

# High Intensity, High Technology Health Coaching

*For persons with co-morbid mental illness and  
chronic physical illnesses*

# The Crisis

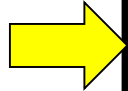
- Persons with serious and persistent mental illness (SPMI) die 25 years younger than the norm and two-thirds of the cause involves treatable physical health conditions\*.
- This is a tragedy in our society on a parallel with our high suicide rates.
- How can we lengthen and improve the quality of the lives of persons with SPMI?

\*Joe Parks, MD Morbidity and Mortality in People with Serious Mental Illness, October 2006

# Our Coaction Approach

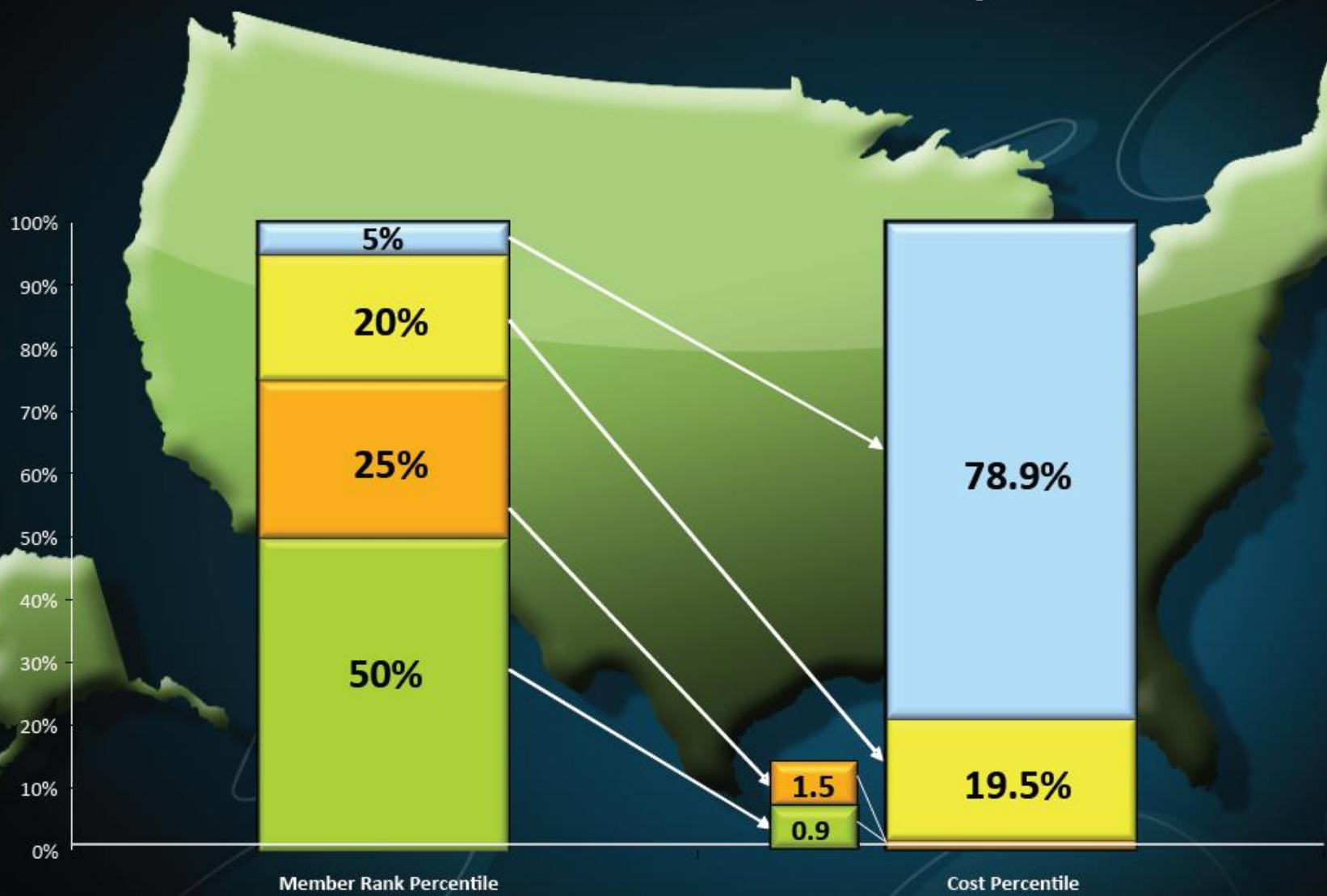
- We trained 5 BA level health coaches and 1 nurse using some of best coaching models.
- To work with 65 patients with:
  1. co-morbid BH & PH conditions
  2. history of high ER use and/or hospitalizations
  3. history of limited outpatient medical treatment
- Patients were given Fit-bits and I-phones equipped with health & wellness software.
- About 50% grant/foundation support.

