

Building a Health Management IT Platform for Health Coaching

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I am speaking with John Harris, senior vice president of the health support division of Healthways. John is presenting at HIN's audio conference on, "Building a Health Management IT Platform for Health Coaching". Thanks for joining me today John.

JOHN HARRIS, SENIOR VICE PRESIDENT OF THE HEALTH SUPPORT DIVISION OF HEALTHWAYS: My pleasure.

PATRICIA DONOVAN: To begin with I read the report on how Health Ways telephonic care support improved adherence to certain diabetes standards of care as compared to those who did not receive telephonic support. And I wanted to ask you why do you think telephonic support over that 2-year period made such a difference with this population?

JOHN HARRIS: Well keep in mind that I come from the health support side of Health Ways which is really the health coaching side and the part you're talking about is really the disease management or the care support side. But I think I can still answer in both cases. Our experience has been that anytime a human intervenes with a human that the chances of success go up considerably. There are a number of reasons for that. Some of it is science based. That coach can use appropriate techniques to really illicit the best possible responses out of people and have them become more excited about carrying out the efforts that they need to. They can also motivate them to stay the course in making appropriate behavior changes, but some of it is also interpersonal relationship. The fact that we always feel more accountable to another human than we really do to a web site or a machine or a piece of paper that we're reading. So I think a

combination of science and also that human interaction are what really generates the results.

PATRICIA DONOVAN: I see. Thank you John. As you mentioned though there is the web coaching approach out there. When might an organization choose a web based coaching approach over a telephonic support? Are there specific populations or even conditions that might better respond to a web-based program?

JOHN HARRIS: I'm not sure there are specific conditions but I think there are two different reasons in which e coaching might be a better choice in some cases. The first would be the person's learning style. We all learn differently. We all have different amounts of time, we all have different levels of self motivation. So a combination of your learning style, your kind of adapted way of learning, the amount of motivation you have, how much of a self starter you are, those are all factors in determining what venue of assistance might be best. For people that are relatively self motivated web can be a very efficient way to work and a way that they don't have to take as much time and they can do it on their own terms. So people that have that kind of style often will gravitate and be successful in those environments.

The other situation is people that are lower in risk. A lot of times people that are lower in risk will respond to what we call poll programs, meaning that they just by their very nature are excited and interested in keeping their health in a good position. And so they will gravitate to tools if they find them compelling interesting and useful and in those situations web based tools can be very valuable. So it's really in those particular arena, what we find is probably not the case for an e-coaching type of approach is people that have got serious risk factors, people that are way overweight or that have been smoking for years, that have poor nutrition and just haven't been able to change or haven't exercised in years. The likely hood that

they'll wake up one day and go to a website and change their world or even any other form of e coaching and change their world is relatively small. But telephonically they can survive.

PATRICIA DONOVAN: Thank you John. And finally what are some recent advances in or applications of predictive modeling that are impacting health outcomes?

JOHN HARRIS: Predictive modeling is I think very valuable. As I think about that question one of the things that strikes me is that predictive modeling is really just the way to identify the good candidate. So really from my perspective, I think predictive modeling and the advances in predictive modeling have just got us better at identifying the people that are in need. For instance instead of just being health risk assessment based we can now delve into more of the claims data. And there can be more information that will allow us to know where a person is likely to migrate over time because of their current behaviors and their previous history.

So advances in the predictive modeling approaches are valuable in terms of identifying your candidates but I'm not sure that I would go as far as saying that's what impacts health outcomes. I certainly think it's the intervention maybe telephonic or whatever form of intervention is what really ultimately impacts the health outcome. It's just that with predictive modeling we can find people earlier, we can provide them more compelling data to understand why they should get in a program and we can potentially get them more excited about taking action now as opposed to later.

PATRICIA DONOVAN: Thank you John. Those are all the questions that I have today. I wanted to thank you for being with us and we're looking forward to hearing more from you during the audio conference.