



Finding the uncommon: Revealing disparities in care and prescribing for common conditions

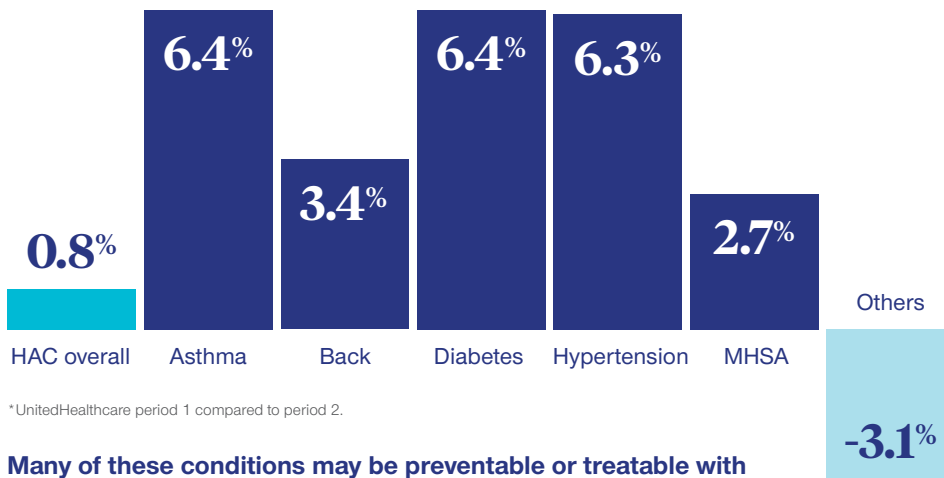
Common conditions can have a costly toll on a person’s well-being and an employer’s bottom line. In a first-of-its-kind joint venture, Health Action Council and UnitedHealth Group have brought together data from UnitedHealthcare, UMR and OptumRx®. The purpose: to create insights into variances on common conditions that affect Health Action Council.

Data shows that the insured population with these common conditions drives Health Action Council’s per member per month (PMPM) trend:



Without these conditions, Health Action Council’s PMPM trend would be negative

Total paid PMPM trend for members with common conditions*



*UnitedHealthcare period 1 compared to period 2.

Many of these conditions may be preventable or treatable with lifestyle modifications that employers may encourage and support. For example, programs may improve well-being and satisfaction, which may help decrease employer health care costs.

63%
of Health Action Council's covered lives have 1 or more of these common conditions

\$2.5B
is the estimated medical and pharmacy spend for these conditions, making them the top employer cost drivers

Drawing on the significant number of Health Action Council covered lives, the study explored the following variances

- ✓ Age
- ✓ Gender
- ✓ Gaps in care
- ✓ Geographic
- ✓ Medication adherence
- ✓ Prescription drugs
- ✓ Race/ethnicity
- ✓ Socioeconomic



How may these variances affect the way the insured population experiences common conditions?

This white paper highlights where there are variances in care and prescribing to help better understand the differences Health Action Council covered lives experience when they have a common condition.

Overall demographics

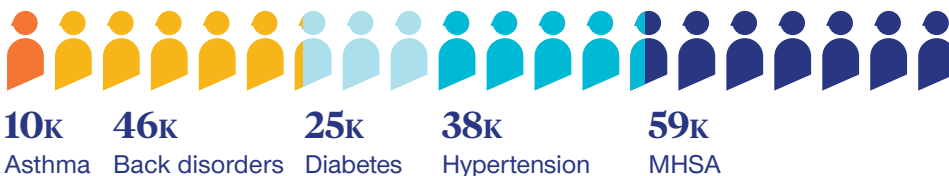
57 employers with covered lives in all 50 states



The insured population covers all socioeconomic income brackets.²

The insured population covers all socioeconomic income brackets.²

Affected population



continued

Medication adherence terms across all common conditions

Primary medication adherence

adherence – How often the first prescription is filled.³

Proportion of days covered

– The ratio of the number of days covered by the medication to the number of days the person is eligible to have the medication on hand.⁴

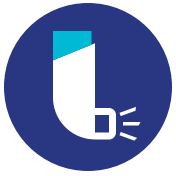
Percentage of adherent members

– How many people are meeting the proportion of days covered standard.



One common thread

Across all of the common conditions, Health Action Council insured population is **consistently—even extremely—adherent** in taking medications compared to the overall insured population.



Asthma

Highlights and significant variations

Gender and age – Females have a **31%** higher prevalence, but males are much younger compared to the overall insured population: **28.5** years vs. 33.9 years.

