

SUMMER 2016 trends

Nearly 29 percent of members diagnosed with hypertension

PEBA programs aim to mitigate complications

The South Carolina Public Employee Benefit Authority offers several benefits and programs to help State Health Plan members learn more about or better manage their chronic conditions.

An annual preventive screening is offered at no cost to employees, retirees, COBRA subscribers and their covered spouses if their primary coverage is the Standard Plan or the Savings Plan. The screening includes blood work, a health risk appraisal, height and weight measurements, blood pressure and lipid

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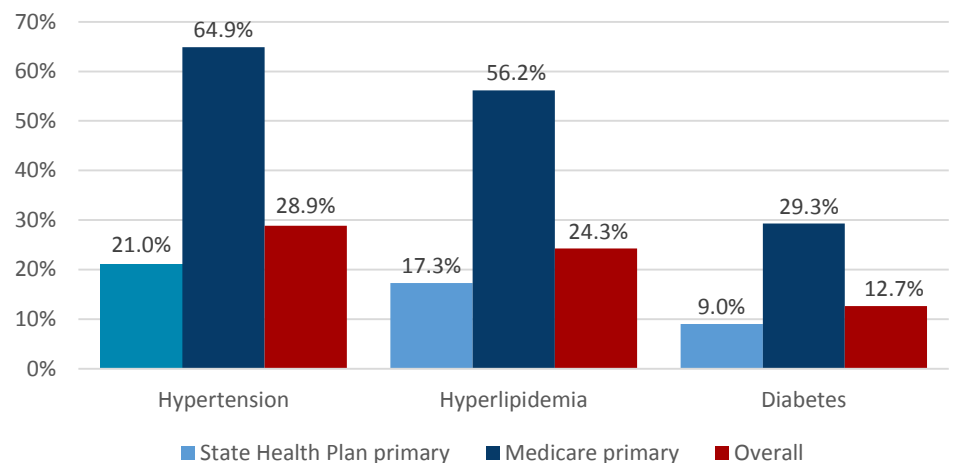
Two of every five State Health Plan members have been diagnosed with at least one chronic condition

Hypertension, or high blood pressure, is the leading chronic condition among subscribers and dependents enrolled in the State Health Plan, according to claims data from April 1, 2015, to March 31, 2016. Hypertension has been diagnosed for 28.9 percent of the plan's membership.

Twenty-one percent of members for whom the State Health Plan is their primary plan have been diagnosed with hypertension, while 64.9 percent of members for whom Medicare is their primary plan suffer from the condition.

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Prevalence rates for top three chronic conditions



Chronic diseases

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Overall, 40.3 percent of State Health Plan members have been diagnosed with at least one chronic condition. This includes nearly 31 percent of State Health Plan primary members and 83.2 percent of Medicare primary members.

The second most prevalent chronic disease is hyperlipidemia, or high cholesterol, which has been diagnosed for 23.2 percent of the overall State Health Plan membership. Diabetes is third, diagnosed for 12.7 percent of members.

The overall prevalence rates for five other chronic conditions are all less than 4.5 percent.

Respiratory diseases, asthma and chronic obstructive pulmonary disease, afflict 4.3 percent and 1.6 percent of the overall State Health Plan membership, respectively.

Programs

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panels. These screenings can help detect the onset of chronic conditions.

After a diagnosis of one of eight chronic conditions, State Health Plan subscribers and dependents can take advantage of programs offered through BlueCross BlueShield of South Carolina's Health Management Program. In this program, members can work with a BlueCross health coach to learn how to manage diabetes, heart disease, chronic respiratory conditions and migraines.

Eligible members who have cardiovascular disease, congestive heart failure or diabetes may also enroll in the No-Pay Copay program, through which they may receive 12 months of free generic drugs that treat these conditions.

