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Express Coaching:

A Breakthrough Research Study on Improving the Health Status of Diabetic Patients





Agenda

- Overview of organization and managed care
- Building the business case
- Express Coaching process
- Program administration
- Results and outcomes
- Summary
- Questions





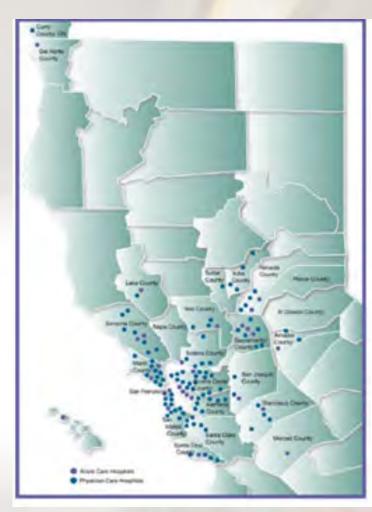
Overview of the Organization and Managed Care





About Sutter Health

- Northern California
- Not-for-profit
- 26 hospitals
- 3,500 physicians
- 100+ communities
- Regional leaders in: pediatric, obstetrical, heart and cancer care





About Sutter Connect

- Subsidiary of Sutter Health
- Healthcare administrative and support services
- Our key competencies
- Integrative: bridges across multiple clients





Sutter Connect Vital Statistics

 Accounts Receivable Charges 	\$650,000,000
-------------------------------------------------	---------------

 Managed Care Incoming Cap 	\$1,165,000,000
-----------------------------------------------	-----------------

451,000

 Medicare Advantage 	(Global)	34,352
	/	_ ,

Annual Transactions

•FFS Claims Billed	3,039,303
 Invoice Payment Transactions 	4,702,133
 MC Claims Processed 	2,093,000
 Service & Support Calls 	533,000





Managed Care Defined

- Systematic approach to healthcare
- Link between payers and providers and patients
- Providers are prepaid for services
- Motivated to manage risk by preventing costly care
- Incentives for improving quality (Pay for Performance)



Disease Management Definition

"A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant."

-Disease Management Association of America





Purpose of Disease Management?

- Improve patients' quality of life
- A "win-win" in managing cost
- Physician Performance Incentives
- Mandated by national quality standards





Interventions

poor control Coaching Reporting Only Fair Control Excellent Control Monitoring Only

Pre-Diabetes

DIVERSITY
KNOWLEDGE & COMMUNITY

Not identified

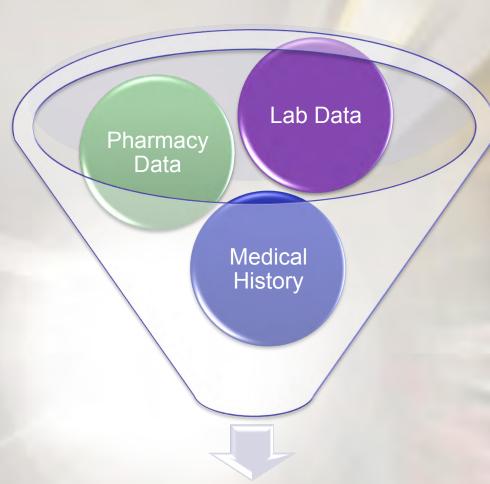
Self management/
behavior
modification
recommended
for *poor* and *fair* control

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Sutter Connect Niche

- Access to patient data
- Robust data analysis



Population Segmentation

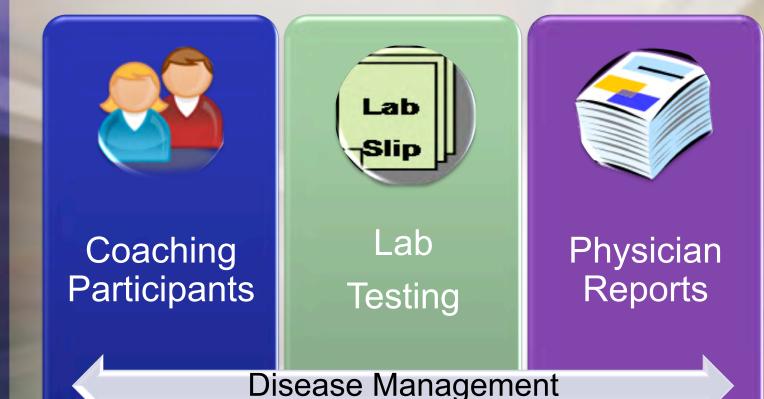
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Coaching/Disease Management Program Components







