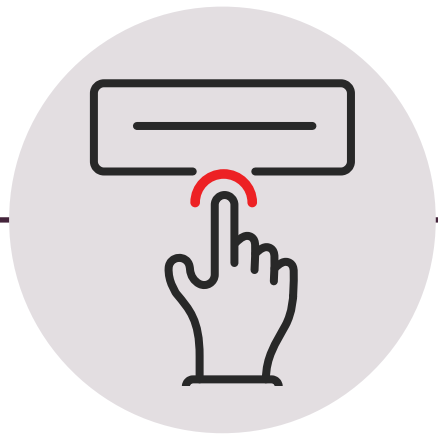
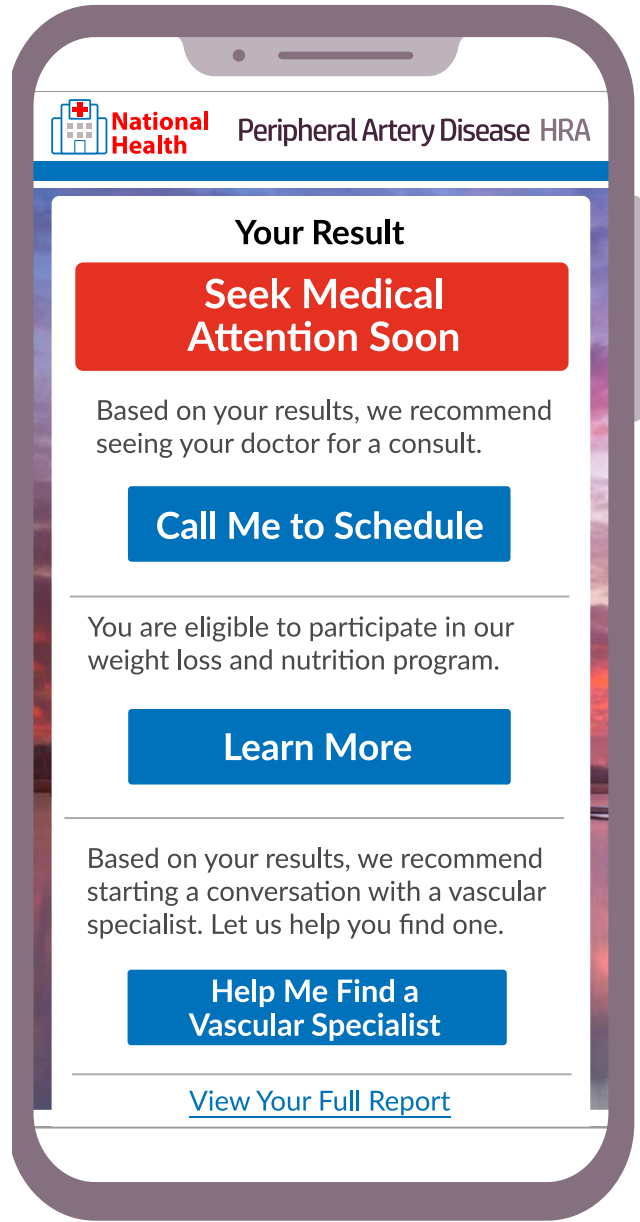




PERIPHERAL ARTERY DISEASE HRA

GOAL: SCHEDULING SCREENING FOR PAD AS SOON AS POSSIBLE



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Locating the nearest clinic for PAD screening.
- Heart and vascular services offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Schedule an appointment for PAD screening as soon as possible.
- Review the results report with them and explain their results.
- Enroll the user in a chronic care management program, if appropriate.



NURTURING

Customize your nurturing content to explain:

- Possible complications of PAD.
- Signs and symptoms of vascular disease or other serious cardiovascular conditions.
- Who should see a vascular specialist, and why.
- The importance of staying in touch with primary care.



PAD SCREENING WITH VASCULAR SPECIALIST OR PRIMARY CARE

- Users with symptoms of PAD should see a vascular specialist for screening as soon as possible, regardless of other risk factors.
- Depending on their other risk factors or co-morbid conditions, users may be eligible for enrollment in a chronic care management program.