# Agenda



1. Excelling with the 5%
2. Why Home Based Health Coaching?
3. Technology Enabled Care
4. ER and Hospitalization Alerts
5. Social Determinants & Flexible Funds
6. Patient stories
7. Results

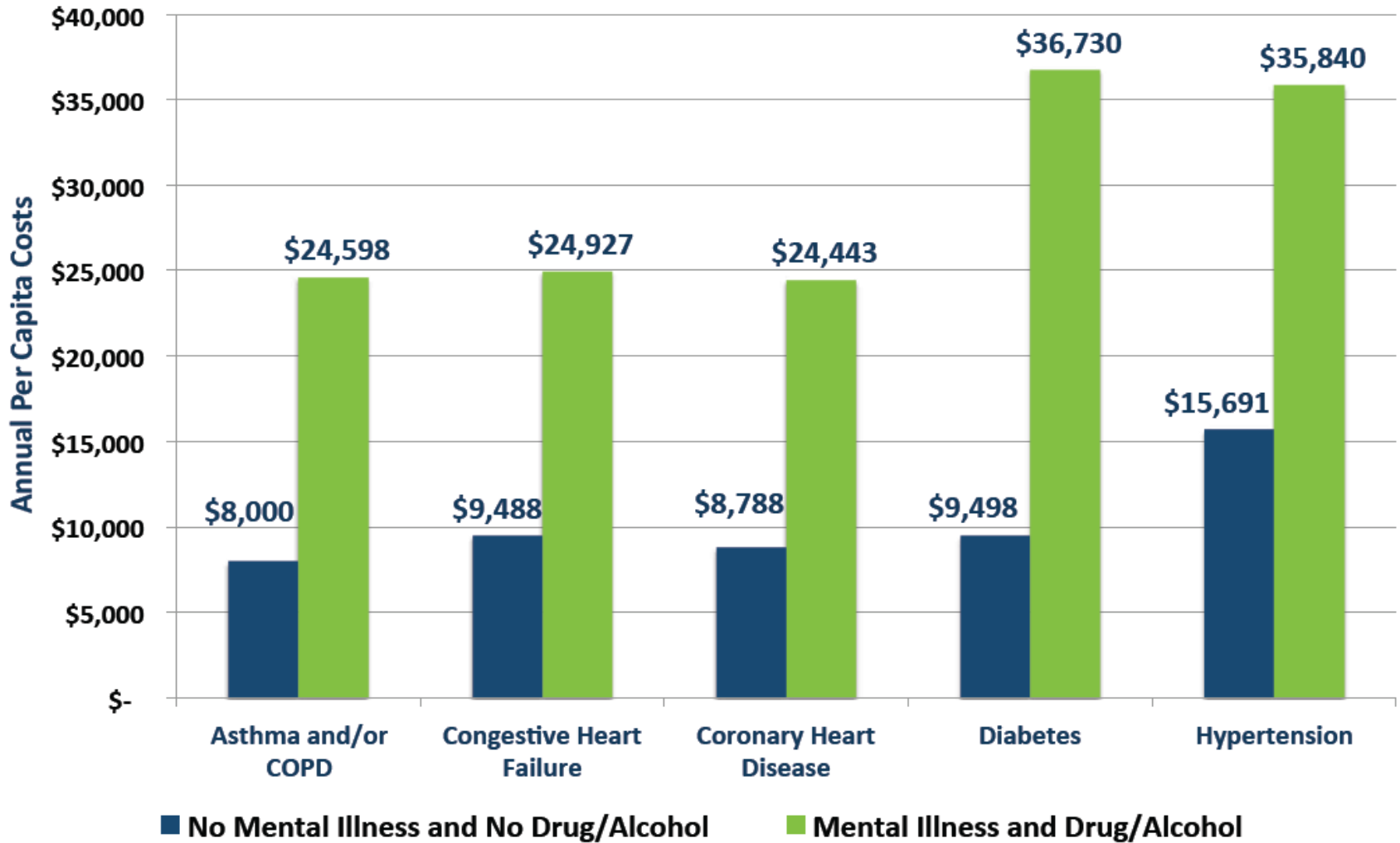
# Disproportionate Cost for Members with Behavioral Health Comorbidity



# Excelling with 5%

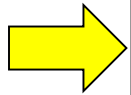
- More than ½ of Medicaid \$ are spent by **5%**.
- **85%** of the **5%** have behavioral health needs.
- Behavioral health needs **double** or **triple** the cost of 5 key chronic illnesses:
  - Asthma/COPD
  - Congestive Heart Failure
  - Coronary Heart Disease
  - Diabetes
  - Hypertension

# Impact of Behavioral Health Co-Morbidities on Medicaid Costs



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# The Best Health Coaching Models

## **Camden HotSpotters**

- 40% reduction in ER/Hospitalizations
- Used lay staff

## **Health Quality Partners**

- Reduced hospitalizations by 33%
- Cut Medicare costs by 22%

## **Transition Based Care Management**

- NP based
- Saved around 20% of costs for high need Medicare patients at risk of rehospitalization

