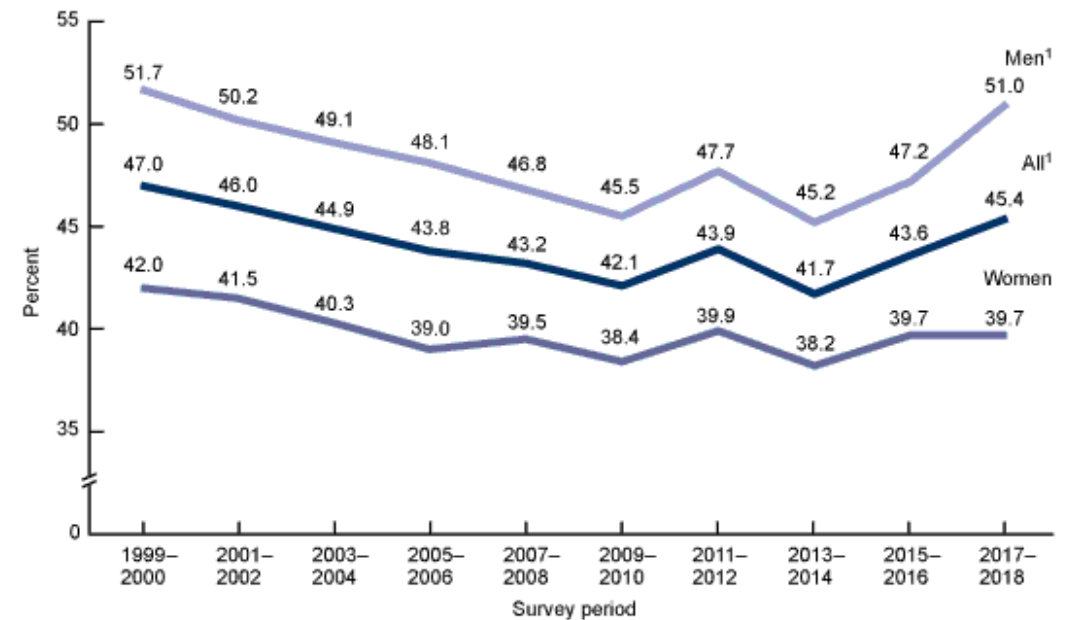


The Problem

Hypertension is out of control.

Even though there is widespread consensus on how to manage, control and often prevent it.

Age-adjusted trend in hypertension prevalence among adults aged 18 and over, by sex: United States, 1999–2018



Key Factor: Communication Failure



Patient misconception:
they think they understand
hypertension but really don't



Provider misconception: they
think they understand what
patients want but really don't



Need: a Shared Decision Framework



Shared Decision: Diagnosis

- What does it mean to have hypertension?
- Is having hypertension the patient's fault?
- What are the practical ramifications of high BP, left unmanaged, for the patient's essential care?
- ...



Example: Understanding Diagnosis

Using a hypertension risk assessment to provide context to a patient's diagnosis.



A Tool for Hypertension Risk Assessment

Understanding your unique risk factors for hypertension, and what may cause your blood pressure to improve or get in the way of making improvements, is a good way to set the stage for your treatment plan. Changing these risk factors may, or may not, be fully in your control but regardless there is a treatment plan for you.

1. Some risks associated with hypertension aren't things you can change.

- A.** I have a parent or close relative with hypertension AND I am 55 years old or older.
- B.** I have a parent or close relative with hypertension BUT I am younger than 55 years old.
- C.** I do not have a parent or close relative with hypertension AND I am younger than 55 years old.

2. How you manage your eating, drinking, activity levels, and weight are all important considerations as you think about your hypertension risk factors.

- A.** Truth be told, I am overweight, I eat out frequently, have a taste for salty and sugary foods, am fairly sedentary, and drink more alcohol.
- B.** While I could stand to lose some weight, improve my eating and drinking habits, and be more active, I have a reasonably healthy lifestyle.
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3. Now is the time to act and bring your blood pressure to normal levels.

