

Blood Pressure Outcomes in 500 Florida Patients Using the Nuna App



Key Findings

Cohort: 595 Patients with Hypertension using Nuna's app

Timeframe: Sept 2024–April 2026

Results: Among 185 patients with stage 2 Hypertension ($\geq 140/90$ mmHG), systolic blood pressure declined by 12.7 mmHG on average. **58% achieved and maintained control through 12 months.**

Nuna user retention outpaces published industry standards: 86% retained at 6 months, 65% at 12 months (vs. 17–19% for consumer health applications)

Patient NPS: 79

Tech-Forward: Results achieved without significant human intervention

Introduction

Hypertension affects 48% of American adults and accounts for more than \$219 billion in direct medical costs annually in the United States.^{1,2} Despite widespread availability of effective pharmacological treatments, blood pressure control rates remain very low at only 21%.³ This is why a healthcare provider serving ACA Marketplace members, who face structural barriers including high deductibles and access limitations, partnered with Nuna.

The Nuna App facilitates sustained self-management through a digital experience that combines AI-powered interactions and behavioral economics. Patients with hypertension are given a connected blood pressure cuff that pairs with Nuna's app, which guides and coaches patients daily to build self-management behaviors such as: medication adherence, condition education, meal feedback, goal-setting, and dynamic voice and chat interactions in patients' native languages, capable of supporting populations with wide disparities in health literacy. Behavioral design principles are woven into the daily flow so that engagement builds intrinsic motivation for patients to manage their health.

Bottom line

Among 595 patients onboarded to the Nuna app, **12-month retention was 65%**, exceeding published benchmarks for both consumer health applications (~17–19%) and best-in-class remote patient monitoring programs (~57%). Among 185 patients with stage 2 hypertension, mean systolic blood pressure **declined by 12.7 mmHg**, a reduction associated with substantially lower cardiovascular risk.

1. Wang Y, Lee JS, Pollack LM, Kumar A, Honeycutt S, Luo F. Health Care Expenditures and Use Associated with Hypertension Among U.S. Adults. Am J Prev Med. 2024 Dec;67(6):820–831. doi: 10.1016/j.amepre.2024.07.005. Epub 2024 Jul 11. PMID: 39002890; PMCID: PMC11585433.

2. Million Hearts. Estimated hypertension prevalence, treatment, and control among U.S. adults. U.S. Department of Health and Human Services. Accessed May 15, 2026. <https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html>

3. Fryar CD, Kit B, Carroll MD, Afful J. Hypertension Prevalence, Awareness, Treatment, and Control Among Adults Age 18 and Older: United States, August 2021–August 2023. NCHS Data Brief. 2024 Oct;(511):CS354233. PMID: 40085792.

