Optimizing Cardiovascular Health in Employee Population

- Khurram Nasir MD MPH
- Center for Healthcare Advancement & Outcomes Baptist Health South Florida
Why Care About Employee Health?

• 130 million Americans are employed across the United States

• A huge proportion of health care cost is covered by the employer.

• Health care costs in the United States doubled from 2001-2012

• 60 percent of employers’ after-tax profits are spent on corporate health benefits
  – 3 decades ago, 7 percent of corporate profits paid for health costs

• Significant attention is being paid in health maintenance
Why Worry About Cardiovascular Health in Workplace Setting?

- Estimated 80.7 million American adults (1 in 3) have 1 or more types of CVD

- The 2008 direct and indirect costs of CVD in the United States are estimated to be $448.5 billion.

- Healthcare costs for individuals with multiple CV risk factors are typically 3 times higher than for those without such risk factors.
workplace culture of health and achievement of rigorous standards for cardiovascular health based on Life’s Simple 7 metrics”

Table 1. Life’s Simple 7: Definitions of Poor, Intermediate, and Ideal CVH in the AHA/ASA 2020 Goals for Adults ≥20 Years of Age

<table>
<thead>
<tr>
<th>Metric</th>
<th>Poor</th>
<th>Intermediate</th>
<th>Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>Yes</td>
<td>Former ≤12 mo</td>
<td>Never or quit &gt;12 mo; never tried; never smoked whole cigarette</td>
</tr>
<tr>
<td>BMI*</td>
<td>≥30 kg/m²</td>
<td>25–29.9 kg/m²</td>
<td>18.5–25 kg/m²</td>
</tr>
<tr>
<td>PA†</td>
<td>None</td>
<td>1–149 min/wk moderate or 1–74 min/wk vigorous</td>
<td>≥150 min/wk moderate or ≥75 min/wk vigorous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1–149 min/wk moderate+2 times vigorous</td>
<td>≥150 min/wk moderate+2 times vigorous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;0–&lt;60 min of moderate or vigorous every day</td>
<td>≥60 min of moderate or vigorous every day</td>
</tr>
<tr>
<td>Healthy diet pattern</td>
<td>0–1</td>
<td>2–3</td>
<td>4–5</td>
</tr>
<tr>
<td>(No. of components)†</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>≥240 mg/dL</td>
<td>200–239 mg/dL or treated to goal</td>
<td>&lt;200 mg/dL</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>SBP ≥140 mm Hg or DBP ≥90 mm Hg</td>
<td>SBP 120–139 mm Hg or DBP 80–89 mm Hg or treated to goal</td>
<td>SBP ≤120 mm Hg or DBP &lt;80 mm Hg</td>
</tr>
<tr>
<td>Fasting plasma glucose</td>
<td>≥126 mg/dL</td>
<td>100–125 mg/dL</td>
<td>&lt;100 mg/dL</td>
</tr>
</tbody>
</table>
A Systematic Review of the Prevalence and Outcomes of Ideal Cardiovascular Health in US and Non-US Populations

Adnan Younus, MD; Ehimen C. Aneni, MD, MPH; Erica S. Spatz, MD; Chukwuemeka U. Osondu, MD, MPH; Lara Roberson, MPH; Oluseye Ogunmoroti, MD, MPH; Rehan Malik, MD; Shozab S. Ali, MD; Muhammad Aziz, MD; Theodore Feldman, MD; Salim S. Virani, MD, PhD; Wasim Maziak, MD, PhD; Arthur S. Agatston, MD; Emir Veledar, PhD; and Khurram Nasir, MD, MPH
ARTICLE HIGHLIGHTS

- This systematic review highlights the low prevalence of ideal cardiovascular health (CVH) status within and outside the United States.
- Overall distribution of ideal CVH metrics is similar in US and non-US studies, with low proportions of persons achieving 6 or more ideal CVH metrics.
- Overall, the lowest ideal status was noted for diet and physical activity metrics.

