

# Health coaches help patients avoid return trips to hospital

By Alicia Chang

LOS ANGELES —

William Jones has shuttled in and out of the hospital so often that his HMO calls him a frequent flier.

A two-pack-a-day smoker who quit about a decade ago, Jones suffers from emphysema and breathes with the help of an oxygen machine.

To cut his once-a-month emergency room visits, the 79-year-old retired truck driver turned to a health care coach provided by his insurer for counseling on follow-up visits to doctors, prescription drugs and other medical needs.

Since then, Jones has only been to the ER once in the past four months.

"It's an amazing turnaround," said his daughter, Cindy Lopez. "Every time he's hospitalized, he's depleted more and more."

Health insurers are increasingly using health coaches to help discharged hospital patients navigate the daunting transition to home care and stay out of the ER. For some people, the coaching brings more independence and improves their quality of life.

In return, health plans stand to save money if patients avoid expensive returns to the hospital.

A study by doctors at the University of Colorado found that patients who worked with health coaches were less likely to return to the ER in the first six months after they left the hospital.

In addition, the researchers estimated the use of coaches could reduce annual hospital costs by about \$845 for every



patient enrolled in the program.

"The whole idea is, let's work with you and your family so you're not ending up in the emergency room," said Mohit Ghose, a spokesman for America's Health Insurance Plans, a trade group that represents about 1,300 health insurers.

The National Center for Health Statistics reports that ER visits jumped 18 percent in the past decade to 110 million in 2004. About 13 percent of those visits led to people being hospitalized.

Most health coaches are registered nurses hired by insurers to make regular house visits or talk to patients on the telephone.

Coaches sometimes role-play with patients to teach them how to read their prescriptions or make appointments with doctors.

Post-hospital problems can be especially acute for seniors, whose ranks will swell as the first baby boomers are turning 60 this year. Patients can forget to take new medicines or fail to make critical medical appointments.

To address those issues, the federal

government is experimenting with a three-year pilot coaching program that involves about 115,000 fee-for-service Medicare patients who tend to suffer from heart failure or diabetes.

Since last year, participating patients received coaching after leaving the hospital or as part of their regular care through eight health care organizations. The groups must show a 5 percent cost savings as a result of the coaching or repay the government for the cost of the service.

Results of the study won't be available until next summer, but anecdotal evidence suggests some

Medicare recipients improved their health through coaching, said Barbara Hoffman of the Centers for Medicare & Medicaid Services, the agency that administers government health insurance programs for seniors and the disabled.

Not everyone agrees coaching brings health care savings. While it might cut costs in specific populations in controlled situations, it can increase costs if it's provided to patients who don't need or benefit from it, said Thomas Getzen, a Temple University health economist.

"It's really hard to reform the system one piece at a time," he said.

Jones talks to his health coach over the telephone from his apartment in suburban Los Angeles, where he lives with a full-time caregiver. He has been hospitalized so many times with pneumonia that paramedics know his name and sometimes come in for coffee.

To his insurer, SCAN Health Plan, which serves 90,000 seniors in six Southern California counties, Jones is known as a

frequent flier and a perfect candidate for coaching, said Ann Chan-Verdugo, a registered nurse who provides the counseling.

During a two-week period earlier this year, she regularly chatted with Jones, his caregiver and his daughter, telling them about the different drugs he was taking and their side effects; helping him draw up a personal health record to take to doctor visits; and explaining the possible warning signs if his condition should worsen.

"Physically I feel good," Jones said. "I have no reason to go back there. I don't want the hospital to be my home, that's for sure."

Chan-Verdugo said patients who go through the program are more savvy and proactive about their care.

"They don't think of the hospital as a place to get better," she said.

SCAN Health Plan began its coaching program in 2005 and has enrolled about 1,600 members. It's based on a model developed by Dr. Eric Coleman, who published the University of Colorado study involving 750 patients in a recent *Archives of Internal Medicine*.

Coleman found elderly patients who received health coaching had lower hospital readmission rates. After a month, 8 percent of patients who were coached were back in the ER, compared to 12 percent who didn't receive coaching. The benefits extended up to six months after the program.

"This is very much about consumers stepping up and taking a more active role in their health care," said Coleman, whose model is being used in eight states.

— AP

*On the Net: Care Transitions Program: [www.caretransitions.org](http://www.caretransitions.org); Centers for Medicare & Medicaid: [www.cms.hhs.gov](http://www.cms.hhs.gov)*