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.

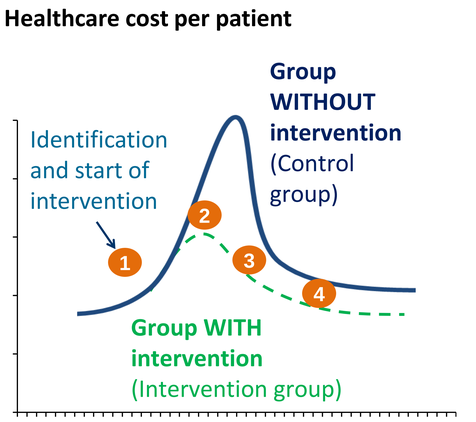
- N=509 high care consumers at Vale of York Teaching Hospital randomised at 2:1 ration to receive intervention (n=348) or regular care (n=161).

- 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-elements of the Model



1. **Patient identification**

   Statistically driven algorithm identifies patients at risk of preventable unplanned care

2. **Intervention**

   Health Coach handles 75-100 patients Telephone based support focuses on care coordination, motivation, confidence

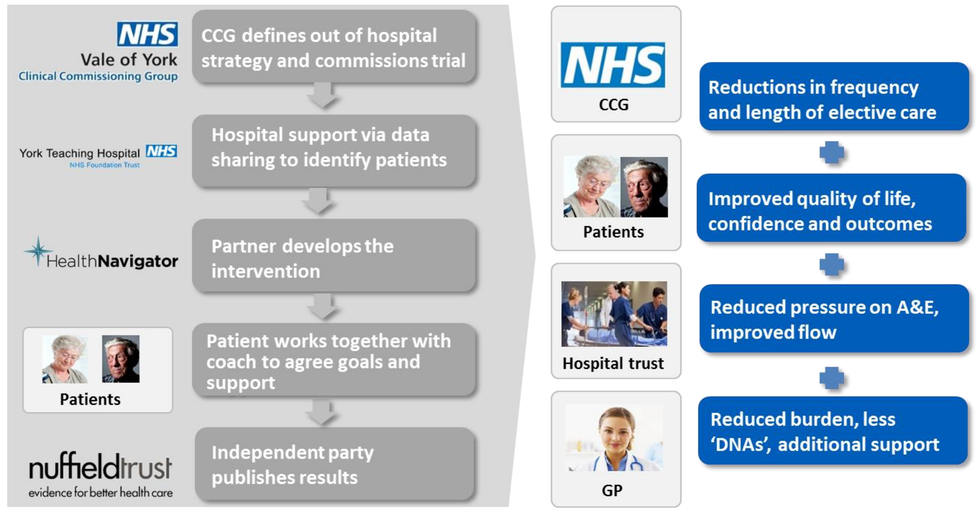
3. **Evaluation and continuous follow-up**

   Care consumption, QoL and quality followed to assess and improve service

4. **Discharge**

   Patient's risk for unplanned care decreases and support ends

Harnessing collaborative delivery leads to benefits for all levels of healthcare network



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

Non-elective Admissions -18%	Hospital bed days -20%	A&E Attendance -24%

Actual savings	
Prevented Non-elective adm. / patient (£)	920
Reduced Length & elec. adm./ patient (£)	453
-£1,373 per patient	

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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