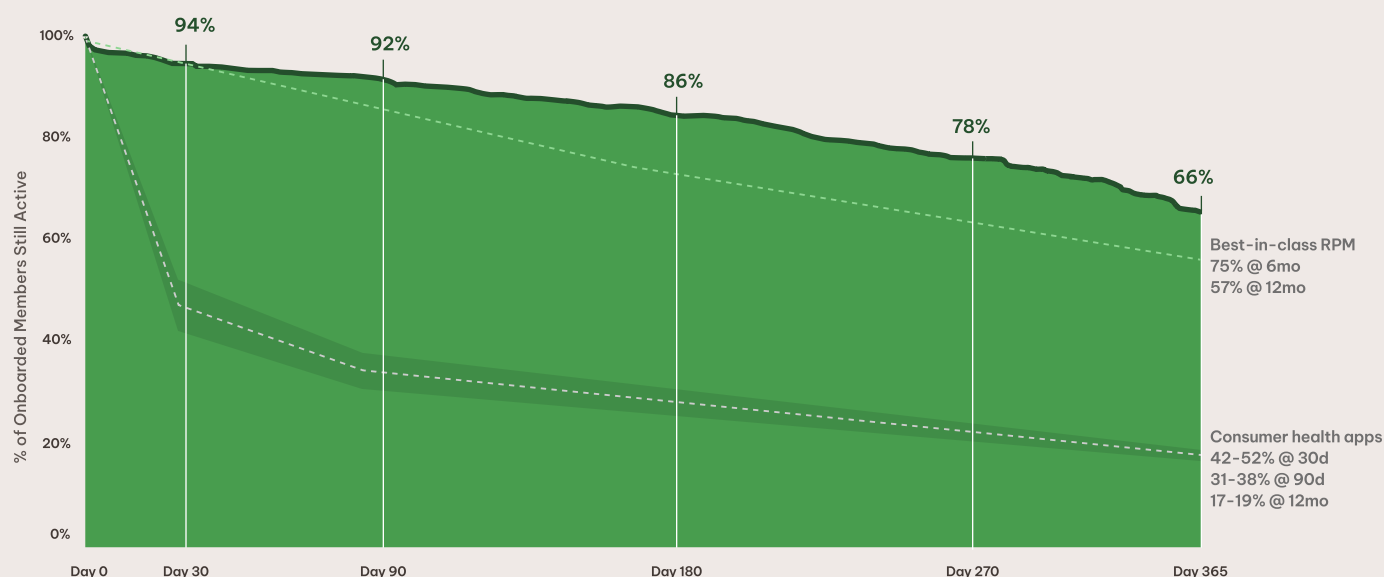
The Program

We offered the Nuna program to ACA-insured patients with hypertension at a primary care provider in Florida. Enrollment ran from September 2024 through March 2025. As of April 2026, 637 patients had registered and 595 had onboarded.⁴ Patients in this population had a mean age of 56, were 49% female, 60% Hispanic, and 19% Black. At baseline, 39% of patients had a mean in-clinic blood pressure in stage 2 ($\geq 140/90$ mmHg) and an additional 38% of patients were in stage 1 (130–139/80–89 mmHg) hypertension range. The program was evaluated along three axes: sustained engagement, patient satisfaction, and clinical efficacy.

Sustained Engagement: 65% Annual Retention

We observed sustained engagement rates far above typical consumer health apps.^{5,6} At 86% retention at 6 months and 65% at 12 months, this program exceeded best-in-class benchmarks for the most effective traditional human-led RPM programs without intensive physician monitoring.^{7,8}

Nuna Patient retention through 1 year after onboarding



4. Onboarded defined as patient syncing their blood pressure cuff to the app

5. Alchemer. Healthcare app subcategories: medical, fitness, health insurance. Accessed May 18, 2026. <https://www.alchemer.com/resources/blog/healthcare-apps-mobile-customer-engagement-benchmarks/>

6. Sendbird. Mobile app engagement benchmarks you need to know. Accessed May 18, 2026. <https://sendbird.com/blog/mobile-app-engagement-benchmarks>

7. Feldman DJ, et al. Nationwide Comprehensive Remote Patient Care Hypertension Program. JACC. 2025.

8. Note that Nuna is not an RPM product, nor does it follow an RPM business model.

Patient Satisfaction:

The program also achieved a Net Promoter Score of 79, placing the experience in the top tier of NPS results across consumer software, not just healthcare.⁹ In a separate survey, 95% of patients reported they would be disappointed if they could no longer use Nuna.



Net Promoter Score

79



% of patients would say they would be disappointed to lose the Nuna App

95%

Clinical Efficacy: 12.7 mmHg reduction in SBP

Among 185 patients with stage 2 hypertension and both pre- and post-enrollment in-clinic encounter data, mean systolic blood pressure declined from 149.9 mmHg on average in the year before onboarding to 137.2 mmHg in the year after, a reduction of 12.7 mmHg ($p < 0.001$).¹⁰ This reduction is clinically meaningful: every 10 mmHg of sustained systolic improvement is associated with a 20% reduction in the risk of major cardiovascular events such as heart attack or stroke.¹¹

9. Nuna NPS collected via in-app prompt collected quarterly beginning in November 2024. The NPS of 79 was aggregated using the latest score of all respondents (regardless of survey period). Note: the NPS from the latest survey issued in April 2026 is 96, which runs systematically higher due to the respondent population being restricted to retained users.

10. Patients had an average of 4 in-clinic measurements per time-period (a year before onboarding and up to a year after onboarding). Patients had 427 average days in the program at the time of this study (93% of patients were on the app for at least one year). There were an average of 184 days between the first in-clinic reading and onboarding date in the pre-period and 238 days between the onboarding date and last in-clinic reading in the post-period.

