Reducing hospitalizations using community-based health coaches

By SCOTT W. PERKINS, ALEXANDRA DAVIS, MPA, BSN, RN., PAUL R. NIELSEN, MD, MS., AMY S. JOLLIFF, MD

Improving care of at-risk patients with chronic conditions

CHRONIC DISEASE MANAGEMENT: CHALLENGING AND WIDESPREAD

Chronic diseases, including mental health conditions, are common and widely managed by family and primary care physicians. According to the National Center for Chronic Disease Prevention and Health Promotion, they are the leading cause of death and disability in the United States. Additionally, chronic diseases such as heart disease, stroke, cancer, diabetes, arthritis, and Alzheimer's disease account for 86% of the United States' $2.7 trillion in annual health care expenditures, making them a serious public health concern. Managing multiple chronic conditions can be challenging for patients and care providers, especially when patients are not medication compliant or have other complicating factors such as a low income, lack of education, or lack of a support system. The combination of multiple chronic conditions and complicating factors can lead patients to be at-risk for frequent emergency department usage, hospitalization or death.

Complicating factors cannot always be adequately addressed during a 10-minute doctor's office visit, making the role of a community health worker (CHW) valuable. The U.S. Bureau of Labor Statistics reports that community health workers (CHWs) can help individuals and communities adopt healthy behaviors by:

In the photo: far right – Scott Perkins, Health Coach, AlexSandra Davis, Director CCN, Amy Jolliff, MD and Paul Nielsen, MD, co-medical directors of the program.
The WCCN serves as a community-clinical link, one element of population chronic disease management that the U.S. Centers for Disease Control and Prevention describe as "ensur[ing] that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions." By serving as such a link, the WCCN assists primary care physicians in managing chronic conditions.

This type of program has the potential to improve the quality and effectiveness of chronic disease management by using college-student health coaches as extensions of primary care physicians. Based on the success of the WCCN, we believe that college-student CHWs can help primary care physicians better care for high-risk patients, particularly those with many chronic conditions and complicating factors. This article reports recent outcomes from the WCCN, which suggest that programs like the WCCN could provide significant cost savings to patients and health systems, reduce patient hospitalizations and emergency department visits, improve patient health, and improve the quality of care for high-risk patient populations.

Community health workers have worked in underserved populations since the 1960s, but have recently been the subject of interest due to their ability to serve as an extension of nurses and other care providers. CHWs, under the supervision of medical professionals, make home visits, identifying complicating factors and providing the patient with additional help, resources, and support.

Unhealthy food in a patient’s refrigerator, bottles of unused pills, or a foul smell in a patient’s home can indicate poor nutrition, medication noncompliance, or a lack of cleanliness. After identifying these factors, a CHW can help the patient by either addressing these problems during a home visit, or by connecting the patient with appropriate resources such as a dietician or social worker.

In order to improve care of at-risk patients with chronic conditions, the Wooster Community Hospital of Wooster, Ohio, developed the Wooster Community Care Network (WCCN) in 2013. The WCCN uses college students as CHWs, and the structure, function, and preliminary outcomes of this program were previously reported. After receiving a semester of training from the WCCN, students at The College of Wooster become “health coaches” and make weekly home visits to high-risk patients in the Wooster area, helping these patients manage their chronic conditions and reach health goals.

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PROMISING RESULTS

From the December 2013 to July 2018, the WCCN admitted 289 patients and discharged 168. Patient reception of the program has been overwhelmingly positive, with only 1% of discharged patients reporting leaving due to dissatisfaction with the program. Several factors may contribute to high patient satisfaction.

Many patients appreciate the social interaction provided by a health coach visit. Not only do coaches provide medical coaching—