Transferability of innovative care models: a large scale telephone based health coaching RCT

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Health Coaching
• Well-executed health coaching interventions can be successful in reducing unplanned care for high healthcare consumers
• Transferability of models is largely unstudied
• 13,000 patient RCT from Sweden successful in reducing unplanned care to be piloted in naive region

Objectives and Methods
• The objective of this ongoing RCT is to evaluate a previously successful evidence based Health Coaching model from Sweden to NHS Vale of York.
• N=509 high care consumers at Vale of York Teaching Hospital randomised at 2:1 ratio to receive intervention (n=348) or regular care (n=161).
• Objective of intervention is to prevent the need for emergency inpatient care through coaching and care coordination
• Specially trained health coaches deliver short term telephone based coaching for 6-9 months
• Coaching focus on motivating patient to behavioural change, care coordination, and confidence

Key Results
Evaluation including 509 patients (348 receiving the intervention and 161 receiving standard care) shows:
• Sustained reduction of up to 20% in total health care utilization and cost
• Improved quality of life (SF-36), and confidence

Challenges
• Predicting right target group is difficult
• Sensitive model and effects need to be monitored closely
• Scale-up is worst enemy for sustaining results –a problem we’ve overcome

Reductions lead to significant cost savings

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<th>Non-elective Admissions</th>
<th>Hospital bed days</th>
<th>A&amp;E Attendance</th>
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<tr>
<td>Actual savings</td>
<td>Prevented Non-elective adm. / patient (£)</td>
<td>920</td>
<td>-20%</td>
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<td>Reduced Length &amp; elec. adm./ patient (£)</td>
<td>453</td>
<td>-18%</td>
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<td>-£1,373 per patient</td>
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Strategies for integration success
• Early and proactive patient identification
• Clearly define target group
• Rapid enrolment after identification
• Holistic and personalised – focus on patient activation
• Overinvest in quality – health coach training/support tools
• Measure few but right outcomes - Start broad (e.g. overall care consumption/quality of life).

Conclusions
• An established model can be standardized and exported successfully to new health settings.
• Achieve significant decreases in care consumption over a 12 month intervention period which are comparable to original model
• Collaboration between NHS, private provider and patients key to system wide benefit
• Easily replicable nationally, even in financially challenged care economies, and has the ability to be scaled up to cover a wider range of conditions

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