- The presence of favorable CVH status is associated with a considerably lower risk of incident cardiovascular disease as well as all-cause and cardiovascular disease–related mortality.
- An increasing number of ideal CVH metrics were also associated with fewer noncardiovascular outcomes including cancer, depression, cognitive impairment, and incident diabetes in the general population.
Table 3. Average Expenditures of CRF Profile per Capita, by CVD status

<table>
<thead>
<tr>
<th>CRF*</th>
<th>Total (n=143 Million)</th>
<th>CVD (n=19.1 Million)</th>
<th>Non-CVD (n=124.3 Million)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expenditure (95% CI)</td>
<td>Expenditure (95% CI)</td>
<td>Expenditure (95% CI)</td>
</tr>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>$10,305.97 (9391–11221)</td>
<td>$16,171.03 (14616–17726)</td>
<td>$7851.80 (6869–8834)</td>
</tr>
<tr>
<td>Average</td>
<td>$6276.66 (5819–6734)</td>
<td>$12,054.33 (10588–13521)</td>
<td>$5269.92 (4847–5693)</td>
</tr>
<tr>
<td>Optimal</td>
<td>$3707.82 (3103–4312)</td>
<td>$8874.18 (6653–11095)</td>
<td>$3463.00 (2839–4087)</td>
</tr>
<tr>
<td><strong>Model 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>$9775.65 (8898–10654)</td>
<td>$15,319.44 (13554–17085)</td>
<td>$7877.30 (6910–8845)</td>
</tr>
<tr>
<td>Average</td>
<td>$5981.42 (5573–6389)</td>
<td>$11,191.87 (9591–12793)</td>
<td>$5269.07 (4855–5683)</td>
</tr>
<tr>
<td>Optimal</td>
<td>$4095.25 (3458–4733)</td>
<td>$8229.10 (6242–10217)</td>
<td>$3820.07 (3153–4487)</td>
</tr>
<tr>
<td><strong>Model 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>$9548.66 (8600–10497)</td>
<td><strong>$14,157.53 (12639–15676)</strong></td>
<td>$8028.85 (6866–9172)</td>
</tr>
<tr>
<td>Average</td>
<td>$6023.85 (5617–6431)</td>
<td>$10,425.76 (9070–11781)</td>
<td>$5469.48 (5015–5923)</td>
</tr>
<tr>
<td>Optimal</td>
<td>$4218.18 (3717–4720)</td>
<td><strong>$8211.39 (6338–10085)</strong></td>
<td>$3998.57 (3451–4546)</td>
</tr>
</tbody>
</table>

Model 1: unadjusted; model 2: adjusted for age, sex, family income and race/ethnicity; and model 3: adjusted for variables in model 2 plus insurance type, region, and modified Charlson Comorbidity Index (without Cardiovascular Components).

CI indicates confidence interval; CRF, cardiovascular risk factors; and CVD, cardiovascular disease.

*CRFs: hypertension, diabetes mellitus, hypercholesterolemia, obesity, moderate-vigorous physical activity, ≥30 min, ≥5 ×/week, and smoking.
Economic Impact of Moderate-Vigorous Physical Activity Among Those With and Without Established Cardiovascular Disease: 2012 Medical Expenditure Panel Survey

Javier Valero-Elizondo, MD, MPH; Joseph A. Salami, MD, MPH; Chukwuemeka U. Osondu, MD, MPH; Oluseye Ogunmoroti, MD, MPH; Alejandro Arrieta, PhD; Erica S. Spatz, MD, MHS; Adnan Younus, MD; Jamal S. Rana, MD, PhD; Salim S. Virani, MD, PhD; Ron Blankstein, MD; Michael J. Blaha, MD, MPH; Emir Veledar, PhD; Khurram Nasir, MD, MPH
What factors influence a decision to implement a workplace wellness program?