Race – Black/African-Americans have a **20%** higher prevalence of asthma than other races.

Income – Health Action Council asthmatics are evenly distributed by income bracket. However, the highest rates are at opposite ends of the income scale.

Geography – Health Action Council’s highest asthma rates are in more metropolitan areas. CDC data suggests these *are not* areas with the highest percentages of asthmatics in the U.S.⁵



Medication adherence

Primary medication adherence

93.9% vs. 83%–85% (typical rates)

Proportion of days covered

80.9% vs. 75% (OptumRx book-of-business average)

Percentage of adherent members

64.5% vs. 54.9% (OptumRx book-of-business average)



Disparities revealed

Just **3.6%** of Health Action Council’s insured population is asthmatic compared to 7.7% in the US overall.⁶

Flare-ups that required treatment:

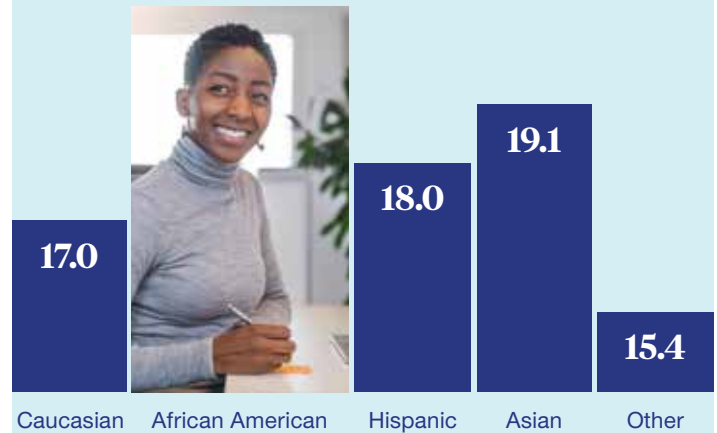
- **71%** vs. 56% – **Black/African Americans** are more likely to require treatment than Caucasians
- **56%** vs. 33% – **Those with the lowest income** are more likely to require treatment than the highest income

Prescription variability for commonly prescribed asthma steroids:

- **87%** vs. 92% – **Black/African-American adults** are prescribed less than Caucasian
- **86%** vs. 93% – **Black/African-American children** are prescribed less often than Caucasian
- **87%** vs. 90% – **Lowest income** are prescribed less often than higher income

Claimants/1,000 members by race/ethnicity

20.8



Health Action Council’s highest asthma rates are in:

- Suburban Maryland
- Philadelphia and Northeast Pennsylvania
- San Antonio and Dallas, Texas
- Phoenix, Arizona
- Cities in Ohio





Back disorder

Highlights and significant variations

Gender and age – Females have a **27%** higher prevalence. Those with back disorders are almost **10** years older than the overall insured population: 43.3 years vs. 33.9.

Race – Caucasians have the highest prevalence of back disorders—**14%** higher than others.

Income – Unlike asthma, there is a direct correlation between lower income and higher prevalence of back disorders.

Geography – Health Action Council’s highest back disorder rates are in rural areas with a significant manufacturing presence. Factory work is one of the top jobs for causing back pain.⁷



Medication adherence

96.5% vs. 83%–85%

It’s difficult to accurately assess medication utilization for back disorders because many drugs are over the counter; also, back disorders tend to be episodic, so drugs may not have been needed all the time. But a key indicator is the primary medication adherence—that first-fill rate.



Disparities revealed

The insured population with back disorders uses the emergency room or urgent care and gets admitted to a hospital about **twice as often** as others do.

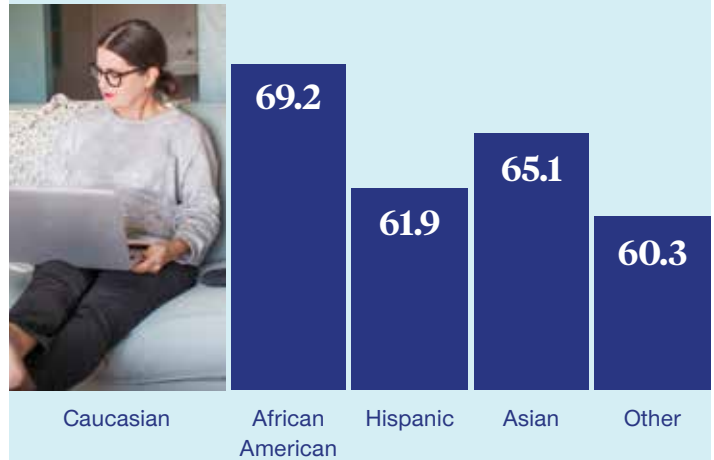
However, when they try physical therapy or chiropractic care treatments, utilization rates are **far lower** and they are **significantly more likely** to use another less aggressive, less costly outpatient option such as Virtual Visits.