SEEK MEDICAL ATTENTION SOON

People in this category have reported at least 1 of the symptoms of PAD, which include:

- Only during exercise, experiencing fatigue, aching, cramping, numbness, or pain in buttocks or legs
- Sores that heal slowly, poorly, or not at all
- Lower temperature in one leg
- Color changes in the skin on the feet, including paleness or blueness
- Poor nail growth and decreased hair growth on toes and legs

This group typically warrants more aggressive follow-up regardless of whether they have a primary care physician.

In addition to their current symptoms, these users may also have one or several other risk factors that contribute to their chances of developing PAD.

These risk factors may be lifestyle-related (obesity, ever smoking, high blood pressure, abnormal cholesterol, high blood sugar) or related to health history (age over 49, family history of PAD, increased CVD risk, certain medications).



EXAMPLE PERSONA

Amy is 51 years old. Her blood pressure, blood sugar, and cholesterol are outside of the recommended ranges even though she's taking medications to control them. She is under the care of a doctor to manage her type 2 diabetes.

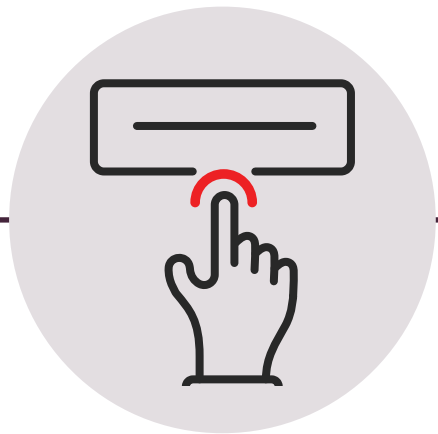
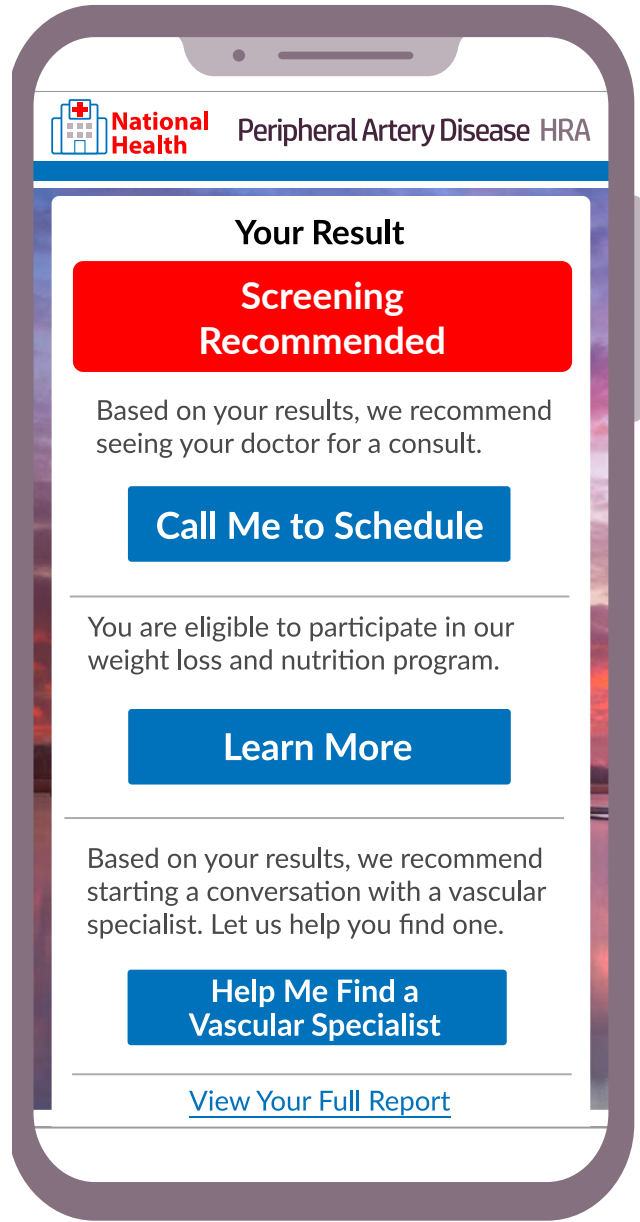
Amy recently started noticing that sores on her feet have been healing much more slowly lately. And her right leg hurts when she goes on walks, but the pain goes away when she rests.