Building the Business Case for Disease Management Coaching





Diabetes Statistics

- \$116 billion direct medical costs
- Additional \$58 billion indirect costs
- \$11,744 /yr AVG cost (per person)
- 2.3 times greater costs than non-diabetes
- 38% of patients incur 70% of total cost
- 18% of healthcare costs are incurred by patients with diabetes

2007, American Diabetes Association





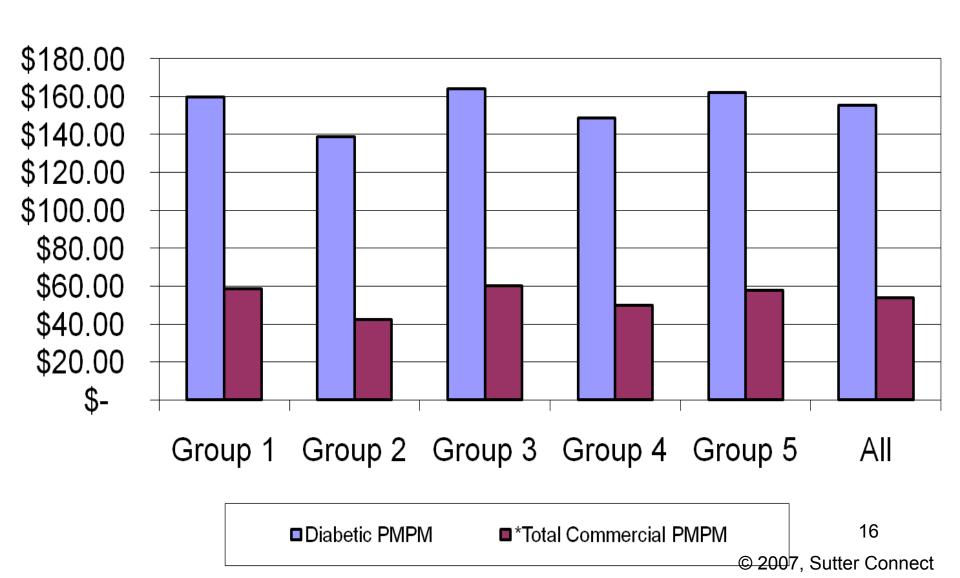
Diabetes Statistics

- 23.5 million Americans (7.8%) have diabetes
- 5.7 million undiagnosed
- 10.7% of Americans over 20 years
- 23.1% of Americans over 60 years

2007, Center for Disease Control



2003 Diabetic Population Cost Comparison "PMPM" (per member per month)





A Compelling Business Case

- Disease Management grant
- Voluntary (medical group) participation
- Sutter Connect's unique position
- Offered interdisciplinary approach
- Unique executive competence





Goals

Improve clinical condition of patients:

- Reduction in HgbA1C levels
- Reduction in LDL-C levels
- Slow rate of increase in patient acuity





Express Coaching Process





The Sutter Connect Plan

- Cutting edge telephonic coaching program
- Complement physician's work
- Target specific population
- Staffed with certified coaches
- Focus on (patient) self-management
- Measure the change in diabetes control (HgbA1c)





Sutter Connect Approach to Disease Management Coaching

- Patient-centered
- Non-judgmental
- Compassion without colluding
- Engage values
- Accountability
- Non-prescriptive
- Patient self-management





Benefits of 10-Minute Express Coaching Model?

- Simple and straightforward
- Optimizes productivity
- Cost-effective
- High-impact, low-cost
- Scalable





Driving Factors in Developing the Model

- Economic factors
- PMPM cost (per member per month)
- Client-relevant outcomes





Express Coaching Process

Identify

Level of illness

Invite/Enroll

Letter/phone call

Discovery

30-minute session

Phase I Coaching

8 weekly 10-min. sessions

Phase II Coaching • Monthly maintenance





Effective Coaches Skill Set

Empathetic without Collusion

Listening & Synthesize

SpecificAccountability

Compassion

Choice, Commitment, Wellness vs. Illness

Non-Judgmental

Expose Barriers

Connect Values to Behavior

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Coach Selection Criteria

- Coach training / certification
- Coaching experience
- Willingness to utilize Express
 Coaching model
- Inspiring and motivating
- Coaching vs. non-clinical expertise





Coach Training

- Coaches Training Institute
- Wellness Coach Training
- LAD
- EPICS
- Basic overview of Diabetes 101
- Regular on-site coach training/ development





Coaching Model

Unifying Force Foundation Simple

L.A.D.

