

ACTION BRIEF

Employer Strategies that Drive Value



OPTIMAL CARDIOVASCULAR PREVENTION AND CARE

IMPROVING LIVES, OUTCOMES AND AFFORDABILITY

ACTION STEPS FOR EMPLOYERS:

1. Review cardiovascular cost and quality data to identify both the risks and the opportunities for prevention and improvement.
2. Learn how other employers are achieving success with worksite health-promotion and health-management programs.
3. Create a workplace plan of action that educates and motivates employees to adopt healthy behaviors.
4. Ensure that health plans and employee wellbeing partners are promoting preventive care and condition management with targeted outreach.

CARDIOVASCULAR DISEASE IS INCREASING, DRIVING UP COST AND HINDERING PRODUCTIVITY

No disease in today's workforce is more common and more costly than cardiovascular disease. The good news is that there is no disease for which interventions, both by the employer and by health care systems, have proven as effective in reducing the impact of the disease and improving employee health and productivity.

Cardiovascular disease (CVD) is the number one killer of Americans, accounting for one-third of all deaths (one person dies from cardiovascular disease every 36 seconds in the US). Even more worrisome, the incidence, on a downward trajectory until 2012, is now growing (see chart on page 2). By 2035, 45% of adult Americans will have at least one cardiovascular disease.¹

Why the upturn in incidence? The burden of CVD is growing faster than our ability to combat it, due to increasing rates of the four main CVD risk factors: obesity, poor diet, high blood pressure, and Type 2 diabetes.

Also contributing to this uptick is an aging population. CVD risk increases with age:

- ▶ At age 24, the risk for CVD is just 20%.
- ▶ At age 45, the risk of CVD is 50%.
- ▶ At age 65 the risk of CVD is 80%.



Living Well with CVD

Cardiovascular disease refers to damage to the heart or blood vessels caused by atherosclerosis, a buildup of fatty plaques in arteries. Three top facilitators of this buildup are well known:

- ▶ **Diabetes.** Adults with diabetes are two to four times more likely to die of heart disease than adults without diabetes.
- ▶ **Cholesterol.** Low-density lipoprotein is the main source of artery-clogging plaque.
- ▶ **Triglycerides.** It's now known that triglycerides are an independent risk factor.

Because preventive care is not enough, it's important that plan design include coverage that encourages patients to work closely with their doctors on a lifestyle and treatment plan. Existing and emerging research on living well with CVD reduces the chance of serious health events.

NUMBER OF HEART DISEASE DEATHS INCREASING IN US²



Source: American Heart Association



Related Healthcare Costs Are Significant

The cost of treating CVD already exceeds \$1 trillion per year (that's nearly \$3 billion per DAY), accounting for \$1 of every \$6 spent on healthcare. Many of these costs are passed on to employers and employees. CVD has contributed to driving up the average cost per family plan (borne by employers and employees) to \$21,000.

With many health plan options now involving high deductibles, there is an urgent need to improve health and to make costs affordable to employees, as well.

Productivity also takes a hit. Employees with cardiovascular disease lose 56 hours more per year in productivity than healthy employees.

CARDIOVASCULAR DISEASE CHALLENGES FOR EMPLOYERS

The costs of absenteeism, workers' compensation, health benefits, and low productivity all inevitably impact the bottom line. Employees at risk for heart disease and stroke can raise the cost of doing business.

Cardiovascular disease shows itself in many forms, each with cost and productivity challenges for employers, as shown in the chart below.

EMPLOYER ACTION STEPS

When it comes to cardiovascular disease, the good news is there are multiple actions employers can

take—actions that are documented to improve cardiovascular health and reduce costs. These include better monitoring of cardiovascular-related data, identifying and implementing best practices for worksite wellness, and enlisting the support of health plans and other healthcare providers.

1. Review cardiovascular cost and quality data to identify the risks and the opportunities for prevention and improvement.

A first step for assessing an employee/dependent population is to create a baseline of risks and consequences and then monitor it closely. Data can be sorted into two categories: direct and indirect impacts.