She found this HRA by searching her symptoms and was alarmed to learn that these symptoms could be caused by PAD, which is a common complication of diabetes.



PERIPHERAL ARTERY DISEASE HRA

GOAL: DISCUSS SCREENING DURING A REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Health risk management programs.
- Appointment scheduling with primary care for PAD screening.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain their results.
- Emphasize lifestyle changes that may help lower their risk.
- Schedule an appointment with primary care for PAD screening.



NURTURING

Customize your nurturing content to explain:

- Talking to a doctor about vascular health.
- The early signs of vascular disease or other serious conditions.
- Who should be screened for PAD, and when.
- The importance of staying in touch with primary care.



SCREENING & REFERRAL TO CHRONIC CARE (IF APPLICABLE)

- Most users in this category should be educated about PAD screening during their next regular primary care visit.
- This group is likely to have underlying or co-morbid conditions that may warrant additional cardiovascular interventions or enrollment in chronic condition management.



SCREENING RECOMMENDED

People in this group meet at least 1 of the following criteria:

- Pre-existing cardiovascular disease
- Age 65 or older
- Age 50 to 64 AND 1 of the following:
 - Type 1 or type 2 diabetes
 - OR
 - Abnormal cholesterol or on meds
 - OR
 - High blood pressure* or on meds
 - OR
 - Family history of PAD
 - OR
 - Ever-smoker
- Age under 50, type 1 or type 2 diabetes, AND one of the following:
 - Abnormal cholesterol or on meds
 - OR
 - High blood pressure* or on meds
 - OR
 - Family history of PAD
 - OR
 - Ever-smoker

These users do not report any of the PAD symptoms listed under *Seek Medical Attention Soon* result.

*If either the diastolic or systolic number is unknown, the overall blood pressure risk is classified as “unknown,” regardless of what the known value is.



EXAMPLE PERSONA

Matt is a 47-year-old Caucasian male with obesity. He has high blood pressure and abnormal cholesterol and is currently taking medications to treat these conditions.

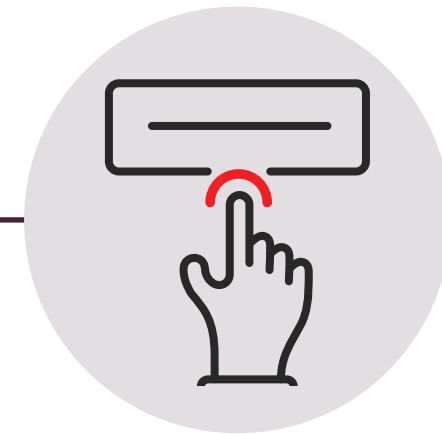
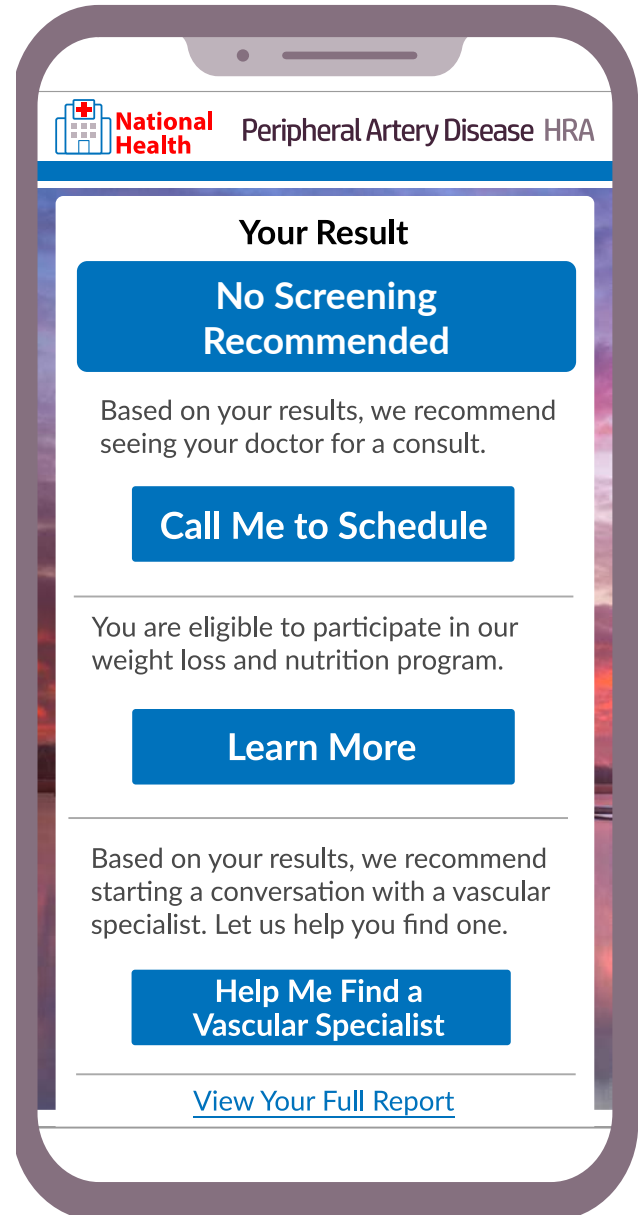
His father and grandfather both died of heart attacks in their 50s. Matt is a daily smoker, so he’s starting to worry about his risk for cardiovascular disease as he approaches 50.

