

Telephone coaching does not reduce hospital use and related costs

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One-to-one telephone health coaching did not seem to reduce hospital use and related costs for patients with long term conditions – and may even lead to increased use, finds a study published in *BMJ* today.

The study adds weight to the view that health coaching by itself does not appear to reduce [hospital](#) activity. The authors suggest that it may be more effective if it were better integrated into the respective care pathways for these groups of patients or were coupled with other interventions.

Telephone health coaching is used to provide guidance and support to patients with long term conditions. It involves regular phone calls between patient and health professional to promote healthy behaviours, help patients to manage their condition more independently, and identify any problems before they become critical.

As a result, it is thought that [hospital admissions](#) will be prevented, saving costs for healthcare systems. However, the current evidence base is unclear.

So Ernst and Young and the Nuffield Trust were commissioned by the Department of Health to evaluate the impact of England's largest telephone health coaching service (Birmingham OwnHealth®) on hospital use and associated costs.

They analysed data from the first two years of the scheme (2006 to

2008), concerning 2,698 patients (average age 65 years) with [heart failure](#), [coronary heart disease](#), diabetes or [chronic lung disease](#) (COPD), and a history of inpatient or outpatient hospital use.

Intervention patients received a personalised care plan and a monthly telephone call from a care manager, typically lasting for 15 minutes. Matched control patients received usual care, which did not include telephone health coaching.

The annual number of emergency admissions increased by 0.05 per head more among intervention patients than matched controls (a relative increase of 13.6%).

Outpatient attendances also increased by 0.37 per head more among intervention patients than controls, while secondary care costs rose by £175 per head more among intervention [patients](#) than controls.

Further checks showed that the researchers were unlikely to have missed reductions in [emergency admissions](#) because of unseen differences between intervention and matched control groups.

In summary, the authors say there was no evidence of reductions in hospital admissions, and no savings were detected from which to offset the cost of the intervention.

Adam Steventon, Senior Research Analyst at the Nuffield Trust, who led the analysis for the study, said: "Policy makers are hoping that, by improving community-based care, unnecessary hospital admissions can be avoided. Birmingham OwnHealth appears not to have achieved this aim, at least in the period that we studied. However, the effect of new services depends on the details of how they are implemented, and on the surrounding context, so it might be possible to improve the model."

Adam Steventon also summarises the findings in a video abstract. Dr Steventon says although the results were disappointing, the question remains whether other parts of the NHS could implement health coaching. He believes that more needs to be done about the elements that make up a successful hospital avoidance programme and "one of the largest lessons is to try to use some of the techniques that we implemented on an ongoing basis to improve care".

More information: Effect of telephone health coaching (Birmingham OwnHealth) on hospital use and associated costs: cohort study with matched controls, *BMJ*, 2013.

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