Source: Zywave 2012 Wellness Benefits Survey.
Challenges in Implementing Best Practices/Program within Employee Population

• **Barriers to Access Data**
  – Burden of disease?
  – Temporal impact on processes of care and outcomes?
  – Who to target & Impact of interventions?
  – No concrete direction for management strategies
    • Intermediate (surrogate) outcomes
    • Health care costs
    • Resource utilization
Baptist Health South Florida

- The largest not-for-profit employer in South Florida
- Six hospitals
- 40 Urgent Care and diagnostic centers
- 500,000+ Emergency and Urgent Care Visits
- 72,000+ Admissions
- 10,000+ New Babies
- $2.3B Total Operating Revenue
- $279M Community Benefit
- 15K employees, 10K+ dependents (Health Status?)
Employee Health Data: Stakeholders

- Employee Population Health Committee
- Physician Executive Committee
- Research
- Wellness & Prevention
- Data Warehouse
- Employee Health Analytics
- Privacy Compliance
- Legal
- Human Resources

Wellness & Prevention

Privacy Compliance

Legal

Human Resources

Employee Health Analytics

Physician Executive Committee

Research

Employee Population Health Committee

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Wellness & Prevention

Data Warehouse

Employee Health Analytics

Privacy Compliance

Legal

Human Resources

Employee Populatio
Employee PHM Data Infrastructure

**INPUTS**
- Medical & Rx Claims
- HRA Questionnaire Data
- Biometric Data Health Fair
- EMR Data
  - Inpatient
  - Outpatient
- Other
  - BHSF DW
  - Wellness Programs
  - HR

**BHSF DATA MART**
- (Data Warehouse House)
- Data Governance Honest Broker
- De-Identified Master Link with Honest Broker

**OUTPUTS**
- Demographics
- Conditions
  - Acute
  - Chronic
- Costs & Utilization
  - ED
  - Admissions
  - Office Visits
  - Medication
  - Testing
  - Referral Patterns
- Risk Stratification
  - Very High
  - High
  - Moderate
  - Low
  - Very Low

*Data managed by IT/Honest Broker/Privacy Office*
Thinking About CVH Among BHSF Employees

Key Questions?

1. Current Status?
2. Major Risk Factors?
3. Health Resource Utilization?
4. Costs/Potential ROI?
5. Can We Optimally Improve Health in Highest Risk Employees: Lifestyle Interventions
Trends in Ideal Cardiovascular Health Metrics Among Employees of a Large Healthcare Organization (from the Baptist Health South Florida Employee Study)

Oluseye Ogunmoroti, MD, MPH\textsuperscript{a,b}, Ovie Utuama, MBBS, MPH\textsuperscript{c}, Erica S. Spatz, MD, MHS\textsuperscript{d,e}, Maribeth Rouseff, MBA\textsuperscript{f}, Don Parris, PhD\textsuperscript{g}, Sankalp Das, BDS, MPH\textsuperscript{f}, Adnan Younus, MD\textsuperscript{a}, Henry Guzman, RN\textsuperscript{h}, Thinh Tran, MD, MBA\textsuperscript{i}, Arthur Agatston, MD\textsuperscript{a,j}, Theodore Feldman, MD\textsuperscript{a,k}, Salim S. Virani, MD, PhD\textsuperscript{k,m}, Wasim Maziak, MD, PhD\textsuperscript{b}, Emir Veledar, PhD\textsuperscript{a,n}, and Khurram Nasir, MD, MPH\textsuperscript{a,b,k,o,p,*}
CVH & Costs Among BHSF Employees?

IDEAL CARDIOVASCULAR HEALTH IS ASSOCIATED WITH LOWER HEALTH CARE EXPENDITURE & RESOURCE UTILIZATION IN A LARGE U.S EMPLOYEE POPULATION: THE BAPTIST HEALTH SOUTH FLORIDA (BHSF) EMPLOYEE STUDY

Chukwuemeka U. Osondu MD MPH 1,2, Ehimen C. Aneni MD MPH 1,2,3, Javier Valero-Elizondo MD MPH 1,4, Joseph Salami MD MPH 1, Maribeth Rouseff MBA 5, Sankalp Das BDS MPH 5, Henry Guzman RN 5, Adnan Younus MD 1, Theodore Feldman MD 1,6, Arthur S. Agatston MD 1,6, Emir Veledar PhD 1,7, Chris Calitz MPP 9, Eduardo Sanchez MD MPH 9, Donald M. Lloyd-Jones MD ScM 10, Khurram Nasir MD MPH 1,2,7,8,
# Annual Healthcare Expenditure Across CVH Status