Listen
Appreciate
Design



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Coaching Model

Higher expectations for our patients

Unifying Force Foundation Simple

Wellness

L.A.D.

Change Process
Community
Diagnostic

Listen
Appreciate
Design

DIVERSITY KNOWLEDGE & COMMUNITY 29

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Coaching Model

Teachable Moments
Sustainability
Self-Reliance
Community

EPICS

Empathy,
Planning,
Individualized,
Community,
Sustain

Higher expectations for our patients

Wellness

Change Process
Community
Diagnostic

Unifying Force Foundation Simple

L.A.D.

Listen
Appreciate
Design





Knowledge & Information

Exercise

Supportive Relationships

Weight

Diabetes Wellness

Nutrition

Medication

Lifestyle

Stress

Listen & Appreciate

Design

minute

2-3 minutes

3-4 minutes

2-3 minutes

minute

Check-in:

report/assessment

Follow-up:

designed action Hold client

Draw out learning

on past week's

Client's view of

Current

State:

challenges &

forward

Redesign:

Set specific

Structured

Wrap up:

Restate designed

· Check-in

Self report/asses

1 minute

2-3 minutes

- Follow-up
- Accountability
- Draw out learning

- Current situation
- move client forward

3-4 minutes

2-3 minutes

- Redesign
- Set accountability
- Specific
- Structure

- Acknowledge
- Inspire
- Restate designed action

1 minute

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Typical Coaching Call

- Brief check-in (e.g. last blood sugar reading/current state self-assessment)
- Follow-up on goals/accountability
- Discuss barriers, concerns, successes, etc.
- Set goals for/accountability coming week





Group Discussion

- What critical observations do you have?
- List some pros / cons of this model.
- What are the limitations of the model?
- What are other applications of the model?



