

Integrating Health Coaching into a Comprehensive Health Management Effort

PATRICIA DONOVAN: This is Pat Donovan from the Healthcare Intelligence Network. Today I am speaking with Roger Reed, executive vice president for marketing operations at Gordian Health Solutions. Roger is presenting at HIN's audio conference on "Integrating Health Coaching into a Comprehensive Health Management Effort." Thanks for joining me today Roger.

ROGER REED, EXECUTIVE VICE PRESIDENT FOR MARKETING OPERATIONS AT GORDIAN HEALTH SOLUTIONS: You're welcome.

PATRICIA DONOVAN: To begin with, how do you measure quality in Gordian's coaching effort? Are you measuring throughout the coaching effort or just at its conclusion?

ROGER REED: Well we measure throughout the effort, and I think initially what we're focused on is, are the coaches doing the right things to engage the participants during the call. By that I mean in our model in order for you to become a participant the coach has to do what we call an enrollment call that calls you to talk about your health risk and what you might be interested in working on. So it's almost like a sales call if you will. We're trying to convince the individual that they have some work to do in improving their lifestyle. So we begin with measuring their rates of engagement and how successful they are in encouraging folks to enroll in the program of behavior change. Throughout the year we're randomly monitoring those calls to check for quality in terms of the information that's given to the individuals.

And of course we use consistent databases of health information that we ask all of the coaches to use so that we're doing consistent, or providing consistent health information to all

participants. And of course we use the Health Wise knowledge base to ensure that they're doing that. Ultimately at the end of a program actually it's 6 months and 12 months we do participants satisfaction surveys using an independent survey company to randomly survey participants in how they feel about their experiences with our coaches. So it's pretty intense throughout the year. And of course ultimately in our health management world the success of our coaches really is whether or not we're able to change that behavior and have that reflected in fewer healthcare claims and cheaper healthcare claims and that overall producing that ever elusive return on investment.

PATRICIA DONOVAN: Thank you Roger. If I may just follow up on that, the feedback that you receive from the participants how has that been conveyed to your health coaches?

ROGER REED: The coaches are given direct feedback by their team leader. So our coaches are broken up into—today they're broken up into 3 teams shortly it will be 4 teams and within those teams they have a team leader. The team leader then monitors their team and provides direct feedback during our one-on-one sessions with their coaches.

PATRICIA DONOVAN: Thank you. Roger on the website for Gordian's coaching center it states that coaches can answer questions about a programs incentives. And I would like to ask you, is there a place for incentives in the coaching initiative and if so how should these initiatives be determined?

ROGER REED: Sure. The important thing to remember about incentives is that incentives do not change behavior. Incentives are designed to give the coach and opportunity to engage an individual. So really the kind of door opener if you will the way I think of them, an incentive is very important in respects of allowing the coach the opportunity to engage somebody. So if they engage they get financial incentive or some other kind of

incentive that helps the engagement rate considerably to progress.

So I think the following part of that question is how do they answer questions about incentives and that is that the incentives are all over the board. We have probably 100+ customers and probably all of them have a different incentive program. So it's incumbent on the coach to have at their disposal all of the intricacies about how that incentive is administered and how it's provided to the participant. The participant is going to ask, if I'm getting a financial incentive when will I get it, what do I have to do to get it? And the outline and the design of that incentive program is available to all of our coaches on their, we refer to it as a concierge screen, on their coaching software system that they use.

So incentives really just provide opportunities to engage people, but it's the coach's job to get the behavior change happening as part of that engagement. And of course they do have to have a way to communicate with the individual about the specifics of their incentive program. In our world if you want to know how important it is we've discovered that engagement rates begin to really soar and people really start to get engaged when they have financial incentives in place and when those incentives are equal to or close to \$30 per month. That tends to be the magic number that really motivates folks to at least give coaching a try.

PATRICIA DONOVAN: Roger if I can just follow up on that. When you say \$30 a month, is there a typical timeframe for a coaching initiative in other words is it a 6 month effort and they know they're going to get \$180 at the end of that? Is that the magic number or do you mean on a monthly basis?

ROGER REED: Sure the incentives that we administer are all over the board. Some employers provide an annual end of program incentive that says, if you complete a program then you will get an incentive equal to this value. We've found that those are not

quite as effective as incentives that are administered on a monthly basis and that those incentives are contingent upon the participant actually participating with their coach during that month. So we actually at Gordian turn that switch off and on each month. So if you fail to return the call to your coach or participate in a coaching session that month you will lose your financial incentive. That's kind of a hybrid model that we have about maybe a third of our customers using. So that's a very powerful one because it's so immediate. If I don't return the coaches call I immediately see a change in my paycheck.

PATRICIA DONOVAN: Thank you Roger. And finally I wanted to ask you, what is the role of the medical home in the coaching experience that is providing an ongoing source of healthcare for a patient or a client?

ROGER REED: Well I think in our world of behavior change we're all about personal accountability and personal responsibility. So we become really that voice of encouragement and voice of reason that is in the background there encouraging folks to maintain their physician appointments, make sure that they tell their doctor anything that's going on with them, but we encourage them to take that responsibility. We're not going to make the appointment for them. We're not going to give them a list of things that they need to talk to the doctor about. We're going to support them and encourage them and remind them that they need to be engaged with their physician.

So I think that if you think about it what we all really need is somebody that's holding accountable. That means that similar to having a jogging partner or somebody that you go to the gym with there's a relationship that says, "Gee it's Tuesday I'm supposed to do this, or if I don't do this my coach or my partner may be let down because I promised I would be there." It's just having one other person kind of hold you accountable for the promises that you make and the plans that you establish. And I think that

most of our participants really enjoy having that mentor coach you referred to as a medical home, but somebody who is going to hold you accountable and remind you about these things.

PATRICIA DONOVAN: Well thank you Roger. Those are all the questions that I have today. I thank you for being with us and we're looking forward to hearing your presentation during the audio conference. This is Pat Donovan for the Healthcare Intelligence Network.