<table>
<thead>
<tr>
<th>CVH Profile</th>
<th>Total Expenditure</th>
<th>95% CI</th>
<th>Medical Expenditure</th>
<th>95% CI</th>
<th>Pharmacy Expenditure</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (^a)</td>
<td>$10,104.43</td>
<td>(8633, 11576)</td>
<td>$8,293.87</td>
<td>(7031, 9556)</td>
<td>$1,810.55</td>
<td>(1235, 2386)</td>
</tr>
<tr>
<td>Moderate (^b)</td>
<td>$5,824.36</td>
<td>(5485, 6164)</td>
<td>$4,896.24</td>
<td>(4682, 5290)</td>
<td>$838.13</td>
<td>(718, 958)</td>
</tr>
<tr>
<td>Optimal (^c)</td>
<td>$4,282.36</td>
<td>(3639, 4926)</td>
<td>$3,916.66</td>
<td>(3301, 4532)</td>
<td>$365.71</td>
<td>(229, 503)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CVH Profile</th>
<th>Total Expenditure</th>
<th>95% CI</th>
<th>Medical Expenditure</th>
<th>95% CI</th>
<th>Pharmacy Expenditure</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (^a)</td>
<td>$7,922.44</td>
<td>(6762, 9083)</td>
<td>$6,637.93</td>
<td>(5608, 7668)</td>
<td>$1,364.98</td>
<td>(953, 1777)</td>
</tr>
<tr>
<td>Moderate (^b)</td>
<td>$6,010.27</td>
<td>(5634, 6386)</td>
<td>$5,143.02</td>
<td>(4804, 5482)</td>
<td>$862.41</td>
<td>(736, 988)</td>
</tr>
<tr>
<td>Optimal (^c)</td>
<td>$4,924.57</td>
<td>(4153, 5696)</td>
<td>$4,419.75</td>
<td>(3691, 5149)</td>
<td>$439.75</td>
<td>(278, 601)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CVH Profile</th>
<th>Total Expenditure</th>
<th>95% CI</th>
<th>Medical Expenditure</th>
<th>95% CI</th>
<th>Pharmacy Expenditure</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (^a)</td>
<td>$7,141.04</td>
<td>(6198, 8084)</td>
<td>$5,837.18</td>
<td>(5047, 6627)</td>
<td>$1,302.17</td>
<td>(906, 1699)</td>
</tr>
<tr>
<td>Moderate (^b)</td>
<td>$6,201.21</td>
<td>(5806, 6597)</td>
<td>$5,343.47</td>
<td>(4988, 5699)</td>
<td>$873.11</td>
<td>(740, 1007)</td>
</tr>
<tr>
<td>Optimal (^c)</td>
<td>$5,120.20</td>
<td>(4379, 5862)</td>
<td>$4,614.09</td>
<td>(3931, 5297)</td>
<td>$473.15</td>
<td>(294, 6525)</td>
</tr>
</tbody>
</table>

\(^a\) Ideal levels met for 0 – 2 metrics; \(^b\) Ideal levels met for 3 – 5 metrics; \(^c\) Ideal levels met for 6 – 7 metrics

Model 1: Unadjusted

Model 2: Adjusted for Age, Sex, Race/ Ethnicity & Educational Attainment

Model 3: Adjusted for Model 2 + Presence of cardiovascular diseases, pulmonary diseases, cancers and depression
Mean per capita Healthcare Expenditures of participants by Cardiovascular Health Profile and Race/Ethnic Origin

Low (0 - 2 metrics)  Moderate (3 - 5 metrics)  Optimal (6 - 7 metrics)
Mean per capita Healthcare Expenditures of participants by age and Cardiovascular Health Profile

- <30 years
- 30 - 44 years
- 45 - 59 years
- 60+ years

- Low (0 - 2 metrics)
- Moderate (3 - 5 metrics)
- Optimal (6 - 7 metrics)
Directing Attention Towards Impact of Obesity at BHSF?
Prevalence of Obesity in BHSF Employees

31% Female & 36% males obese

7% (n=748) individuals met criteria for bariatric surgery
Weight Loss/Lifestyle Program
Do they work?

