# **Hypertension Control by NICaS**





Treating You Well.®

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# **Woodbury Family Practice**

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### Wright Dunbar Family Practice & Pediatrics

1152 W. Third St Dayton, OH 45402 937-268-3483 • fax 937-268-1884 November 1, 2018

Adi Livneh President & CEO NIMedical 14 Imbar Street, Petach Tikva Israel 4951148

Dear Adi,

For many years our medical group has dedicated itself to improving our outcomes when caring for patients with chronic diseases. As the US medical system moves from a volume or fee based system of payments to a value based system of payments we know that controlling chronic diseases improves quality and reduces the total cost of care.

To date we have tackled hypertension, lipids, diabetes and asthma and we are now working on heart failure. Our results are excellent.

Today PriMed has 13,575 patients with hypertension. Our goal is to bring every patient's blood pressure below 140/90, but we really strive to help patients achieve a lower blood pressure once therapy is initiated. Today our current hypertension success rate is 92.9% of all patients. In the US, the national average is only 54% of blood pressure patients achieve blood pressure lower than 140/90.

In our hypertension program we have used ICG technology since 2003. Our original equipment eventually failed and, in 2014, we switched to the NICaS systems. We use eleven of the NICaS machines, one for each of our adult medicine office locations.

Our team has significant expertise in the Six Sigma quality and statistical methods and we have tested the efficacy of ICG in achieving our results. It clearly is a major contributing factor to our success. We also use other methods to help doctors select the best medicines based in large

The NICaS ICG technology is easy to use, accurate and well accepted by physicians and patients. The physiologic measurements and data provided by the NICaS ICG have greatly assisted our physicians in choosing

Adi Livneh November 1, 2018 Page 2

medications that result in good outcomes. We use the NICaS whenever the patient's blood pressure is uncontrolled. We find it particularly useful when selecting medicines for patients with more resistant hypertension.

Further, we find that, when we show a patient his/her ICG finding, our success rate increases because the patient becomes more engaged in taking medicines when s/he has seen a visual indication of the cause of his/her hypertension. Combined with a good explanation, patients really want to "see" their blood pressure problem and often request to see their ICG report after they have achieved a blood pressure that is in the safe zone – they want to be assured that their "red lines" have turned to green.

We are about to expand our care for heart failure and, once again, ICG will be central to that program. Further, we have been asked by other medical groups about how they can improve their hypertension outcomes. There is increasing pressure on US medical groups to have a good blood pressure outcome. We always suggest ICG as a critical part of success.

Sincerely,

Douglas Romer, M.D.

**Board Chair** 

Edward Inman

Chief Executive Officer