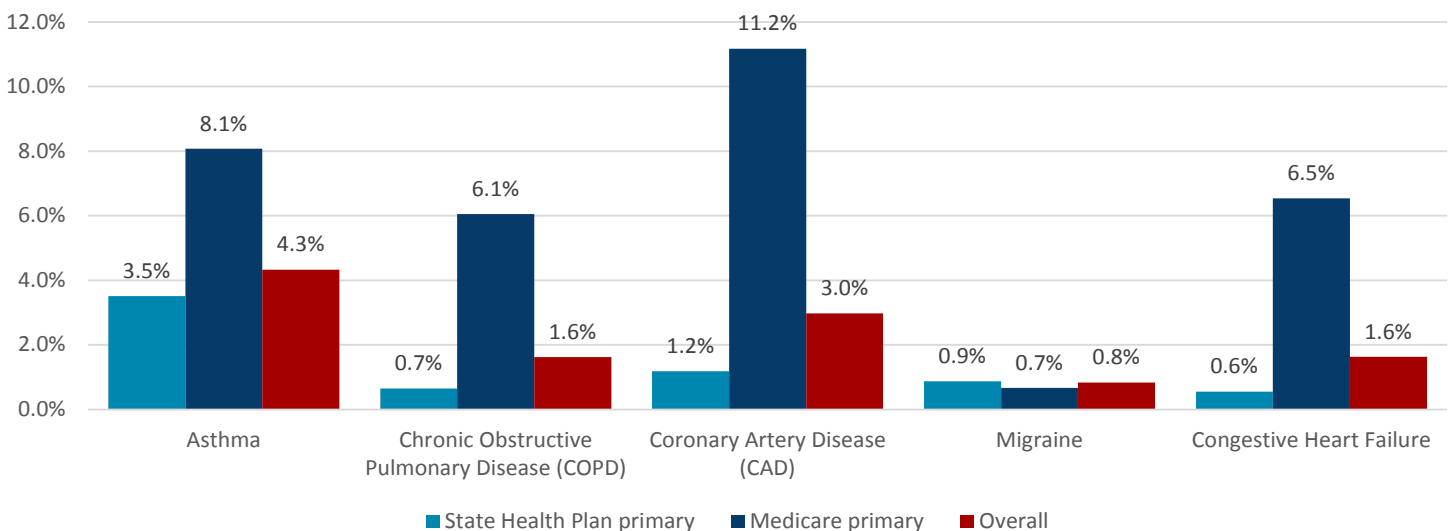
Members are also offered monetary incentives for using a patient-centered medical home (PCMH). The coordinated care provided by a PCMH can be beneficial to subscribers and dependents who have chronic illnesses. PCMH teams help patients improve their health by working with them to set and meet goals.

Coronary artery disease has been diagnosed for 3 percent overall, and congestive heart failure afflicts 1.6 percent of the membership.

Migraine has been diagnosed for less than 1 percent of State Health

Plan members. Of the eight chronic conditions, migraine is the only one in which the prevalence rate for Medicare primary members was lower than that of State Health Plan primary members.

Prevalence rates for other chronic conditions



War on obesity could alleviate some diseases

Obesity is an underlying factor for many diseases, such as metabolic syndrome, diabetes, hyperlipidemia, hypertension, heart disease, musculoskeletal conditions and cancer.

Obesity goes under-reported in the State Health Plan because it is rarely the primary diagnosis for which a member is seen. However, the state's obesity rate was 31.7 percent in 2015, according to the September 2016 report of *The State of Obesity*. South Carolina's obesity rate was the 13th highest in the nation in 2015.

If the state's obesity rate is applied to the State Health Plan, the plan could have close to 150,000 obese members, at an estimated cost of \$160 million. The State Health Plan has programs in place and some on the way to help reduce this cost.

BlueCross BlueShield of South Carolina has tools on its website, including exercise calculators and a healthy recipe cookbook. Visit StateSC.SouthCarolinaBlues.com and select Live Healthy under the Health & Wellness tab to learn more. Health coaching and discount programs can also help members to lessen risk factors for obesity and other diseases.

Be sure to read the Fall 2016 edition of *Trends* for information about Rally Health, a new, fun way for members to get active.



Is your local hospital making the grade?

If you're planning an inpatient or outpatient procedure and you have time to research the quality of care you'll receive, the South Carolina Public Employee Benefit Authority (PEBA) has compiled information to make your hospital decisions easier.