Insights from BHSF Prevention Programs
One-Year Outcomes of an Intense Workplace Cardio-metabolic Risk Reduction Program Among High-Risk Employees: The My Unlimited Potential


Objective: This study details 6- and 12-month cardio-metabolic outcomes of an intense 12-week workplace lifestyle intervention program, the My Unlimited Potential (MyUP), conducted in a large healthcare organization.

Methods: This study was conducted among 230 employees of Baptist Health South Florida with high cardiovascular disease (CVD) risk. Employees were considered at high risk and eligible for the study if they had two or more of the following cardio-metabolic risk factors: total cholesterol ≥ 200 mg/dl, systolic blood pressure (SBP) ≥ 140 mmHg or diastolic blood pressure (DBP) ≥ 90 mmHg, hemoglobin A1C (HbA1c) ≥ 6.5%, body mass index (BMI) ≥ 30 kg/m².

Results: At the end of 12 weeks, there was significant reduction in the mean BMI, SBP and DBP, serum lipids, and HbA1c among persons with diabetes. At 1 year, there was significant decline in the mean BMI, SBP and DBP, HbA1c, and high-sensitivity C-reactive protein, and in the prevalence of poor BP control, BMI ≥ 35 kg/m², and abnormal HbA1c among all persons and those with diabetes.

Conclusions: This intensive 12-week lifestyle change program was successful at improving cardio-metabolic risk factors at 1 year. This study provides a template for other workplace programs aimed at improving CVD risk in high-risk employees.

Obesity (2015) 00, 00–00. doi:10.1002/oby.21324
- At the end of 12 weeks, 43% had lost 5% of their weight; only 1% lost 10%.

- Weight loss continued to improve with 51% and 15% losing 5-10% weight at 6 months.

- There was sustained weight loss at 1 year though.

- Ongoing analysis suggest 25% retain 5% weight loss as long as 2 years in FU.
## Who Benefited the Most?

### 12 Months MyUP Follow-up

<table>
<thead>
<tr>
<th>BMI Category at Baseline</th>
<th>Normal Weight</th>
<th>Over Weight</th>
<th>Class I Obesity</th>
<th>Class II Obesity</th>
<th>Class III Obesity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-Weight</td>
<td>7 (24%)</td>
<td>18 (62%)</td>
<td>4 (14%)</td>
<td>-</td>
<td>-</td>
<td>29</td>
</tr>
<tr>
<td>Class I</td>
<td>2 (4%)</td>
<td>9 (19%)</td>
<td>33 (70%)</td>
<td>3 (6%)</td>
<td>-</td>
<td>47</td>
</tr>
<tr>
<td>Class II</td>
<td>1 (3%)</td>
<td>14 (45%)</td>
<td>13 (42%)</td>
<td>3 (10%)</td>
<td>-</td>
<td>31</td>
</tr>
<tr>
<td>Class III</td>
<td>-</td>
<td>1 (3%)</td>
<td>9 (26%)</td>
<td>24 (71%)</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>28</td>
<td>52</td>
<td>25</td>
<td>27</td>
<td>141</td>
</tr>
</tbody>
</table>
How did Candidates for Bariatric Surgery Perform in MyUP?

The Effectiveness of a Worksite Lifestyle Intervention Program on High-Risk Individuals as Potential Candidates for Bariatric Surgery: My Unlimited Potential (MyUP)

Chukwuemeka U. Osondo, MD, MPH,1,2 Ehimen C. Aneni, MD, MPH,1,2 Sameer Shaharyar, MD,1 Lara Roberson, MPH,1 Maribeth Rouseff, MBA,4 Sankalp Das, BDS, MPH,4 Erica Spatz, MD, MHS,5 Adnan Younus, MD,1 Henry Guzman, RN,6 Doris Brown, FNP, MSN,6 Joann Santiago-Charles, BS,6 Teresa Ochoa, RD, MS,6 Joseph Mora, PhD,7 Cynthia Gilliam, RN, MSN,6 Virginia Lehn, RN, BSN,6 Shoshana Sherriff, RN,6 Thinh Tran, MD, MBA,8 Anthony Gonzalez, MD,9,10 Salim Virani, MD, PhD,11 Theodore Feldman, MD,1,12 Arthur S. Agatston, MD,1,12 and Khurram Nasir, MD, MPH 1,2,12,13,14
Impact of MyUP on Employees Considered for Bariatric Surgery

34/100 (34%) no longer considered for Bariatric Surgery after 6 months.

