



EAB

# Provide Differentiated Student Care at Scale with Proactive Caseload Advising

**We help schools support students from enrollment to graduation and beyond**

➤ **ROOTED IN RESEARCH**

**8,000+** Peer-tested best practices

**500+** Enrollment innovations tested annually

➤ **ADVANTAGE OF SCALE**

**2,100+** Institutions served

**9.5 M+** Students supported by our SSMS

➤ **WE DELIVER RESULTS**

**95%** Of our partners continue with us year after year, reflecting the goals we **achieve together**

➤ Find and enroll your right-fit students

➤ Support and graduate more students



➤ Prepare your institution for the future

# Today's Presenter



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Strategic Research*

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## Quick Poll

Who do we have on the line with us today?



# What (and Why) Is Population Health Management?

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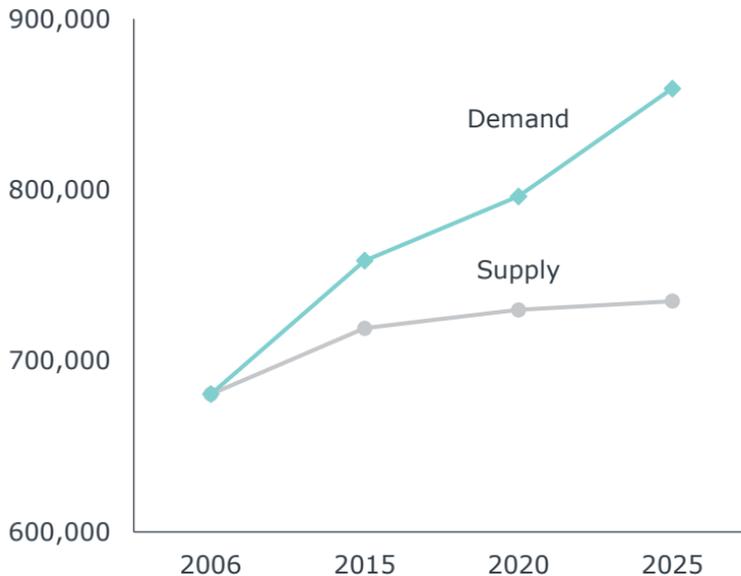
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# Struggling to Keep Up With Demand

Our Aging Population Is Forcing Health Care to Rethink Delivery Models

## Shortfall of Physician Supply v. Demand

Projected 2006-2025



### Factors Driving Demand



Population growth



Disease trends and outbreaks



Patient behaviors and choices



**Aging demographics**

Source: Dill, Michael J., and Edward S. Salsberg. AAMC Center for Workforce Studies, "The Complexities of Physician Supply and Demand: Projections Through 2025." Last modified November 2008. Accessed March 21, 2013. <https://members.aamc.org>; Health Care Advisory Board interviews and analysis.

# Why Borrow Ideas from Health Care?



Care Delivery Follows Very Similar Model... And Shares Similar Problems



## Traditional Health Care

## The Almost Eerie Similarities in the Way Care Gets Delivered



## Higher Education

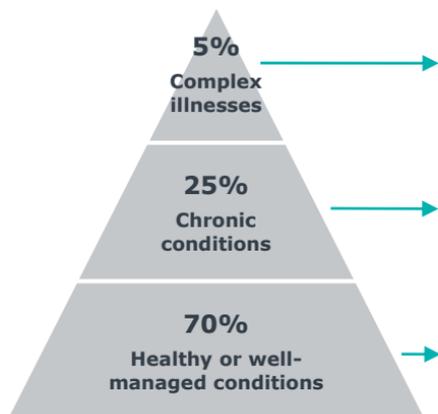
- |                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| <input checked="" type="checkbox"/> | Providers optimized for throughput not outcomes      | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Care depends on periodic in-person contact           | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Recipient often not trusted to care for self         | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Problems addressed reactively, not proactively       | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Interactions often transactional in nature           | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Records kept in silos, rarely shared or longitudinal | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Recipient must initiate follow-up as needed          | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Capacity reaching the breaking point                 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Disruption forced from outside                       | <input type="checkbox"/>            |

?