11. Ettehad D, et al. Blood pressure lowering for prevention of cardiovascular disease and death. *Lancet*. 2016;387(10022):957–967

12.7
mmHg

Mean systolic BP reduction among patients with stage 2 hypertension (in-clinic, pre vs. post)

58%

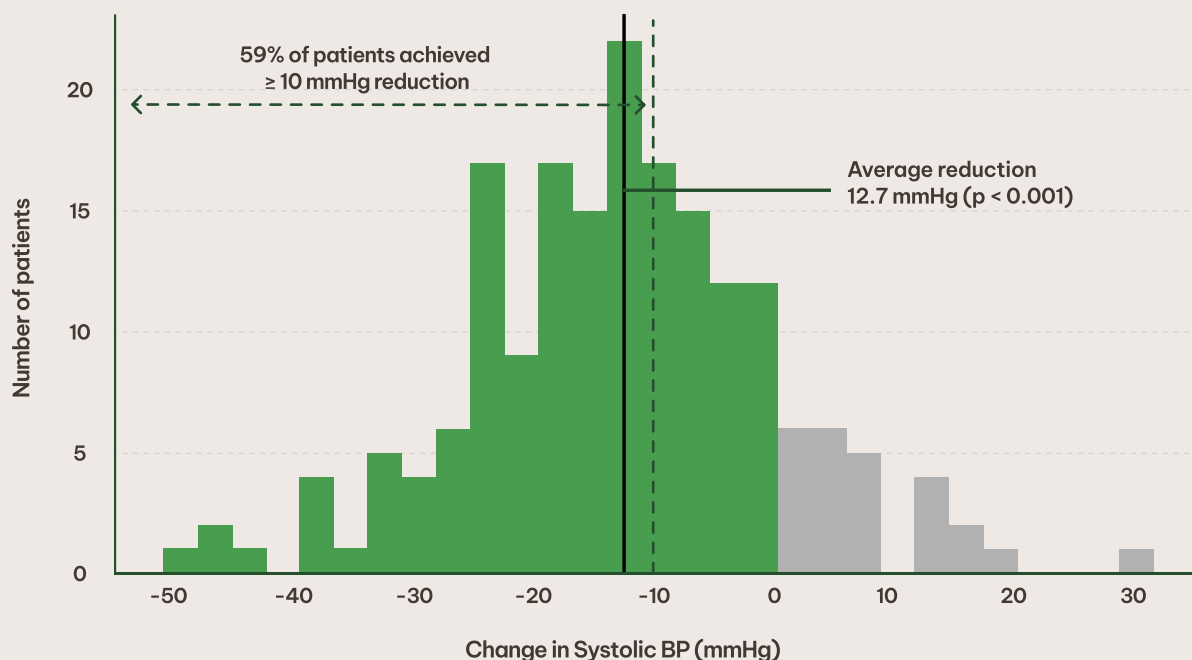
Of baseline patients with stage 2 hypertension achieved blood pressure control (below stage 2)

59%

Of baseline patients with stage 2 hypertension experienced a systolic improvement of ≥ 10 mmHg

In-Clinic Systolic Blood Pressure 12 Months Pre- and Post- Enrollment

86% of patients saw their BP improve



58.4% of patients with stage 2 hypertension at baseline moved into controlled status within the 12 months following program enrollment, and 59.5% achieved a 10-or-more mmHg systolic improvement. Diastolic blood pressure also fell, from a mean of 90.8 to 83.7 mmHg.

These outcomes place Nuna in the upper range of large-scale RPM programs that include dedicated care navigators, nurse practitioner oversight, and proactive medication management, suggesting that behavior change and self-monitoring alone can drive a large clinical benefit *in a way that scales*.^{12,13,14}

What's next: CMS ACCESS & Rural Health Transformation Program

Based on these results, we are pursuing two parallel paths to expand and deepen our evidence base. First, Nuna will be a participant in CMS's ACCESS model, the new Innovation Center value-based program for cardiometabolic conditions. ACCESS uses an Outcome-Aligned Payment structure that pays a per-member per-month fee contingent on outcome attainment (exactly the kind of arrangement where the Nuna App can deliver). Second, Nuna is pursuing partnerships to support the Rural Health Transformation Program, where mobile health and remote monitoring are explicit priorities and where the Nuna App can further address the access gap it was built to close.

Get in touch

We'd love to hear from you!

If you want to know how you or your organization can work with Nuna, see a demo of our application in more detail, or discuss further, drop us a line at info@nuna.com.

12. Feldman DJ, et al. Nationwide Comprehensive Remote Patient Care Hypertension Program. JACC. 2025.

13. Shaffer W, et al. Remote patient monitoring is associated with improved hypertension control. Healthcare. 2023.

14. Omada Health. Real-world outcomes of a digital hypertension self-management program. JMIR. 2023.