- A.** I arrived early (at or before 38 weeks of gestation) OR had a birth weight of less than 5.5 pounds.
- B.** I had no instances of high blood pressure as a child AND I arrived after 38 weeks of gestation, with a birth weight of more than 5.5 pounds.

4. There are things that can cause your blood pressure to be high, let's think about your childhood risk.

- A.** I use three or more of those substances regularly.
- B.** I use one, two or three of those substances regularly.
- C.** I use none of those substances.

5. Many studies have shown that how you think about using prescription medication as part of a hypertension treatment plan is important to consider.

- A.** I have real concerns. I am not convinced that prescription medicine is important for treating hypertension, that it will help me, or that I can afford it.
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7 to 10 points

Let's get to work.

The most effective treatment plans come from collaboration with your care provider. Through this pathway, you are gaining the knowledge to be actively engaged in building that plan. You should know that there are a wide array of options for treating hypertension and you can be confident that the right options exist for you. And, you and your care provider may have to make changes to the treatment plan. That's okay and to be expected. There is a treatment plan that will be the right one for you. While high blood pressure does not typically have symptoms, it does need to be managed so that it does not create problems for how your heart, kidneys and other organs function. There are likely some big changes you will need to make in your daily routines and this pathway will help and support you in identifying and making those changes.

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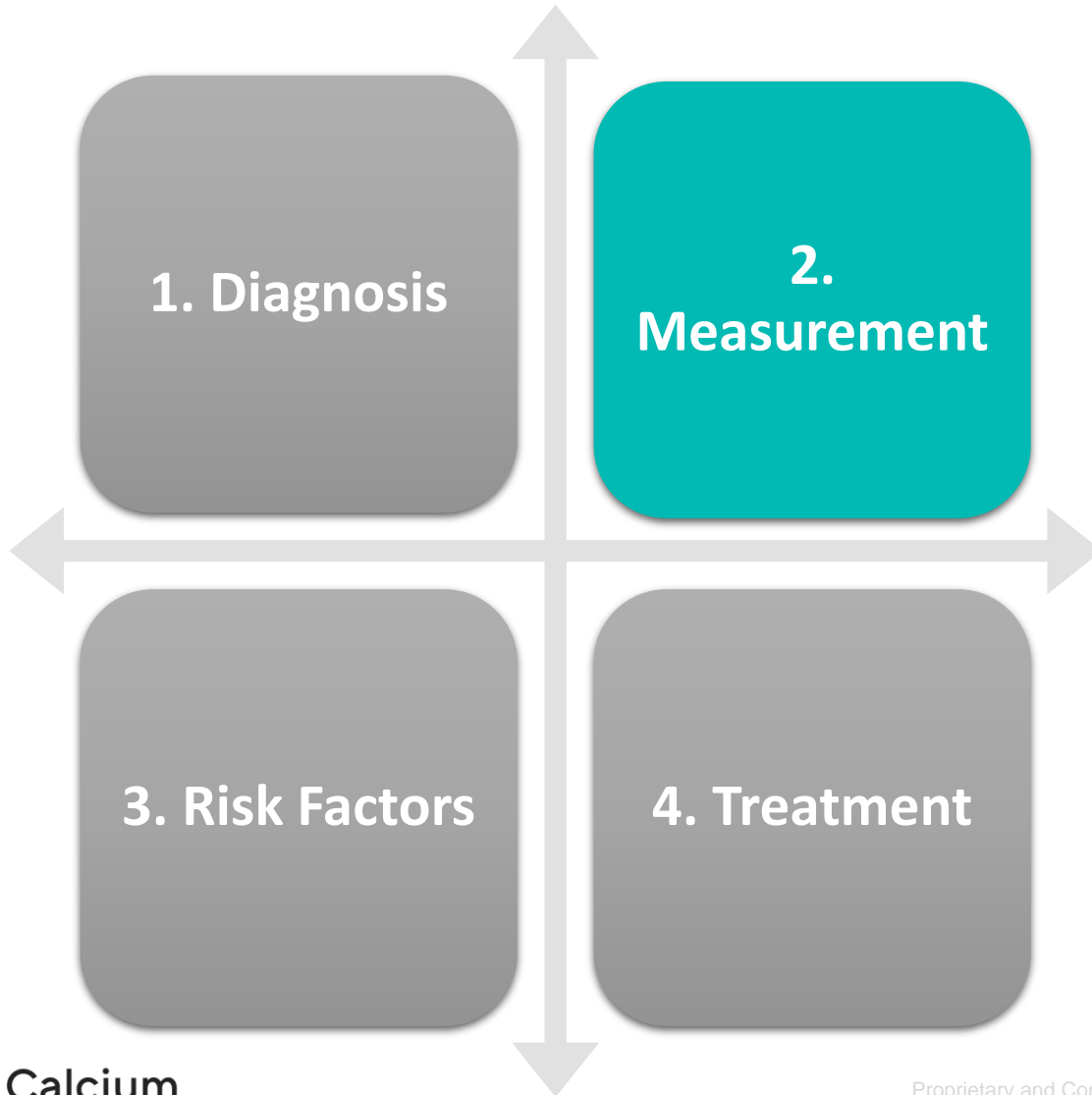
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Build a targeted treatment plan to keep your risk factors low.