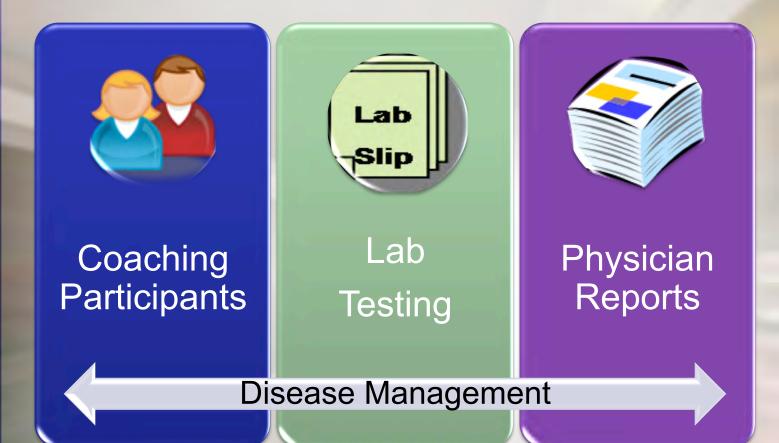


Program Administration



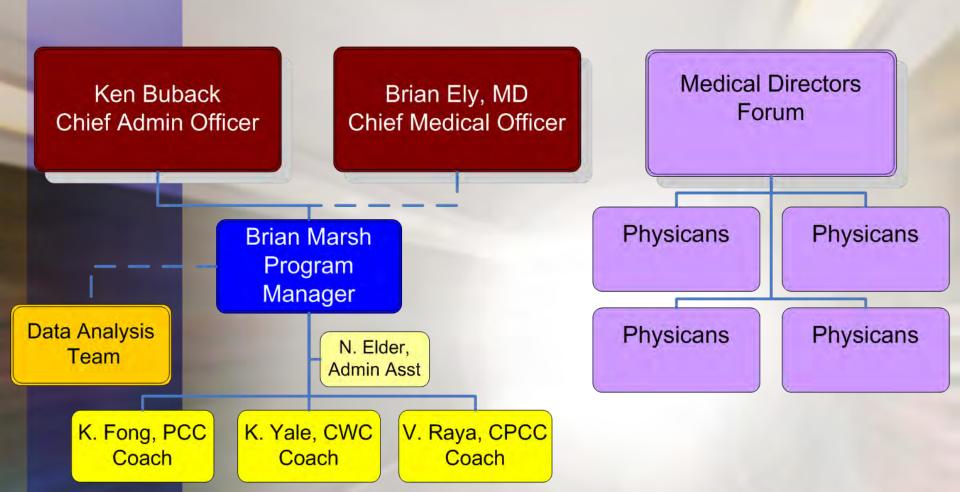


Coaching/Disease Management Program Components





Organization Chart





Staff

- 4 Coaches
- Program Manager
- Administrative support

Capacity

- 4 coaching sessions per hour
- 300 coaching sessions per week

Structure

- 30-minute Discovery call
- Eight 10-minute Weekly sessions
- Ongoing Monthly sessions
- Monitor/Re-enroll



2008 ICF ANNUAL INTERNATIONAL CONFERENCE



Physician Feedback and Report

Record Keeping Management Participant Identification & Enrollment

Phase I & II

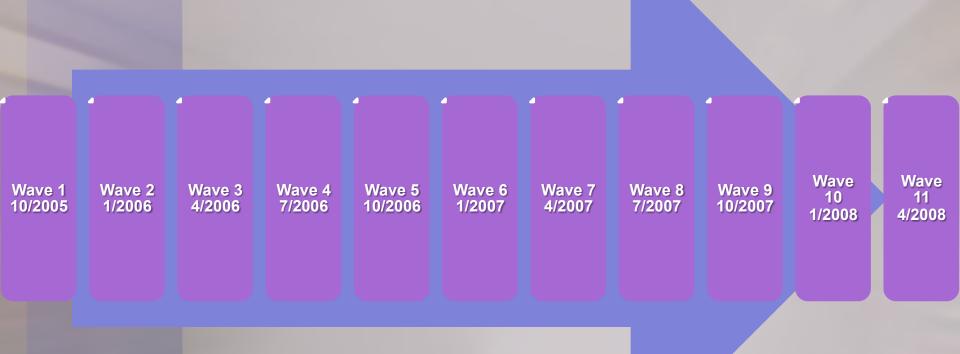
Program Administration

Patient Letters Coaching

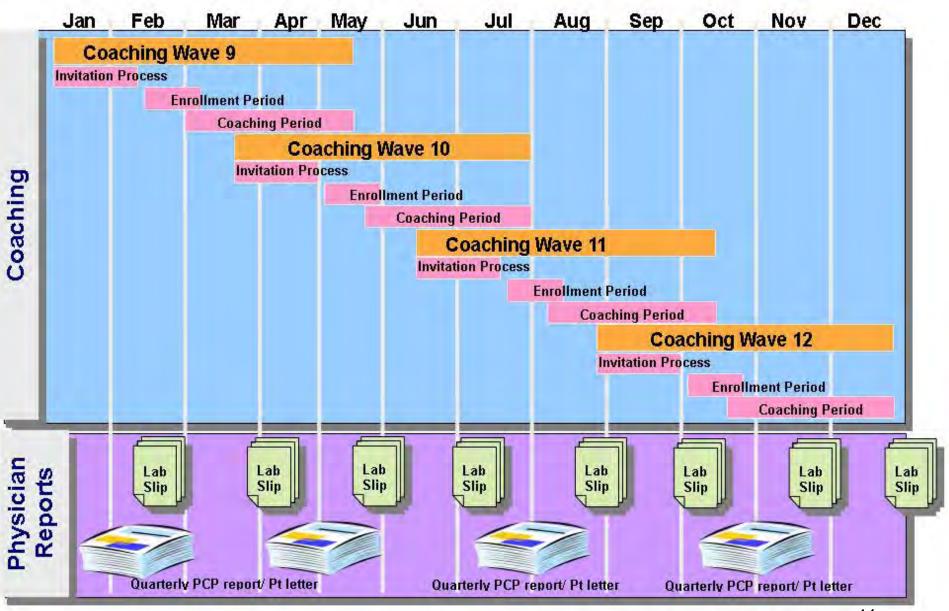




Timeline



2008 Disease Management Schedule



Schedule shown is approximate and subject to change.