# A Primer to Population Health Management

Health Care's Triage Solution to Delivering More Care with Finite Resources

## Risk Segmentation Enables Scalable Care



### High-Risk Patients

- Prevent hospital readmissions
- Manage full continuum of care
- Engage team of non-MD caregivers

### Rising-Risk Patients

- Prevent costly escalations
- Enhance access to primary care
- Closely monitor risk factors

### Low-Risk Patients

- Reduce health system interactions
- Establish optional annual physicals
- Expand access to online care

## Supporting Technologies



Case system,  
unified records



Predictive models  
and analytics



Patient portals  
and e-medicine

## Reported Results



Fewer avoidable  
hospital visits



Fewer patient  
re-admissions



Reduced traffic  
through the ED



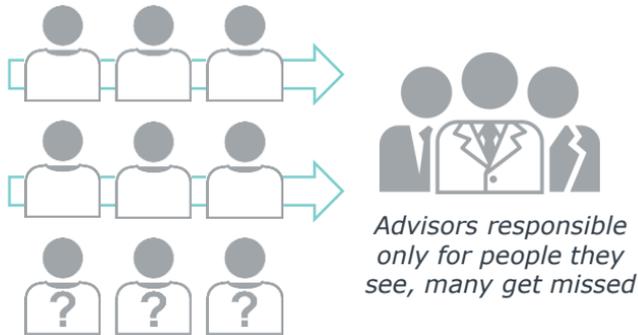
Lower cost of  
care per patient

# The Mother of Invention



## Caseload Ownership Fosters Innovations in Proactive, Efficient Care

### Passive Model



**Incentivizes throughput, not innovation**

### Proactive Model



**Encourages innovation to deliver more care to all**

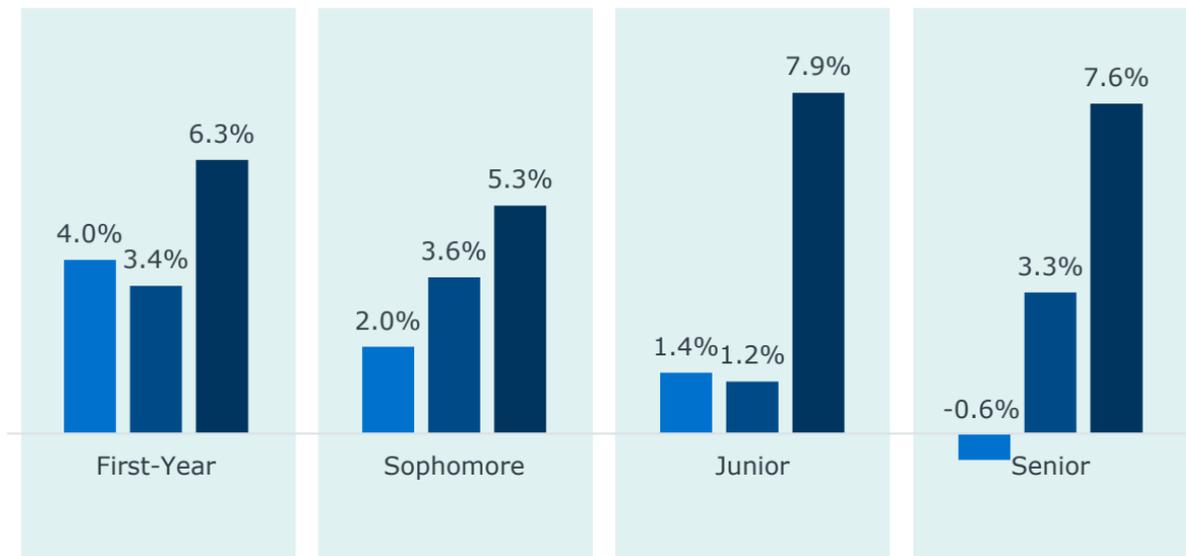
# Advising Correlates with Persistence



Students Who Meet with Advisors Exceed Predicted Likelihood to Persist

## Median Increase Over Predicted Persistence Rate

■ High Likelihood    ■ Medium Likelihood    ■ Low Likelihood





