

Health Coaching ROI Metrics and Measurements

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I am speaking with Ted Borgstadt, founder and chairman of TrestleTree Incorporated. Ted is presenting at HIN's webinar on "Health Coaching ROI Metrics and Measurements." Thanks for joining me today Ted.

TED BORGSTADT, FOUNDER AND CHAIRMAN OF TRESTLETREE INC.: Thanks Patricia.

PATRICIA DONOVAN: To begin with, in your experience is ROI generally greater on health coaching to manage chronic illness or on coaching individuals to change pre-disease behaviors such as smoking or obesity?

TED BORGSTADT: That's a great question Patricia and I think it's interesting as I look back 10 years ago when we came up with the idea for TrestleTree, my answer then would be a little different than it would be today. Really conventional wisdom 10 years ago overwhelmingly would say that disease management would give a larger return on investment and a faster return on investment, more immediate. If you think in terms of putting a marble on a wood plank and having it elevated an inch off the ground, how slowly the marble would roll down the plank. Or if you elevated it 6 inches, that would probably be the difference in what they think the return on investment would have been 10 years ago on how quickly the marble would reach the bottom; disease management being the 6 inches. I think today what we have found though is someone has slipped in there and elevated the plank 12 inches for both disease management and the pre-disease. I think what you'll see is that there are more people at risk today, people that will be spending money and their return on investment is not just focused on those that already have chronic disease and looking at that 1% or 2% if you can just impact them you can impact the overall trend of an organization. Because of the vast majority

of the people at risk you're really seeing more people focusing on the pre-disease and showing true measurable ROI. I'll give you an example.

One of our clients has a large trucking company. And the interesting things about trucking companies is that Department of Transportation regulations if you have diabetes you cannot take insulin if you have diabetes you cannot drive a truck or if your blood pressure is above a certain range you cannot drive a truck. So the average BMI is over 31, the average BMI for this population is over 31 and half of the people smoke. In a three year study that was done that was concluded just recently, by their national consultant showed over a 2 to 1 return on investment and most of the individuals that were involved in the program were pre-diseased. They may be very obese or they may smoke but they don't have a chronic condition. The sickest of the sick were not part of this population and yet still showed a return on investment. What's interesting is that 25% of the preventable accidents were averted for participants in TrestleTree's coaching program versus those that were not participating. And it makes sense if you're getting people to start to exercise, they're more alert, they're losing weight, they're stopping smoking there's going to be less preventable accidents occur, and clearly that's part of the ROI measure. So in that situation this is not tied to specifically focusing on the disease management in just the top 1% or 2%, but it did focus on the broad population with the pre-disease and still showed a solid return on investment.

PATRICIA DONOVAN: I see, thank you Ted. I imagine that population would have to be extremely motivated too because if they were educated to the fact that they could be at risk for diabetes then that would put their job at risk.

TED BORGSTADT: Actually interestingly enough, this is a very unmotivated population. And I think it's one of the things

within transportation if someone is coming upon a Department of Transportation physical they may do whatever it takes in order to pass that Department of Transportation physical but what we see as a truck driving population is very unmotivated population. And I think that hits on a very key element on return on investment. Define participation. Or define a participant. It is a widely held practice in the industry of disease management and wellness today to cherry pick participants, which means that they're really looking for the ones that are most motivated. Or the ones that are most severe or spent the most last year and allowing them into intensive health coaching relationship and all of the others that are the mass of the population they just give access to information or brochures that are sent to the home. I think that's a key component within our industry today. We have to be able to show outcomes for the unmotivated that still can show a return on investment when you're working with the large population.

I heard Dr. Jim Prochaska speak just recently, the Executive Director of the Cancer Prevention Research Center at the University of Rhode Island. He's the godfather of the Transtheoretical Model of Change. And he stated that he felt like this was the last chance we had to get health and wellness right for corporate America. He said 25 years ago, as an industry we screwed things up and did not show the return on investment, the CFO did not recognize the impact on the organization and it was really more focused on right information to the right person in kind of a brown bag lunch approach. And what he said is that this is our last chance. If we don't get it right this time, he doesn't think we'll get another chance, at least in his lifetime. So return on investment is a very timely top of mind conversation to be having right now in conjunction with disease management and health and wellness companies.

PATRICIA DONOVAN: Thank you Ted. And talking about measuring ROI does the coaching method that an organization uses for example,

telephonic versus web based effect ROI measurement? And if so, how?

