

The Impact of Health Coaching on Readmission Rates Among High-Risk Patients Post-Discharge

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Introduction

Discovery Health (DH), is a private sector health insurer in South Africa.

The rising costs of readmissions for scheme members administered by DH necessitates an effective reduction strategy.

While some readmissions are unavoidable, it is estimated that ≈27% could be prevented. Enhancing care transition and case management is essential for reducing readmission rates.

Readmissions within 30 days are often attributed to quality-of-care issues and increase mortality risk. Contributing factors include inadequate initial treatment, poor discharge planning, and insufficient post-acute care and support. By consistently implementing transition strategies and prioritizing high-quality care, patient outcomes can be significantly improved.

Health coaching plays an important role in preventing hospital readmissions by providing personalized support and guidance to patients, particularly during the critical post-discharge period. These health coach interactions can help patients navigate the complexities of post-discharge care

Methods

Population: Discovery Health uses predictive modelling to identify patients at high risk for a 30-day unplanned readmission. For the period being investigated this cohort was n=997.

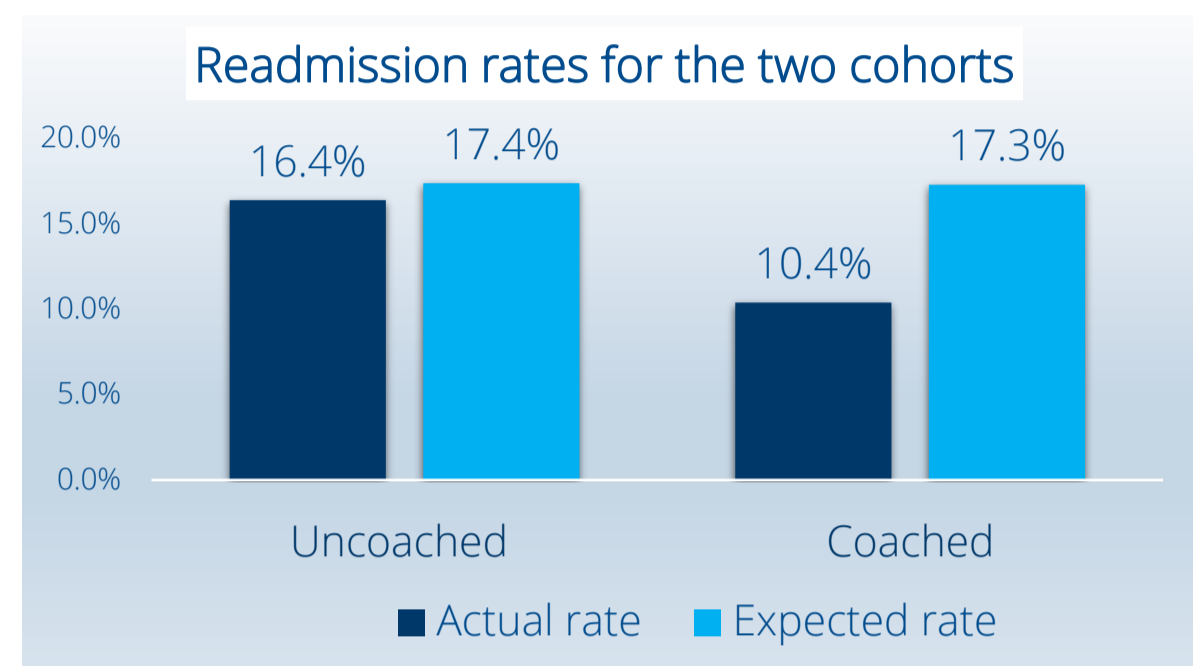
Study Design: Randomized cohort study comparing an intervention group (coached) n=479 and a control group (uncoached) n=518.

Intervention: Coaching focused on medication understanding and adherence, symptom tracking and expectations, and care coordination. This occurred via an average of 4 telephonic calls over the immediate 30-day period following a discharge, for selected medical conditions. The coaching support was designed to ensure a smooth transition following an admission and reduce the likelihood of readmissions.

Outcome: Comparison of actual readmission rates to expected rates for both groups.

Results

During Jan to Apr 2024, 479 patients at high risk for readmissions participated in the coaching program. The below readmission rates were observed for the two cohorts.



The study demonstrated a lower readmission rate compared to expected:

- Coached Group: Actual readmission rate: 10.4%
Expected readmission rate: 17.3%
- Uncoached Group: Actual readmission rate: 16.4%
Expected readmission rate: 17.4%

The actual readmission rate for the coached group was 40% lower than expected, while the uncoached group's rate was 6% lower than expected.

Chronic renal failure and Congestive cardiac failure were the two conditions with the highest saved readmissions.

Acute myocardial infarction and Chronic obstructive pulmonary disease had substantial index admissions and had the least saved readmissions.

Discussion

The overall reduction in readmission rates demonstrates the value of targeted health coaching in improving patient outcomes and reducing healthcare costs. By identifying and addressing individual risk factors, the coaching initiative effectively managed to lower the overall readmission rate.

Ideally healthcare providers and facilities should emphasize enhancing care transition preparedness and assessing social determinants of health before a patient is discharged. This approach enables a better understanding and management of risk factors, allowing for tailored post-discharge support for patients at high risk of readmission.

Conclusion

The results of this study underline the effectiveness of personalized health coaching in preventing hospital readmissions, especially for high-risk patients. This model can be integrated into broader care transition strategies to enhance patient outcomes and reduce healthcare costs. Consideration to digital support for coaching could further enhance the potential impact.