Results and Outcomes





Population Studied

"Coaching Group"

250 patients received coaching

"Study Population"

Identified 4500 patients with diabetes

"Control Group"

2500 patients received traditional medical treatment

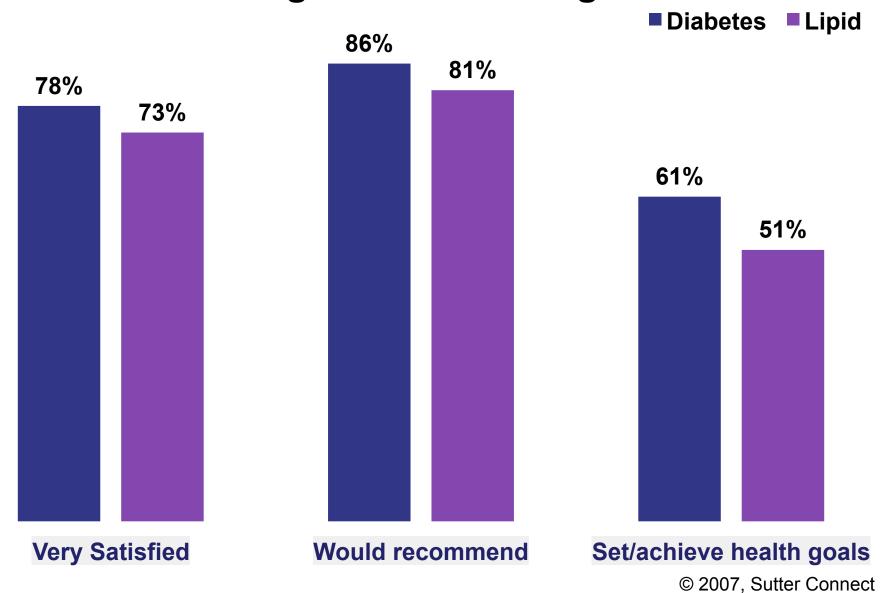
"Cohort Group"