59% of obese Health Action Council covered lives with back disorders **do not** receive physical therapy or chiropractic care.

Health Action Council covered lives use **fewer** prescription nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants if they try physical therapy and chiropractic care.

Claimants/1,000 members by race/ethnicity

72.8



Health Action Council’s highest back disorder rates are in:

- Northeast Tennessee
- Little Rock, Arkansas
- Cities in Ohio
- Eastern Kentucky
- Jefferson City, Missouri





Diabetes

Highlights and significant variations

Gender and age – Males have a **19%** higher prevalence of diabetes. Health Action Council diabetics are an average of **52.0** years old; the overall Health Action Council average is 33.9 years.

Race – Asians make up a small portion of Health Action Council covered lives (**3%**) but have the highest rate of diabetes claims.

Income – The highest prevalence affects those earning the least.

Geography – Health Action Council’s highest rate of diabetes are in areas known for high diabetes prevalence.⁸



Medication adherence

Primary medication adherence

91.7% vs. 83%–85% (typical rates)

Proportion of days covered

90.5% vs. 86.5% (OptumRx book-of-business average)

Percentage of adherent members

89.3% vs. 74.4% (OptumRx book-of-business average)



Disparities revealed

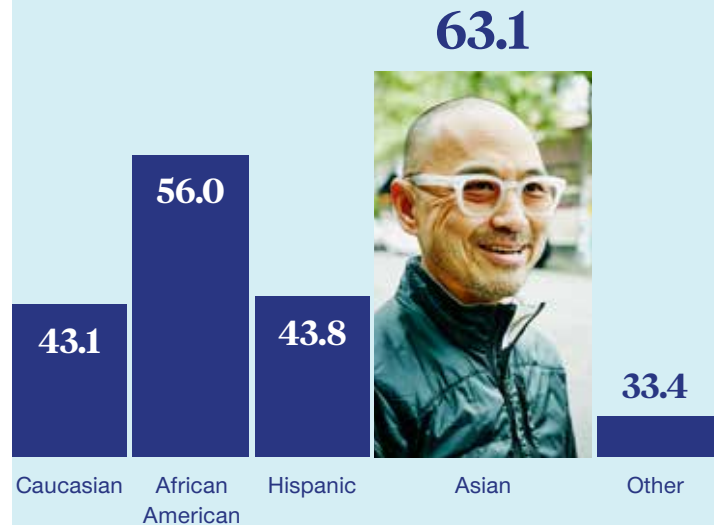
Asians have **43%** higher diabetes prevalence than other Health Action Council covered lives. This aligns with a Harvard and National University of Singapore study that identifies genetics as a factor in increased prevalence for Asians due to:⁹

- A diet high in carbohydrates and trans-fat oils
- High smoking rates
- Urban living
- Less muscle and more abdominal fat around organs, increasing insulin resistance

Asian diabetics have the **best rates** of diabetic testing and screening for A1C, serum creatinine, retinopathy, neuropathy and LDL cholesterol. This could reflect a difference in provider ordering. Or it could reflect culturally or educationally driven compliance.

Income is a factor in who gets a prescription to lower blood sugar or promote insulin: rates for **lowest-income** brackets are **20 percentage points** lower than highest-income brackets.

Claimants/1,000 members by race/ethnicity



Health Action Council’s highest diabetes rates are in:

- Eastern Kentucky
- Cities in Ohio
- Cities in North Carolina
- Greenville and Columbia, South Carolina
- Little Rock, Arkansas





Hypertension

Highlights and significant variations

Gender and age – Males have a **23%** higher prevalence of hypertension; Health Action Council covered lives are older compared to the overall insured population: **53.1** years vs. 33.9 years.

Race – Black/African-Americans have **63%** higher hypertension prevalence than others.

Income – The highest prevalence affects those earning the least.

Geography – By current American Heart Association guidelines (130/80 mm HG), 45% of adults in the United States have hypertension.¹⁰ Health Action Council's rates are far lower than the rest of the country at just **13%** of the insured population.