CARDIOVASCULAR DISEASES BURDEN EMPLOYERS



The cost of high blood pressure

High blood pressure raises an employee's healthcare costs by nearly **one third**.

1/3



Hypertension-related absenteeism costs employers

\$10.3 billion per year.



The cost of stroke

Stroke is America's **No. 1** debilitating disease.

Stroke costs all payers **\$6,492 a person per year.**



Stroke leads to an average of **20 lost workdays per year per patient.**

20



The cost of obesity

Obesity raises an employee's healthcare costs by **27 percent.**

27%

Obesity-related absenteeism costs employers

\$11.2 billion per year.



The cost of cardiovascular diseases



Employees with a cardiovascular disease

- Lost **56 hours** more per year in productivity
- Cost **\$1,119 more** per year in insurance
- Congestive Heart Failure costs all payers **\$8,332 a person per year.**



The cost of physical inactivity



Physical inactivity costs U.S. employers

\$9.1 billion per year.

13

Heart disease leads to an average of **13 lost workdays per year per patient.**



Direct impact data measures specific cardiovascular disease incidence and costs in a specific population. This data is available from health brokers, consultants, or health plans/payers. Findings can now be compared to “big data” models to identify where an organization deviates from the norm and to pinpoint population issues.

These big data benchmarks are based on increasing quantities of electronic health records (EHR) data (in 2020, 44 trillion gigabytes).

The data benchmarks mine patient medical history related to CVD from comorbidities, electroencephalograms, echocardiograms, lab values, hospitalizations, and interventions.

This data helps providers conduct better predictive modeling, surveillance, and real-time response, resulting in more efficient treatment with longer-lasting results. The benchmarks also help employers make health plan changes, launch targeted employee education, and fund monitoring and intervention programs to improve cardiovascular health.

Indirect impact data measures more global trends in the health of covered lives.

Some benchmarks:

- 1) What is the organization’s absenteeism rate and how is it trending?
- 2) Are the measures of productivity increasing or decreasing?

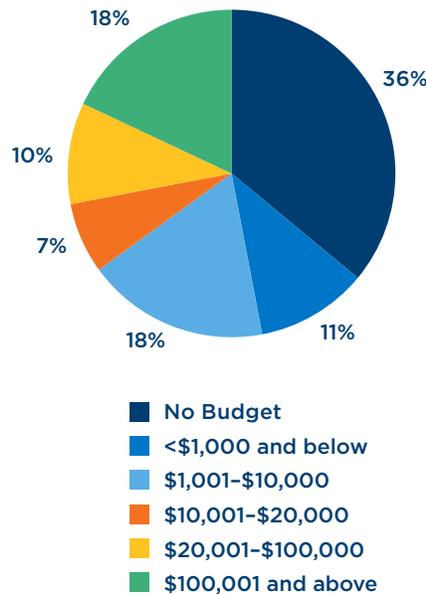
- 3) What are the organization’s total healthcare costs (including short-term disability and workers’ compensation)?
- 4) Over the last five years, by what percentage have healthcare costs increased?

2. Learn how other employers are achieving success with worksite health-promotion and health-management programs.

The most effective employer workplace programs and support for cardiovascular health have been documented to show a positive impact on employee health.

Even so, employer health promotion budgets vary. While the average employer spends between \$1,000 and \$10,000 per employee per year, 36% of

Annual Health Promotion Budget Among Worksites with a Health Promotion Program



Source: 2017 Workplace Health in America Survey

employers having no programs at all (see chart).

Organizational support requires a commitment at all levels of management, an annual health-promotion budget, and an active health-promotion committee.

Reduction of cardiovascular disease in a workplace begins with leadership at the top and includes organizational commitments. One study, conducted under auspices of the American Heart Association, included 20 large employer groups and 373,000 employees. The study found reduced incidence of CVD among employees if the employer showed a leadership commitment; developed written organizational policies; supported strategic communications on cardiovascular disease; conducted health-promoting programs, employee engagement, and community partnerships; and measured and reported outcomes.