1750 patients counterpart to Coaching Group

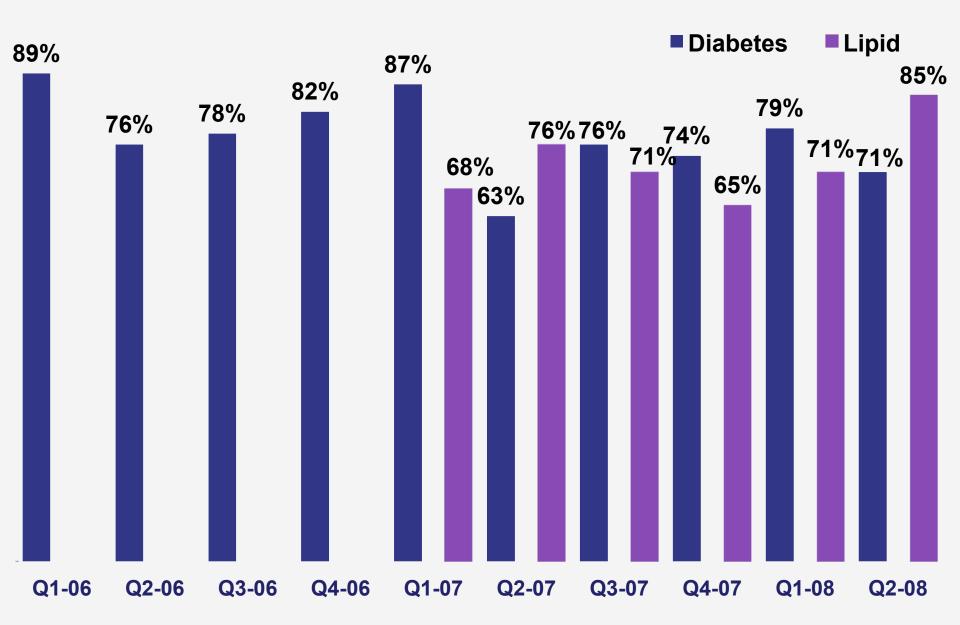
DIVERSITY
KNOWLEDGE & COMMUNITY

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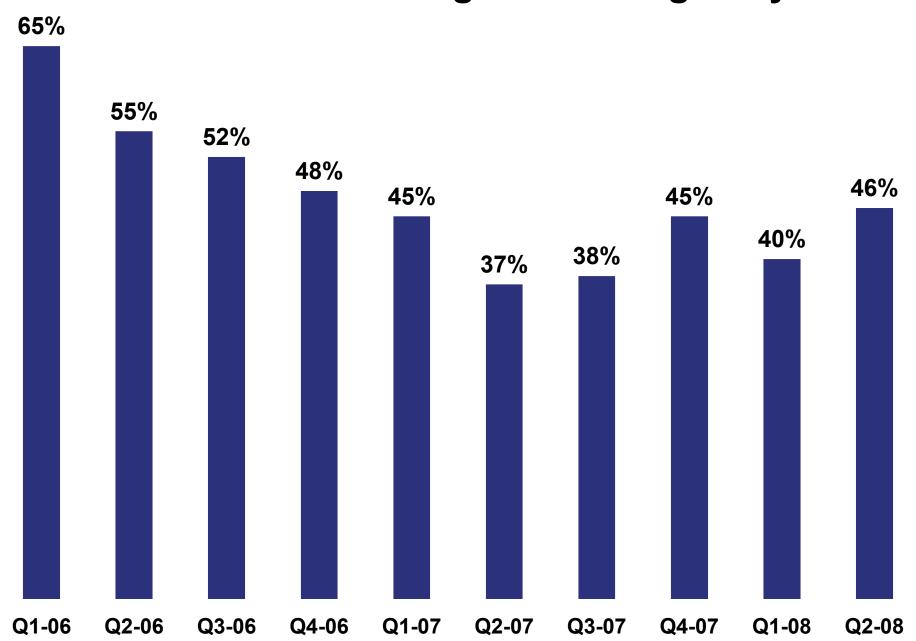
Patient Satisfaction with Disease Management Coaching