As you age, your risk factors will naturally increase, so actions you take now to implement small changes with the right treatment plan can make a big difference.

Give yourself 2 points for each "A" answer, 1 point for each "B" answer, and 0 points for each "C" answer.

Shared Decision: Measurement



- Is the patient empowered, willing, and educated to consistently take their blood pressure?
- Is an automated cuff, with consistent shared data, agreed?
- ...

Example: Understanding Measurement

Using a hypertension risk assessment to help patients understand the importance of tracking.



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Shared Decision: Risk Factors

- How do risk factors impact the intensity of the treatment plan?
- What childhood and family norms, as well as pressures around consumption of certain foods, must be addressed?
- ...



Example: Understanding Risk Factors

Using a hypertension risk assessment to help patients better understand their risk factors.

3. Jumping into the way-back machine, let's think about your childhood risk factors for adult hypertension.

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Alcohol	Decongestants	Immunosuppressants	NSAIDs, such as aspirin
Amphetamines	Herbal supplements	and certain	and ibuprofen
Antidepressants	Oral contraceptives	cancer-fighting	Systemic corticosteroids,
Caffeine	Recreational drugs	agents	such as prednisone.

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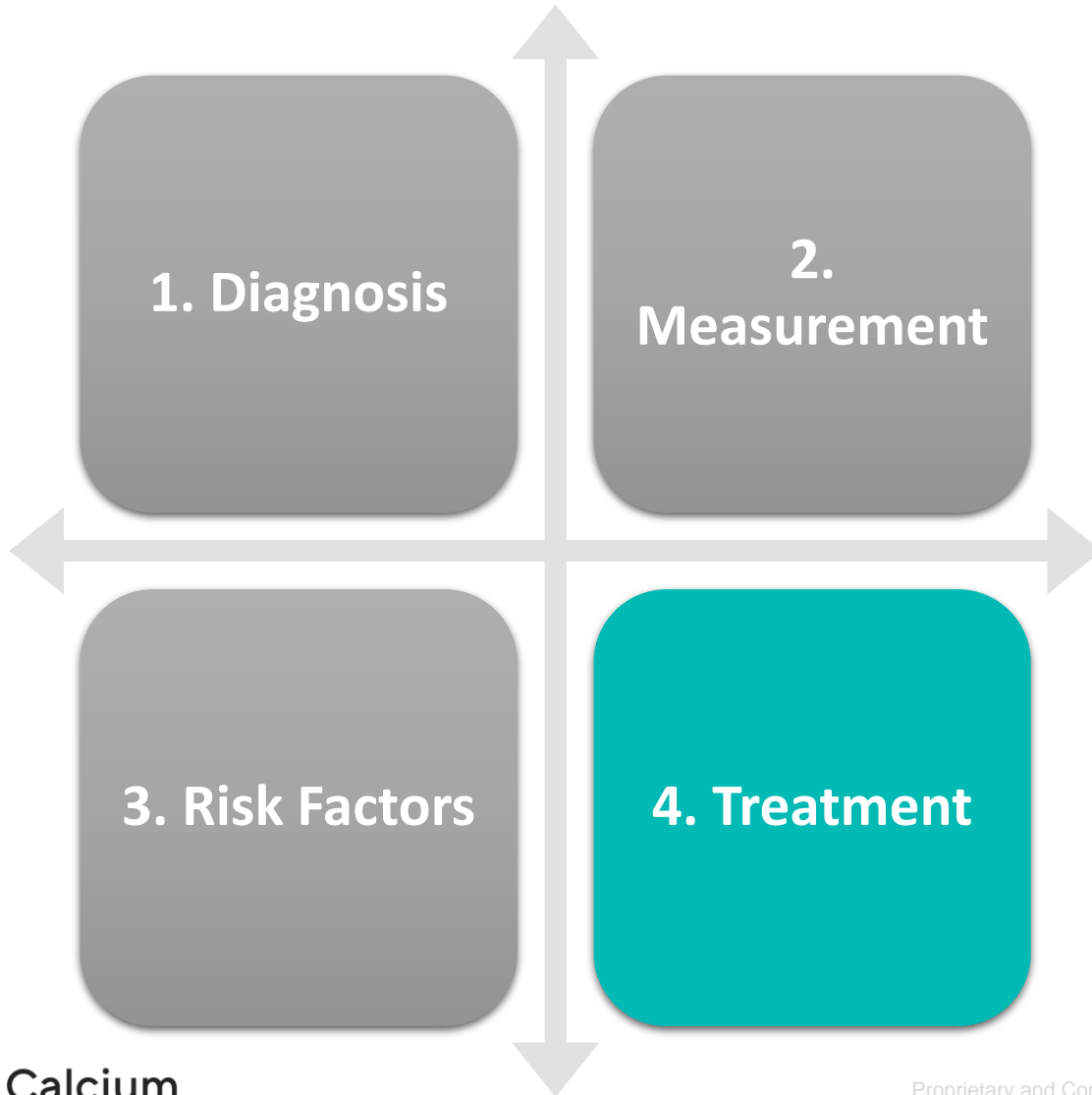
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Shared Decision: Treatment