3. Create a workplace plan of action that educates and motivates employees to adopt healthy behaviors.

Employers don’t have to create program solutions on their own. A large study by the CDC Workplace Health Resource Center documented the most popular and effective ways employers are addressing cardiovascular disease:

- ▶ Blood pressure and cholesterol onsite screening events
- ▶ Disease management resources (onsite, online or by phone)
- ▶ Counseling to reduce risk factors
- ▶ Worksite promotions that ban tobacco use, offer blood pressure cuffs,

These programs have been documented to work. A review of 42 studies on cardiovascular worksite health promotion programs measured more than 25% reductions each in absenteeism, healthcare costs, and disability/workers’ compensation costs.³

Actions Employers Can Take to Support Employee Health Improvement

View No-cost Employer Resources for Success on the American Heart Association's Website

Actions	
High Blood Pressure & Cholesterol Management	Provide health insurance coverage with no or low out-of-pocket costs for cholesterol/ lipid control medications, blood pressure control medications, or for home blood pressure monitoring devices.
	Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure, prehypertension, or high cholesterol.
Tobacco Control	Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications, including nicotine replacement.
	Have a written policy banning tobacco use at your worksite.
Nutrition	Make most (more than 50%) of food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthier food items.
	Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points.
Physical Activity	Provide environmental supports for recreation or physical activity (e.g., onsite exercise facility, subsidized or discounted onsite or offsite exercise facilities, walking trails, bicycle racks).
	Provide organized individual or group physical activity programs for employees (e.g., walking or stretching programs, group exercise, or weight training).

Source: CDC A Million Hearts® Action Guide

promote physical activity with paid fitness breaks, and stock cafeterias with heart-healthy foods

A first step is to assess current efforts using a health-promotion assessment developed by the Centers for Disease Control. Then commit to activities that have been proven to work.

A sample action plan addressing the four biggest contributors to cardiovascular disease is included at the top of this page.

4. Ensure that health plans and employee-wellbeing partners are promoting preventive care and condition management with targeted outreach.

The most effective way to address cardiovascular disease in the workplace entails combining the actions taken by employers with those taken by healthcare providers.

The Centers for Disease Control promotes a six-part strategy for health plans and providers to address and reduce cardiovascular disease:

1) Using a team-based care model. Providers should

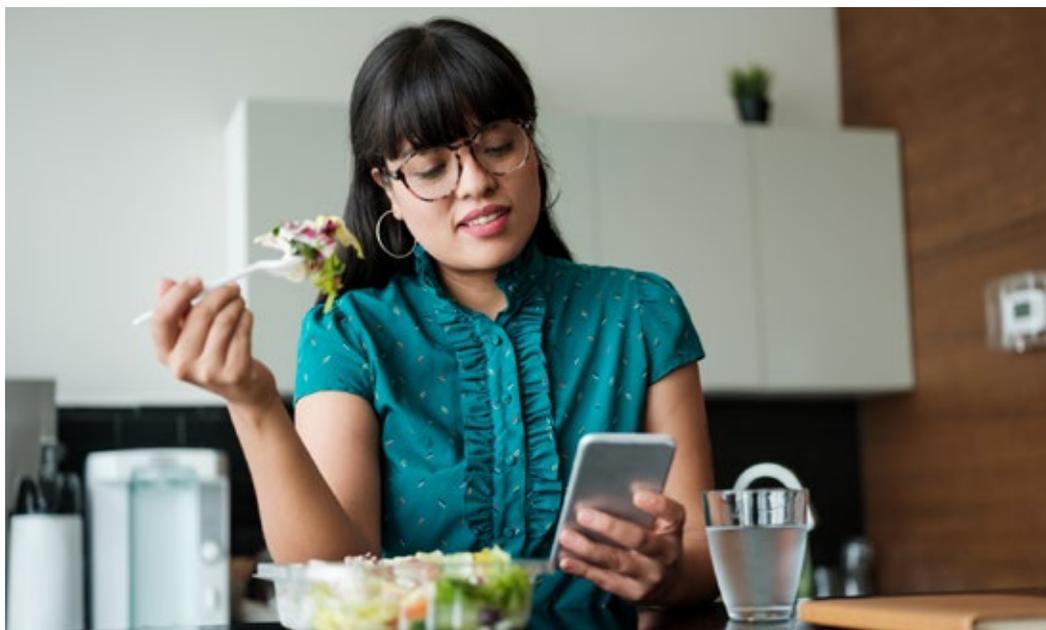
assemble a multidisciplinary team (doctors, nurses, pharmacists, PCPs, dieticians and others) to collaborate on patient education, identify risk factors, prescribe and modify treatments, and maintain ongoing dialogue with the patient.