On the PEBA website, look for Hospital Quality under the Health and Wellness tab. On the page, you'll find links to five websites with hospital quality information:

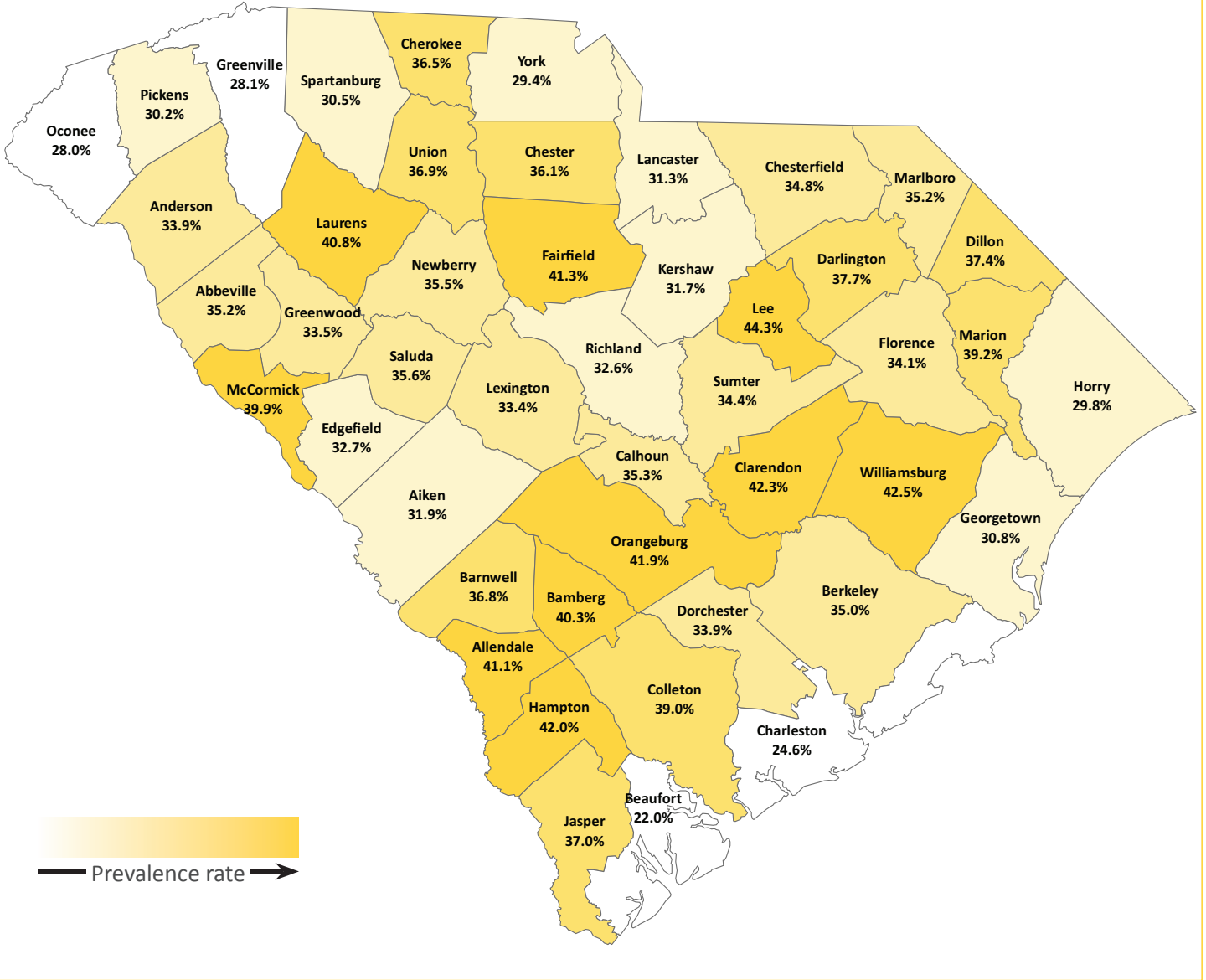
- [My SC Hospital](#): Compare results for specific conditions or find out how a hospital is performing overall.
- [Hospital Compare](#): View hospital grades, on a scale from A to F, and compare up to three facilities at a time in several categories measuring safety and value. The tool includes data from more than 4,000 Medicare-certified

hospitals in the United States. A [recent article](#) by Kaiser Health News has more information about these rankings.

- [Blue Distinction Centers](#): Search for BlueCross BlueShield centers that meet its criteria for patient safety and outcomes in five categories: spine surgery, knee and hip surgery, cardiac care, complex and rare cancers, and transplants.
- [The Society of Thoracic Surgeons CABG data](#): View star ratings for hospitals based on their coronary artery bypass grafting (CABG) surgeries.
- [Leapfrog Hospital Safety Score](#): View hospital grades, on a scale from A to F, based on a range of national safety and quality standards.

Obesity prevalence rate by county in 2015

(data from the Centers for Disease Control and Prevention includes the entire state, not just the State Health Plan population)



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