## **Oklahoma ER utilization program**

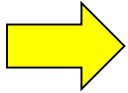
- Decreased ER use by high users by 55%

# Characteristics of These Models

- Targeted impactible high utilizers in the community
- Engaged in home visits
- Tackled key social needs (food, housing, community, spirituality, safety)
- Increased outpatient medical care
- Helped patients manage their medications

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# The Digital Revolution

The intensive infiltration of digital devices into our lives has radically altered our world. Five major advances:

1. cell phones in the 70s
2. personal computers in the 80s
3. the internet in the 90s
4. digital devices in the 2000s
5. social networks in the 2000s

***For the most part our health has been unaffected and insulated from the digital revolution.***

Eric Topol, The Creative Destruction of Medicine

# Mobile Healthcare

- iTunes offer 8,000 healthcare fitness and medical applications (43% of market)
- Android offers 2,000 applications (48% of market)
- 48% of consumers are interested in Mobile Apps to assist in their chronic illness and medications. PwC 2012

# Fitbit Zip

- These patients tend to have sedentary lifestyles.
- A major goal is to get them active.
- Almost all of our patients used and loved their Fitbits.



# Mental Health Monitoring Goes Mobile



Startup Ginger.io analyzes smartphone data to remotely predict when patients with mental illnesses are symptomatic.

Rob Matheson – MIT News Office  
July 16, 2014

# The program demonstrated the value of alerts while enhancing patient and clinician experience

## Demonstrated feasibility & acceptability

- **79%** of patients in care management were actively sharing survey data for **60 days or more**
- **88%** of patients were **satisfied** with the program overall

## Increased clinical efficiency

- PHQ-9 return rate **15x greater** for patients using Ginger.io (77%) vs. current method (5% through mailing)
- Alerts gave Care Managers **enhanced visibility** on patients at **time of need**

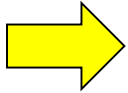
## Better health insights

- **Mobility patterns**, such as lethargy and isolation, helped CMs **monitor treatment adherence** (behavioral activation)
- **Strong correlations** between mood & behavioral variables enhanced CM **effectiveness in supporting patients**



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# The Need for Immediate Hospital Alerts

- A requirement to do meaningful work with this population is accurate and current data on ER usage and hospitalizations.
- A key path to identifying “frequent guests.”
- In order to change behavior the health coach has to meet with the patient:
  - Within 24 hours of ER visit and
  - Before discharge from hospitalization

# healthLINC

CONNECT. CARE. COLLABORATE.



## Centerstone:

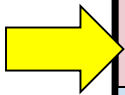
Creating a **Partnership** that  
Accelerates **Integrated Care**

# ADT Alert Workflow

- Patient asked to sign release of information with explanation of how alerts can impact care (about 800 clients with SPMI)
- Daily admit, discharge and transfer alerts to CMHC providers with reason for ER visit or hospitalization and chief complaint
- CMHC staff contact patient to engage in care coordination and discharge planning process
- HealthLINC Grant funding on 1/23/13  
First alert sent to Centerstone on 3/28/13
- Among first 5 CMHC's in country and first in Indiana to have hospital alerts.

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# Social Determinants & Flexible Funds

Our coaches could access up to \$200 in flexible funds for each patient.

*“The country is investing too much in medicine and not enough in addressing the social, behavioral, and environmental factors—things like diet and housing—that help create medical problems in the first place.”*

Elizabeth Bradley [The American Health Care Paradox: Why Spending More Is Getting Us Less](#)

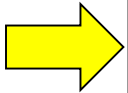
See also “Million Dollar Murray” at [Gladwell.com](http://Gladwell.com).

# Social Determinants & Flexible Funds

- I now have walking shoes and running shoes. It's my first new pair in my life.
- We've gotten blinds for my door & a recumbent bike.
- We've gotten some cookbooks so I can cook better so that's been really nice
- Yeah, I had to get some medicine, and some clothes to work out in, so I can go to the Y.
- I now have tags on my car and some groceries and things I need.

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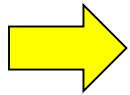


# Patient Stories

- “[I’m helped by] the surveys [ginger.io]. If I’m having a bad day, My wellness coach will call and help me through it. It’s easier to say “I’m having a bad day” that way than speak it. I’ve never had that before. I’ve tried to commit suicide before because in my mind I didn’t have someone who cared.
- “I love the FitBit, tracking how many steps, how many calories I burn, how many miles. I’ve lost 10 pounds.”
- “The surveys [ginger.io]! They’re encouraging me continually. [It] helps.”
- “[Because of the technology], I’ve actually been able to get in my appointments and be reminded and stuff like that.”
- “Yeah, I’m moving around. I’m motivated to do things. I’m not just sitting at home now. Once I set my mind to something, I’m motivated. I feel more myself than I used to.”

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- **3 month** intensive program
- **54% reduction** in hospitalization days
- **33% reduction** in ER visits
- **100% engagement** in self care
- **\$152,991 in estimated savings** for reduced ER/Hospital visits

# coaction*Health*