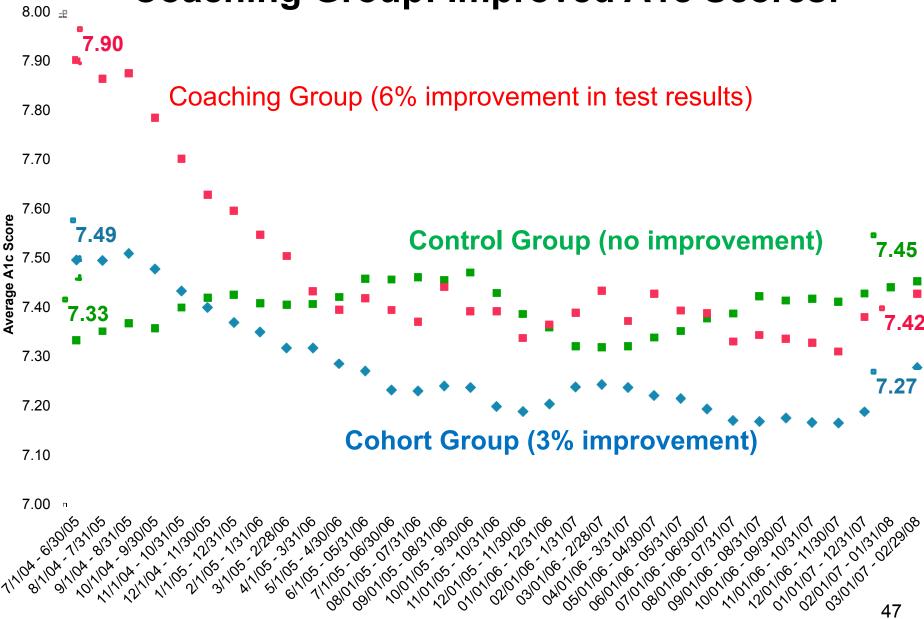
Patient Satisfaction Trend



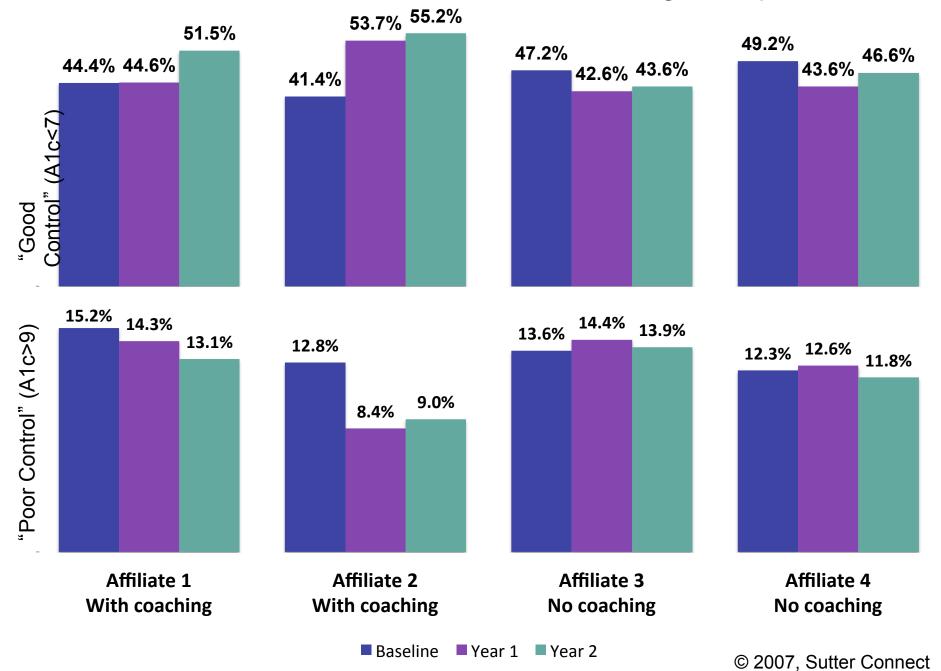
Monitor Blood Sugar More Regularly



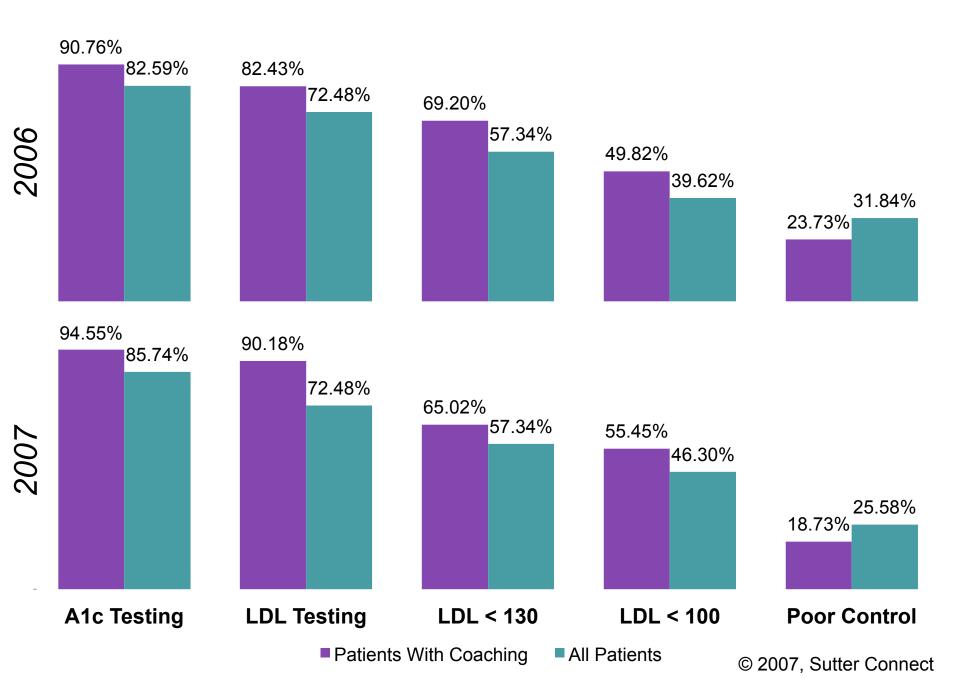
Coaching Group: Improved A1c Scores!

