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**CONFERENCE ABSTRACT****Transferability of innovative care models: Results from a large scale  
telephone based health coaching RCT**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017Patrik Sjobom<sup>1</sup>, Andrew Philips<sup>2</sup>, Fiona Bell<sup>2</sup>, Joachim Werr<sup>1</sup>, Sofia Landstom<sup>1</sup>

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**Background:** There are a number of studies showing that a well-executed health coaching intervention can be successful in reducing unplanned care for high healthcare consumers. However, while transferability is an important component of a successful intervention, there has been little research investigating if a study setup can be implemented and achieve success across varying health scapes and patient groups. Here we present results from a 12 month intervention in York, England showing our telephone-based health coaching intervention model, previously successful in Sweden, was successfully implemented in a coaching naive health region.

**Methods:** A previously successful nurse-led telephone-based case management intervention from Sweden (Edgren 2015), was implemented as a randomised controlled trial in a previously naive region, Vale of York, England. Patients were identified as frequent emergency department users ( $\geq 3$  visits during the twelve months prior to start of the study) at the York Teaching Hospital in Vale of York, England. Patients included in the study ( $n=390$ ) were randomised 2:1 to receive either the intervention ( $n=275$ ) or regular care ( $n=115$ ). Healthcare utilisation and self-assessed health status were followed for 12 months.

**Results:** The case management intervention consisting of structured telephone-based support from trained nurses working as health coaches was successfully implemented in Vale of York, recruiting patients within 3 months. Support included motivational conversations, self-care support, patient education and coordination of social and medical services. Preliminary results show a reduction in total number of unplanned admissions by 18% (95 % confidence interval [CI], 4-23%); and in the number of emergency department visits by 26% (95 % confidence interval [CI], 2-34%). The intervention also showed a 20% ( $p=0.05$ ) decrease in the number of days patients were admitted to hospital and a 15% reduction ( $p=0.07$ ) in total healthcare costs compared to regular care. There was no difference in mortality or other identified adverse outcomes between the intervention and control groups. Patient self-assessed health status increased significantly ( $P<0.04$ ) in six (general health, emotional role functioning, physical role functioning, pain, social role functioning and vitality) out of eight studied parameters for the patients that received the case management intervention. Furthermore,

87% of participants reported that the intervention had helped them receive better healthcare and 82% of participants reported improved quality of life because of the intervention.

**Conclusions:** We have been able to successfully transfer an innovative care model between two similar health regions in Sweden and England, and achieve significant decreases in care consumption over a 12 month intervention period. New models, such as this telephone-based case management intervention for individuals with high healthcare costs per capita, are needed to manage the future challenges of rising costs, demand and budgets under pressure. Our encouraging results indicate that an established model can be standardized and exported successfully to new health settings.

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**Keywords:** health coach; telephone; intervention; prevention; innovative

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