Matt took this HRA at the urging of his wife and was surprised that screening for peripheral artery disease was recommended.



PERIPHERAL ARTERY DISEASE HRA

GOAL: EARLY INTERVENTION FOR LIFESTYLE-RELATED RISK FACTORS



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Health fairs and other events sponsored by your organization.
- Social media engagement or newsletter sign-ups.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain their results.
- Encourage them discuss ways to reduce their risk of vascular disease at their next primary care visit.
- Promote cardiovascular wellness programs available at your organization.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with a primary care doctor.
- Lifestyle changes that can reduce the risk of vascular disease.
- Risk factors and symptoms of PAD.



SCREENING FOR HEALTHY BEHAVIORS

- Users not recommended for screening should be educated about lifestyle-related risk factors for PAD during their next primary care visit.
- Some users may be eligible for health risk management programs or community wellness initiatives.



EXAMPLE PERSONA

Laura is a 48-year-old Hispanic woman. She is at a healthy weight, is a current smoker, and has moderately high blood pressure. She has no other relevant health history.

She has a family history of heart failure and stroke. That's why she has tried to quit smoking several times. But Laura was surprised to learn that smoking alone—even in the absence of all other risk factors—increases her risk of PAD.

NO SCREENING RECOMMENDED

People in this category do not meet the criteria for any other category. Based on their self-reported health history, they are not considered at increased risk for PAD.