- What are realistic and shared goals for managing hypertension?
- What is the full range of pharmacological and non-pharma options for managing hypertension on a sustained consistent basis?
- ...

Example: Developing Treatment Plans

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Using a hypertension risk
assessment to help patients
better understand and take
ownership of their treatment

Recap: Hypertension Framework

1. Diagnosis: Impart a full understanding of their **diagnosis(es)**, and a full awareness of the impact this will have on their health

2. Measurement: Ensure patients are fully trained and empowered to **measure** their own blood pressure, consistently

Empowerment

3. Risk factors: Help patients take stock of their **risk factors** so they can participate in selecting treatment options that are well-matched to their risk

4. Treatment: Understand that educating patients about the **treatment options** for their hypertension to the point of lifetime behavioral change will take hours of information, delivered in multiple modalities

Where do we start

Patient education

Patients need simple, digestible facts – i.e., what's known (and, equally, what's not known) about...

1. Hypertension diagnosis
2. Blood pressure measurement
3. Risk factors for hypertension
4. Treatment options for hypertension

Decision points

Providers and patients need to agreed on shared goals and priorities for care management...

- Goals: realistic and specific, in the context of the patient's life
- BP measurement: frequency
- Changes in risk factors
- Prioritization & plan for treatment options

Sound like too much?