TED BORGSTADT: I think there are several elements that come to mind in trying to compare and contrast phone versus web. And I think the motivation component is top of mind. If somebody is highly motivated and they have some type of vehicle to give accountability a web site, an email accountability, something that's electronic and is given good information they're probably going to show some outcomes. Within our population and the country today that probably comprises 10% to 15% of the total population. So when you think about the difference between web and telephonic there are some things that you can do via telephone that you just can't do regardless of the artificial intelligence that you've built into your website, the algorithms that you've built in that you can try to model what happens. The reality is at least with TrestleTree's health coaching, we really spend an inordinate amount of time training our coaches. We have two psychologists who train our coaches. And we spend 5 weeks of training in a classroom setting with psychologist to train coaches how to connect and build a relationship of trust telephonically with less motivated people. The reason is because that earns them the right to influence their behavior, health behavior change, toward health behavior change. And I think that's probably the biggest difference between phone and web.

With TrestleTree's health coaching we really train our coaches to be craftsmen and to be craftsmen of understanding not only someone's health life, but also the nuances and often times subtle nuances around family life, work life, the relationships that are involved in each of those, the pressures and stress around finances. And when you hone those things in context and you're able to peel back the story of someone's health and you have a uniquely trained coach, they're able to hold all those things at one time and be able to match them with the right type of goal to help move them forward. That's a very, very, very

difficult thing to do and to mirror is more art than it is science, and it's tough to do via web. So I think there is definitely a place for a web, but I think you have to look at that realistically and that it's going to be limited to those that are most motivated. And I think that it takes something significantly different, and significantly different than just telephone. It's someone who truly is trained. It's not just because you're talking with a live person on the phone. It's someone who is skilled at being able to connect with you and put a plan in place that will match and help move you forward.

PATRICIA DONOVAN: Thanks Ted. Since you brought up the training of your coaches, do you teach positive psychology at all?

TED BORGSTADT: We use a lot of things, Patricia. We're not purists. We're pragmatists. And so we do use a Transtheoretical Model of Change as our foundation, but we have constructed a 10 story building on top of that. There's great utility to what Dr. Prochaska has put together in the state of change and being able to standardize training and semantics. We use a lot of different influencing strategies that we teach our coaches and so it's not linear. It's multiple things that we put into our coaching.

PATRICIA DONOVAN: Okay. Thank you Ted. And finally in regards to telephonic health coaching, what is the most important element of a coach's performance that you can evaluate, and how would you measure this?

TED BORGSTADT: The most important element for a coach's performance is influence. That's what TrestleTree is about, how do you influence someone to change a tough health behavior, specifically if they're less motivated or unmotivated? And we do that by building relationships of trust with them over the phone. We voraciously measure this actually in multiple ways. Within our software we do track a lot of things that the coaches do, outcomes that they show, for example, our appointments with our

participants are at a scheduled time. So we're able to see what type of show rate, or people showing up for the appointments they have scheduled, and there seems to be some indication that if a coach is connected with someone, has a relationship built with them is exerting influence that they're going to show up for their appointments. That's one of the measures that we look at. Second is one that we've built a tracking mechanism that tracks the movement and stage of change across 6 different goal areas at the same time. So every time a coach speaks with someone on the phone, they are actually monitoring, discerning and documenting where they are in a stage of change around medication adherence monitoring of their condition, a food goal, and activity or exercise goal, stress goal, as well as a tobacco cessation goal. This is all based on evidence based guidelines that we have built into our software. So we're able to give some accounting on the movement and stage of change, but it's based up on the evidence-based guidelines that are unique to that individual's comorbidities and conditions. That's another way that we measure our coaches.

And two other things come to mind, graduation rate. TrestleTree is about helping people change behavior, not helping people build a co dependent relationship. But really graduate them once that behavior has been changed and they have a good plan in place how to sustain that change. And then finally I would say the changed behaviors of somebody who comes in who is a person who smokes, were we successful in helping them change their behavior to become tobacco free? If somebody is not exercising were we successful, regardless of where they came in, if they hadn't exercised for 20 years we're still on the hook to help this person move through the stages of change and actually meet an evidence based medicine guideline on activity level or exercise level. Those are the four things that we look at for measuring our coaches. Show rate, movement in stage of change, graduation rate, and then the actual changed behavior.

PATRICIA DONOVAN: Well thank you Ted. Those are all the questions I have today. I want to thank you for being with us and we're looking forward to hearing more from you during the webinar.