Medication adherence

Primary medication adherence

94.8% vs. 83%–85% (typical rates)

Proportion of days covered

90.9% vs. 87.6% (OptumRx book-of-business average)

Percentage of adherent members

85.0% vs. 77.6% (OptumRx book-of-business average)



Disparities revealed

Striking variances exist in prescriptions for both age and gender:

- For ACE, ARB and statin drugs, **males are prescribed more than females**, regardless of age
- Women are **sub-optimally treated** with evidence-based drugs across all age groups. This finding is emphasized in this statement from cardiologist Dr. Michael J. Menen, Optum® Population Health Solutions Senior Medical Director.

Claimants/1,000 members by race/ethnicity

90.7



66.7

51.4

55.4

49.0

Caucasian African American Hispanic Asian Other

Health Action Council's highest hypertension rates are in:

- Greenville, South Carolina
- Little Rock, Arkansas
- Cities in Ohio
- Dallas, Texas
- Charlotte, North Carolina
- Jefferson City, Missouri



“Women are less often treated with evidence-based drugs and are sub-optimally treated across all ages ... Even though these differences and issues are well known, and despite the copious literature on the subject, the exact reasons these differences persist is not clearly known, and most agree that better and more individualized therapeutic strategies are needed to close gaps.”

– Dr. Michael J. Menen



Mental health and substance use

Highlights and significant variations

Gender and age – 57% of Health Action Council covered lives dealing with mental health issues or substance use are female, with female dependents being the largest group. These covered lives are younger compared to the overall insured population: **32.8** years vs. 33.9 years.

Race – Caucasians have **20%** higher prevalence than others. The actual rates may be affected by a documented cultural bias by both providers and the community in treatment for mental health or substance use issues.¹²

Income – As with back disorders, diabetes and hypertension, the highest prevalence affects those earning the least.

Geography – Those with mental health and substance use issues are found in a mix of rural and urban areas. However, mental health care needs are not met in many rural communities because adequate services are not present.¹²

Medication adherence

Primary medication adherence
94.7% vs. 83%–85% (typical rates)

Proportion of days covered
87.7% vs. 83%–86% (OptumRx book-of-business average)

Percentage of adherent members
78.2% vs. 68%–73% (OptumRx book-of-business average)

Disparities revealed

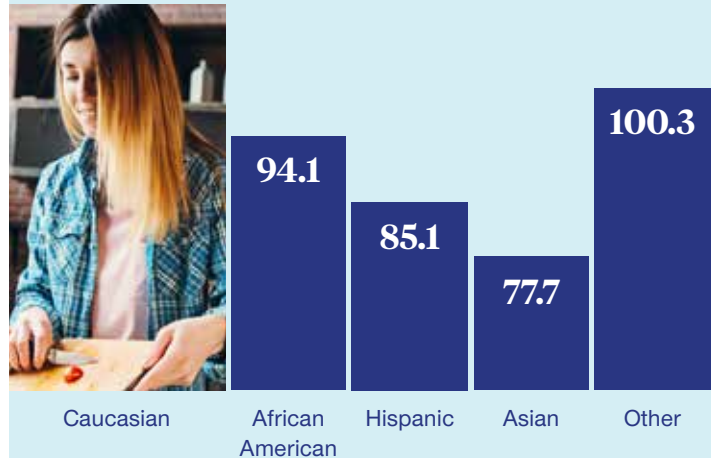
Those in rural areas have a **disproportionate** percentage of mental health and substance abuse diagnoses.

Those with mental health or substance use diagnoses go to the emergency room and are hospitalized **far more** than the Health Action Council average—this variance is highest in rural areas.

Allied Health spend (therapists and other mental health professionals) is **much lower** for rural areas. This is also the case for referrals and engagement with nurses or coaches.

Claimants/1,000 members by race/ethnicity

111.6



Health Action Council's highest mental health and substance abuse rates are in:

- Cities in Ohio
- Indianapolis, Indiana
- Asheville and Raleigh-Durham, North Carolina
- Jefferson City, Missouri
- Denver, Colorado



Conclusion

Actionable insights to help bend the trend

As noted earlier, without these common conditions, Health Action Council's PMPM trend would be negative.

The uncommon findings may spark possible opportunities to help improve employee well-being and your bottom line. Consider these 7 tips to help jump-start your strategy.