Technology

Use technology to continuously guide and better monitor your hypertensive patients:

- **Diagnosis:** Scheduled on-demand learning
- **Measurement:** Knowledge base & training videos on demand
- **Risk factors:** automated check-ins, reminders and monitoring of risk factors
- **Treatment:** guided pathways that continuously reminds and motivates behavior changes

Empower your staff

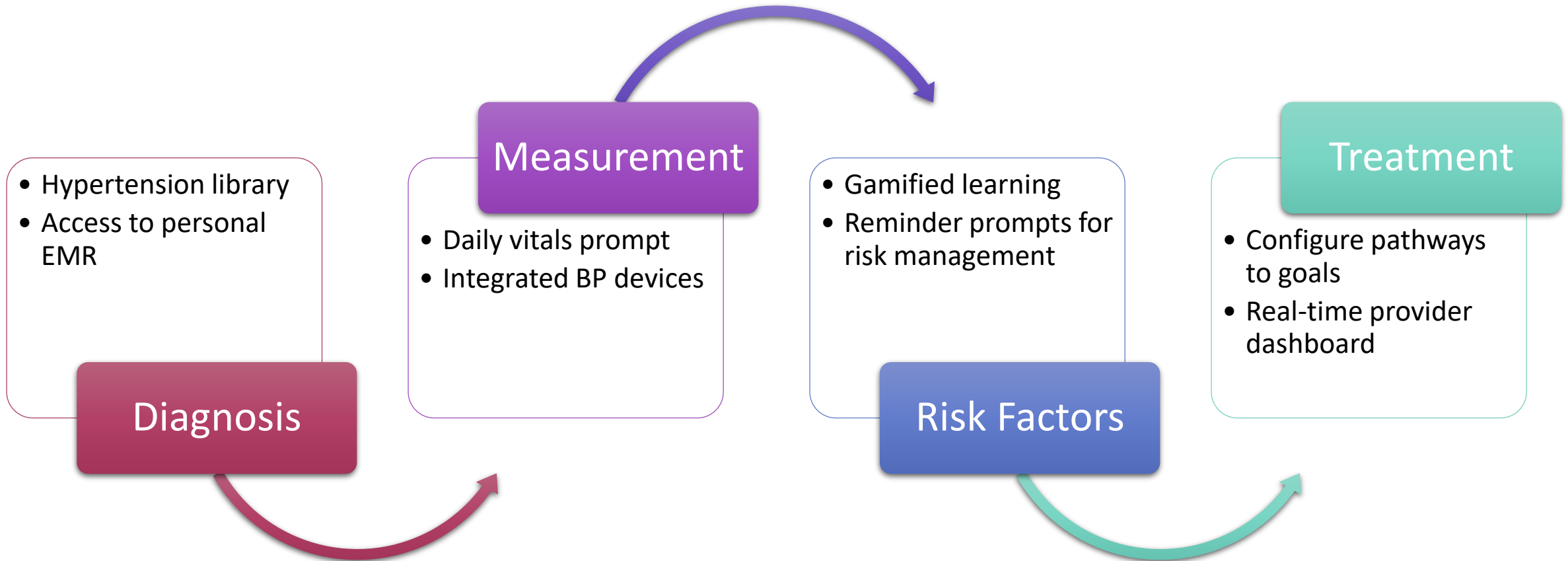
Technology should integrate with your care team dashboard to give them better oversight:

- **Progress tracking.** Monitor how patients are progressing on prescribed learning and comprehension pathways.
- **Treatment monitoring.** Get real-time updates on each patient's adherence to medication, treatment and health improvement plans.
- **Prioritized outreach.** Identify which patients are in most need of outreach based on monitored data.
- **Patient satisfaction.** Create communication and feedback loops to keep patients engaged.

Engage people, enable better health decisions, and drive improved outcomes with Calcium's consumer-centric approach.



Example: Applying Framework



Q&A

Stop by our VBCExhibitHall.com Virtual Booth:



[Visit the Calcium Health exhibit booth](#)

Contact Us

Rey Villar

Rey.Villar@CalciumHealth.com