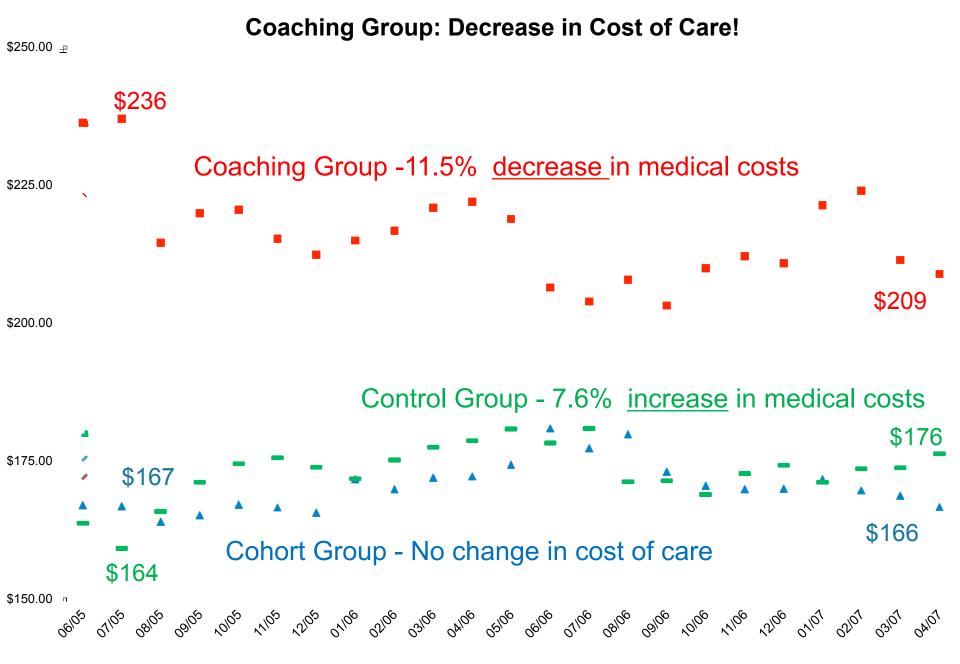


Better Diabetes Control in Coaching Group:



Coaching Group: Better P4P Rates

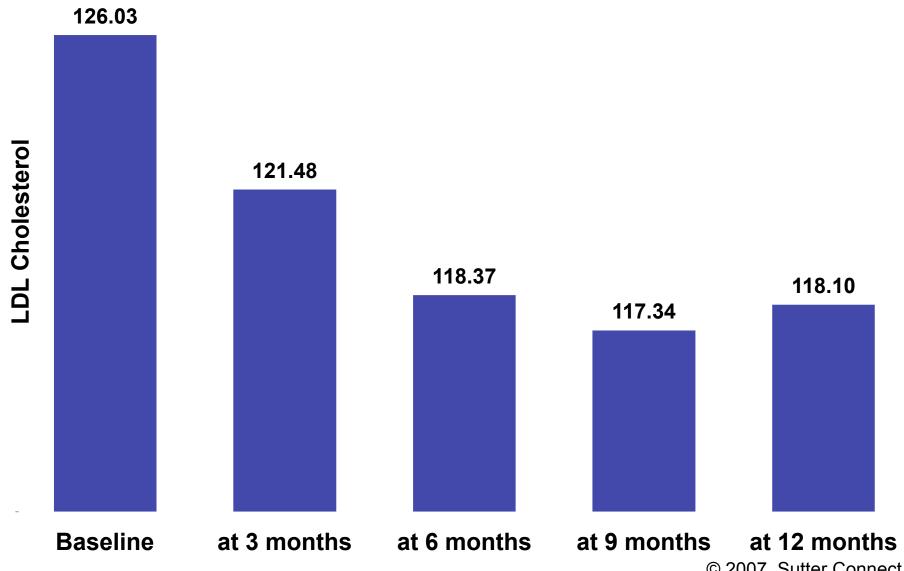




Does not include fees for hospital/emergency care

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Cholesterol Trend for Patients Working with Coach





Summary





Clinical Findings and Conclusions

- Coaching group showed:
 - greater improvement in diabetes control (A1c testing)
 - greater reduction in cost of care (PMPM decreased 11.5 %)
 - Better performance in all P4P measurement areas
- Patient perceived benefits
- Physicians continue to fund/support
- Effective with other conditions





Coaching Findings and Conclusions

- Dramatic impact from brief sessions
- Coaching as a viable product line
- Simple and structured works best
- Fundamentals of coaching endure stakeholder priorities
- Balance productivity and nurturing
- Offers diversity in field of coaching





Coach Insights

- Benefits
- Challenges, tips and traps
- Coach as entrepreneur or employee
- Expect the unexpected
- Reaching the next level





Critical Success Factors

- Quantify, link and align priorities
- Top level support / buy-in
- Coach buy-in
- Eliminate existing bias
- Integrate and systematize
- Endowment funded
- Courage to try something different





Questions





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