- 1 Create and implement education and targeted wellness programs to help address the common conditions prevalent in your employee population
- 2 Institute an exercise, stretch or meditation program at the beginning of a work shift to help improve safety and decrease injuries. These types of practices are preventive and may decrease the severity of an injury if one occurs.
- 3 Evaluate your current benefit plan design for opportunities to implement continuum-of-care protocols—for example, making chiropractic care or physical therapy mandatory for back disorders before moving to more aggressive treatments
- 4 Cover medications for specific common, chronic conditions as preventive care or promote the use of patient assistance programs for specific types of medications, which may require the exclusion of some medications from the plan design
- 5 Create targeted communications for specific regions and demographics. Select photography that represents your targeted audience and consider having a success story or program champion from the targeted audience. Understand and reflect on cultural differences when developing each communication.
- 6 Promote virtual care for specific conditions—for example, mental health support in rural areas
- 7 Work with your third-party administrator or medical professional(s) to help identify opportunities for provider outreach and education on practice management protocols



The influence of COVID-19

This study did not focus on the implications of COVID-19; however, the timeframe of the study does partially overlap with the pandemic (4 of 24 months). Specifically, beginning with March 2020, Health Action Council health care data was influenced to some extent by COVID-19 claims. Many studies have linked common conditions like the ones explored here to the severity of COVID-19 cases.

About Health Action Council

Health Action Council is a not-for-profit organization representing large employers that enhances human and economic health through thought leadership, innovative services and collaboration. We provide value to our members by facilitating projects that improve quality, lower costs and enhance individual experiences, and by collaborating with key stakeholders to build a culture of health.

About UnitedHealthcare

UnitedHealthcare is dedicated to helping people nationwide live healthier lives by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. The company offers the full spectrum of health benefit programs for individuals, employers, military service members, retirees and their families, and Medicare and Medicaid beneficiaries, and contracts directly with more than 1 million physicians and care professionals and 6,000 hospitals and other care facilities nationwide. UnitedHealthcare is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company.

About Optum

Optum is a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone. With more than 100,000 people worldwide, Optum delivers intelligent, integrated solutions that help to modernize the health system and improve overall population health. Optum is part of UnitedHealth Group (NYSE:UNH). For more information, visit [optum.com](https://www.optum.com).

About UMR

UMR is the third-party administrator (TPA) line of business for UnitedHealthcare, providing customized solutions, cost-effective provider networks, dedicated customer service and member engagement solutions to self-funded medical, dental, vision and disability plans. We work closely with our clients to lower their medical costs, improve the health of their employee populations and help them achieve their benefits goals. Now serving 5.4 million members with custom plan designs, cost-containment solutions and innovative services, our 70-plus-year legacy of lasting relationships and customer retention speaks for itself.

Learn more

There is a wealth of data beyond what is shared here. For more details, contact Patty Starr of Health Action Council or Craig Kurtzweil of the UnitedHealthcare Center for Advanced Analytics™.

**United
Healthcare**



health action council

Enhancing Business. Enlightening Lives. Enriching Communities.



OPTUMRx

UMR

¹ Race data is available within Health Plan Manager for UnitedHealthcare customers. "Other" includes Caribbean Non-Hispanic, Jewish, Mediterranean, Middle Eastern, Native American and Polynesian.

² Income band data is available within Health Plan Manager for UnitedHealthcare customers.

³ [ncbi.nlm.nih.gov/pmc/articles/PMC5944464/#:~:text=Primary%20medication%20nonadherence%20was%20higher,%3A%207.1%25%E2%80%939.9%25](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC5944464/#:~:text=Primary%20medication%20nonadherence%20was%20higher,%3A%207.1%25%E2%80%939.9%25) and pubmed.ncbi.nlm.nih.gov/30941854/

⁴ pqaalliance.org/pqa-measures; 80 is considered clinically adherent PDC.

⁵ cdc.gov/asthma/most_recent_data_states.htm

⁶ cdc.gov/nchs/fastats/asthma.htm

⁷ spineuniverse.com/conditions/back-pain/top-10-worst-jobs-back-pain?page=2#top

⁸ dlife.com/diabetes-rankings-in-the-united-states/

⁹ asiandiabetesprevention.org/what-is-diabetes/why-are-asians-higher-risk

¹⁰ uab.edu/news/health/item/10140-nearly-half-of-u-s-adults-have-high-blood-pressure

¹¹ Used with permission from comments by cardiologists Dr. Michael J. Menen, Optum Population Health Solutions Senior Medical Director.

¹² [ncbi.nlm.nih.gov/pmc/articles/PMC1447723/](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC1447723/)

This work contains UnitedHealth Group internal data based on a comparison of medical and pharmacy plan data of Health Action Council members from July 2018 through June 2020, paid through July 2020.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.