PAGE 2: Program/Project Demographics

Q1: Facility Name: Winona State University and Winona Health

Q2: Program/Project Name: Community Care Network/Health coaching

Q3: Address
Address: 175 Mark Street
City: Winona
State: MN
Zip Code: 55987

Q4: Contact Person’s Name
Dr. Teresa Eber Lee

Q5: Phone Number
608-769-6873

Q6: FAX Number
507-457-2554

Q7: Email
Telee@winona.edu

PAGE 3: AACVPR Certified Program (10 points)

Q8: Does your Institution operate an AACVPR Certified Program (Cardiac or Pulmonary)?
No

PAGE 4: Introduction (10 points)

Q9: (10 points) In 100 words or less please complete the following statement; "We believe our program is unique and innovative because..."

This is a community based program that use students studying in Clinical Exercise Science and Pre-Physical/Occupational Therapy (Health Coaches) to improve individual health and quality of life, prevent hospitalization and emergency department visits, and avoid unnecessary health care costs in the Winona, MN community. The goal is to assist people struggling with chronic health conditions by conducting home visits and becoming non-clinical members of the care team. In the first three years of the program, emergency department visits and hospitalizations for CCN clients declined by more than 65 percent. The use of this multidisciplinary team of Health Care Professional and Students in itself is innovative. The process in which the goals are met by the Health Coaches completing home visits with clients is a new concept for a non-medical/free program and the benefit of reduced costs to the Medical Center is remarkable.
Q10: Specify and describe the unique population selected for this program or service. Examples include:
- Clinical populations currently served (CR, PR, and VR)
- Subgroup within CR / PR / VR (i.e. dyslipidemia)
- Primary prevention groups
- Other Clinical conditions or populations (Obese, cancer, osteoporosis, etc)
- Children, elderly, women, minorities, underserved (rural), etc

This population for this program is individuals with chronic conditions with high utilization of the health system with multiple ER and hospital admissions.

Q11: Please specify how this population was identified and how their needs were identified:

The population is identified by hospital admission records and frequent admissions to the Hospital and Emergency Department of Winona Health.

Q12: Please identify other opportunities within this target population (referrals or procedures):

Winona, MN is a small community right between two major medical centers, Gundersen Health and Mayo Clinic. Winona Health itself has a primary care shortage and other opportunities within the community are limited. Client would need to travel 30-50 mile for specialized services.

Q13: Please explain considerations given to undeserved or rural populations:

Winona, MN is a town of 25,000. Many of the residents are older adults. The majority of the clients in the program have many co-morbidities, mental health being the largest prevalence. No one is turned away due to diagnosis.

Q14: Does your program have a research basis: No

Q15: If “yes”, please indicate the specific guideline(s), scientific evidence, or research articles used in planning this program. Also include, research that supports that this type of innovative program can be/is effective.

Respondent skipped this question

Q16: Describe in detail your model of collaboration; how have you worked to include a variety of caregivers into your program?

This program is multidisciplinary. It is a collaboration between a Health Care system and a University. We have students, faculty, RN's, social workers, dietitians, pastoral care, OT/PT, and providers working together to better the health of the community.

Q17: Who are the caregivers involved in this collaborative process? (identify members of the team):

CR/PR staff, Physician, Family, Health Plan Providers, Other Health Care Professionals, Other (please specify) Faculty and Students
Q18: Describe (or show evidence of) how participant results are shared among all team members and provide examples of this communication process:

Weekly meetings are held between Health Coaching Students and Health Care Professionals to review client progress. Three times a year the entire team join together to discuss obstacle and accomplishments.

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PAGE 8: Patient Self-Management Education (up to 10 points)

Q19: Are patient self-management strategies included? (including primary prevention, behavior modification, compliance and surveillance)  
Yes

Q20: If yes: Provide details of the education process used and explain how it encourages patient self-management. State the process for identifying barriers to learning, determining state of readiness for learning, and identifying patient’s preferred learning style. Identify by what means education information is provided to the patient/participant:

The student health coaches are enrolled in a class prior to being assigned a client. This curriculum includes, forming relationship, personal challenges (barriers to health), behavioral modification, motivational interviewing, goal setting, medical literacy, mind body connection, emotional/behavioral health, adherence, and managing common symptom. The student then use what they have learned in class to empower the client to improve their health and wellbeing.

Q21: If yes: Describe behavior modification techniques or interventions used. Explain how patient / participant compliance to treatment plans is tracked and how issues of non-compliance are addressed:

Student use transtheoretical model of behavior change with the clients along with motivational interviewing. The program tracks visits to Winona Health in primary care, hospital, urgent care, and ER. Medical plan compliance is one of the areas health coaches focus on with their clients.

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PAGE 9: Process/program outcomes evaluation - How is success measured? (up to 30 points)

Q22: What is evaluated in your patient outcomes tracking system:

Medical System visits and the reduction of high cost visits to the ER.

Q23: How is your patient outcomes tracking system measured?

Reduction in visits and cost savings to the health system.

Q24: Describe your outcomes to date (provide "n," pre- & post-values, %change, & supporting narrative):

ED Visits: 58% reduction  
Rehospitalizations: 55% reduction

From the start of the program in 2013.

Q25: Describe your program/process-related outcomes - how do you know your program is successful (how did your patients do)? Describe outcomes to date (provide pre- & post-values, %change, & supporting narrative):

Our goal for the program was to have a 10% reduction in rehospitalizations and ED visits. We are well above our goal and are currently seeing 150+ community members.

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PAGE 10: Describe evidence of benefit gained from this program (up to 30 points)
Q26: Describe the evidence of Operational Benefit gained from this program (e.g., growth documented by increased visits or patients; enhanced efficiency and process as evident by improved productivity; improved customer and/or physician satisfaction):

The goal of the program is to reduce rehospitalization and ED visits. This will then decrease cost to the hospital and insurance company.

Q27: Describe the evidence of Financial Benefit gained from this program (e.g., return on investment (how it is measured); description of revenue or reimbursement sources; indication of cost savings, in-direct revenue enhancement elsewhere in organization; any evidence of payer cooperation or support):

In 2016, Winona Health saved 1.2 million dollars due to the direct result of the program and the use of the health coaches.

Q28: Describe the evidence of Health Benefit gained from this program (e.g., increased health awareness and/or decreased health risk; improved health of community (or population targeted) as evidence by improved health knowledge and/or behavior; decreased hospital, physician or ER visits):

The health benefits gained by the clients are vast and varied. Many improve quality of life, increase health behavior compliance, decrease costs, and overall improve the health of the community of Winona.