2) Elevating pharmacy involvement in patient care. Qualified pharmacists should not

An evaluation of 33 studies of worksite cardiovascular programs showed improvements for physical activity, healthy diets, weight loss, mental health, reduced tobacco and alcohol use, lower absenteeism, and reduced health care costs.

be “order takers.” Instead they should assess patients, order lab tests, administer drugs, and adjust drug regimens.

- 3) **Including community health workers on clinical care teams.** As liaisons with diverse communities, community health workers (CHWs) increase patient knowledge and medication adherence, lowering blood pressure, cholesterol, and triglyceride levels among diverse populations and in various settings.
- 4) **Activating patient involvement through self-management.** This includes providing education, instruction, equipment, and follow-up support for patient self-monitoring of blood pressure and lifestyle modifications.





5) **Using clinical decision support**

systems. Computer-based programs exist to analyze data within electronic health records to provide prompts and reminders that assist healthcare providers. These include reminding providers to screen for CVD risk factors; flagging cases of hypertension (high blood pressure), high cholesterol (hyperlipidemia), and high triglycerides (hypertriglyceridemia); and providing information on treatment protocols, advice on medication adherence, and tailored recommendations for modifications to health behavior and medication.

6) **Reducing out-of-pocket costs for medications.** Medication costs can impede medication adherence. By making critical medications affordable, and lowering blood pressure, addressing cholesterol and triglyceride levels, employers can avoid much more dramatic and costly events that are harmful to employees and reduce productivity.

Employer Case Studies Showing Reduced CVD

Employers following these action steps are seeing improved cardiovascular health among their employees:

Whirlpool Corp.: Benefit plan changes

After providing a modest payment to physicians who maintained a more comprehensive registry of patient care for people with CVD, the company also decreased copayments for patients seeking preventive care. One of the hospital systems joined in this effort, with combined participation by 3,725 employees. The result: 47% sought diabetes care, compared with 35% prior to the program.

New Ulm, Minnesota Employers: Integration with providers and wellness programs

Employers large and small in this community of 17,000 banded together with local health providers and community health organizations to boost health and wellness activities at the workplace, assigning health coaches to those at risk for CVD. What began as a 10-year program is now permanently funded. Results: an increase from 59% to 64% in attainment of cholesterol goal and a 7% increase in attainment of blood pressure goal.

Chevron: Increased disease management

With the goal of keeping employees' risk of CVD low, which Chevron describes as a competitive advantage, the company offered a voluntary program of assessments, education and disease management. Over a three-year period, participants with an elevated risk of developing coronary heart disease decreased their risk by 32.6%.

NOTES

1. "Cardiovascular disease costs will exceed \$1 trillion by 2035," RTI International, Feb. 14, 2017.
2. Murphy, SL, et al, NCHS Data Brief, 2018:328:1-8.
3. Chapman L. Meta-evaluation of worksite health promotion economic return studies. Art of Health Promotion Newsletter. 2003 Jan/Feb; 6(6):1-10.

RESOURCES FOR EMPLOYERS

- [American Heart Association](#)
- [National Heart, Lung and Blood Institute](#)
- [Employer Resources for Success](#)
- [Centers for Disease Control and Prevention, Employer Toolkit](#)
- [CDC Workplace Health Resource Center](#)

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