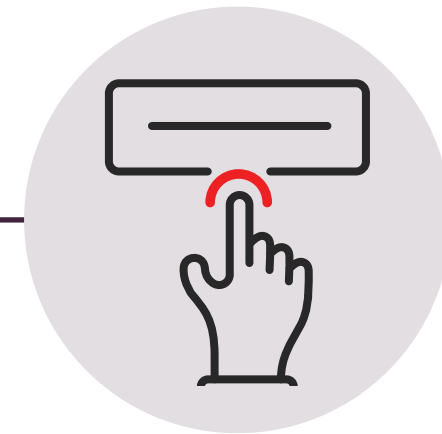
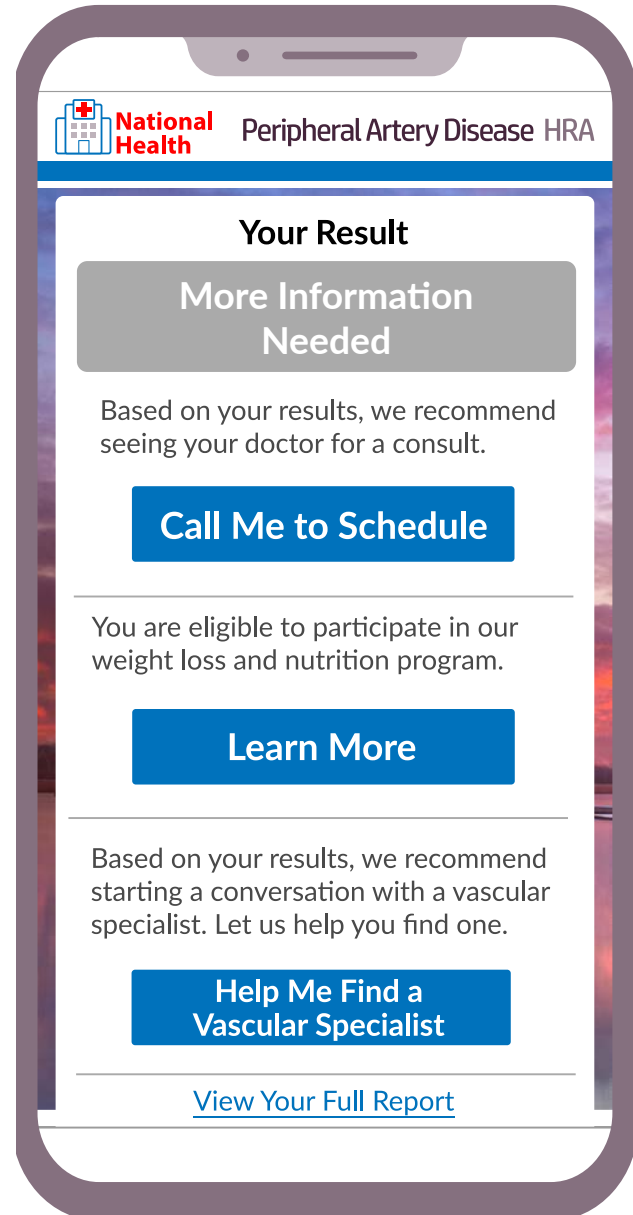
These users may have individual risk factors that increase the risk of PAD, including: obesity, ever smoking, high blood pressure, high blood sugar (excluding users age 50 to 64), abnormal cholesterol, existing CVD, family history of PAD, or certain medications.

They do not report any of the PAD symptoms listed under *Seek Medical Attention Soon* result.



PERIPHERAL ARTERY DISEASE HRA

GOAL: SCHEDULING A PRIMARY CARE VISIT FOR CHOLESTEROL AND BLOOD PRESSURE SCREENING



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling for blood pressure and cholesterol screening.
- Finding a doctor, if they don't already have one.



FOLLOW UP

Follow up with the user as soon as possible to:

- Set up an appointment to get their blood pressure and cholesterol checked, if they do not already know them.
- Review the results report with them and explain their results.
- Encourage them to re-take the HRA after learning their blood pressure, cholesterol, and family history of PAD.



NURTURING

Customize your nurturing content to explain:

- Emphasizing “knowing your numbers” and your family health history for good vascular health.
- Early signs of vascular disease or other serious cardiovascular conditions.
- Encouraging them to stay in touch with a primary care physician.



PRIMARY CARE VISIT

- Perform a blood pressure screening or cholesterol screening, if applicable.
- Prompt them to return to the HRA to reassess their risk after obtaining the necessary information.
- If the user cannot learn their family history of PAD, they should receive an alternate evaluation to determine an appropriate PAD screening schedule.



MORE INFORMATION NEEDED

People in this group did not meet the criteria for inclusion in the *Screening Recommended* category AND they did not know 1 or more of the following:

- Cholesterol range OR
- Systolic blood pressure OR
- Diastolic blood pressure OR
- Immediate family history of PAD

For these individuals, it is best to encourage them to learn this information and re-take the HRA. If they do not know their blood pressure or cholesterol numbers, encourage them to make an appointment to have these screenings completed. If they cannot obtain a family history, they should be referred to primary care for an alternate evaluation.

They do not report any of the PAD symptoms listed under *Seek Medical Attention Soon* result.



EXAMPLE PERSONA

Robert is a 37-year-old African American male. He hasn't been in for a routine physical in three years. He isn't convinced that he needs to see anyone because he thinks his health is great even though he's a daily smoker.

Robert is interested in smoking cessation but doesn't know where to start. He's also curious about his risk for cardiovascular disease because his maternal grandfather died of a heart attack at age 63.

He doesn't know much about PAD but found this HRA when searching for information on his local hospital's website.