Considering dropouts/not followed (n=33) as failure, 27/100 (27%) no longer considered for Bariatric Surgery at 1 year.
Cost Savings with MyUp for Bariatric Surgery Candidates at BHSF?

Given the information presented in these results, the cost of uncomplicated BS procedures with follow-up for 12 months can cost approximately $2.5 million (US) for participants in the MyUP program, considering an average of $25,000 for each BS for 100 eligible participants in the program. Not taking into account for costs of undertaking a program such as MyUP, which differ across organizations, this intervention can potentially result in a savings in BS-related costs of at least $675,000 ($25,000 for each of 27 BS ineligible participants after completing the program), without exposure to the risk of complications from surgical interventions. Given these
Mobile Outreach: Future of Employee CVD Prevention Program
A Systematic Review of Internet-Based Worksite Wellness Approaches for Cardiovascular Disease Risk Management: Outcomes, Challenges & Opportunities


Websites, Social Media, Internet Applications, electronic mail, PDA

BP & Glucose Control

4.7/2.4m mHg BP reduction

0.66% HbA1c net reduction

23/34 studies – improvement in ≥ 1 Lipid Parameter

Lipid Markers

0.66% HbA1c net reduction

Net Increase in Physical Activity

0.2 more fruit servings

1.5g more fiber

1.4% less energy from total fat

Physical Activity & Nutrition

Smoking & Weight Loss

30% increase in prolonged Smoking Cessation

Net Weight Loss of 0.7kg compared to control

Net Increase in Physical Activity

0.2 more fruit servings

1.5g more fiber

1.4% less energy from total fat

Smoking & Weight Loss

30% increase in prolonged Smoking Cessation

Net Weight Loss of 0.7kg compared to control
Rationale and design of the Baptist Employee Healthy Heart Study: a randomized trial assessing the efficacy of the addition of an interactive, personalized, web-based, lifestyle intervention tool to an existing health information web platform in a high-risk employee population

Janisse M. Post¹, Shozab S. Ali¹,², Lara L. Roberson¹, Ehimen C. Aneni¹,⁸, Sameer Shaharyar³, Adnan Younus¹, Omar Jamal¹, Rameez Ahmad¹, Muhammad A. Aziz¹, Rehan Malik¹, Erica S. Spatz⁴, Theodore Feldman¹, Jonathan Fialkow¹, Emir Veledar¹,⁸, Ricardo C. Cury⁵, Arthur S. Agatston¹ and Khurram Nasir¹,⁵,⁶,⁷,⁸*

Abstract

**Background:** Metabolic syndrome (MetS) and diabetes confer a high risk for developing subsequent cardiovascular disease (CVD). Persons with MetS constitute 24–34 % of the employee population at Baptist Health South Florida (BHSF), a self-insured healthcare organization. The Baptist Employee Healthy Heart Study (BEHHS) aims to assess the addition of a personalized, interactive, web-based, nutrition-management and lifestyle-management program to the existing health-expertise web platform available to BHSF employees in reducing and/or stabilizing CVD and lifestyle risk factors and markers of subclinical CVD.
Mastering Data for Employee Health
Difficult Journey: Worth The Destination!

• Empower health system to better enhance employees CVH

• Guide wellness and care coordination to be more proactive with appropriate high risk employee groups (high need high cost)

• Grab the opportunity to gain expertise in population health management

• Use data driven-evidence based employee health efforts to built a strong foundation to manage broader patient populations
Enhancing Employee CV Health
Don’t Lose the Focus!

“Lose some weight, quit smoking, move around more, and eat the carrot.”