# Considerations for Implementing PHM Advising

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- 1 How Do You Define Risk/Need?
- 2 Finding Extra Capacity for Equitable Care
- 3 Key Considerations for Staffing Advising Offices

# How Do You Define “Risk”?



Risk Is Relative to the Population of Students You Serve

“Who at your school has the highest risk of dropping out?”



## **Regional Public University**

Underfunded students making poor progress to degree



## **Selective Private College**

Students with untreated mental health concerns



## **Two-Year College**

Part-time students with complex work and family lives

# Using Your SIS Data to Assess Risk/Need



## Snapshot of Some Factors We Include in Our Predictive Model

### Sample Key Data Elements in Predictive Models:

#### Academic Performance

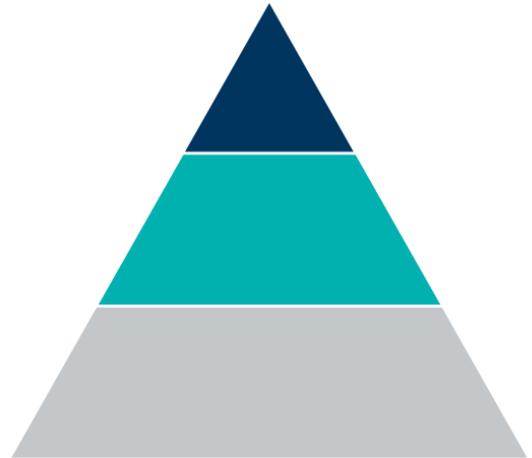
- Cumulative GPA
- High School GPA
- First-Term GPA
- Number of D/F Grades Earned in Previous Term

#### Admissions Data

- Admit Code
- Placement Exams
- Age at First Term

#### Credit Progress

- Number of Completed Terms
- Credits Attempted Current Term
- Average Credits Attempted per Term
- Ratio of Earned to Attempted Credits

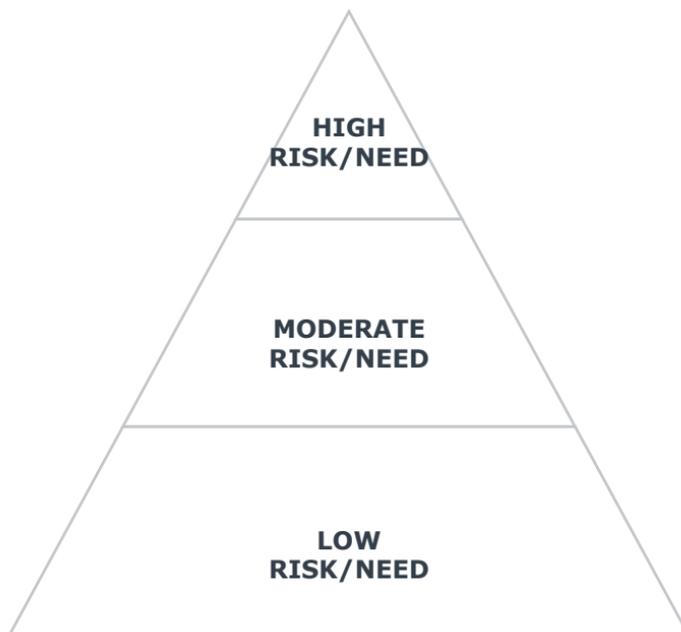


**High/Med/Low Assessment of Students' Relative Need**

# What Defines Risk at Your School?



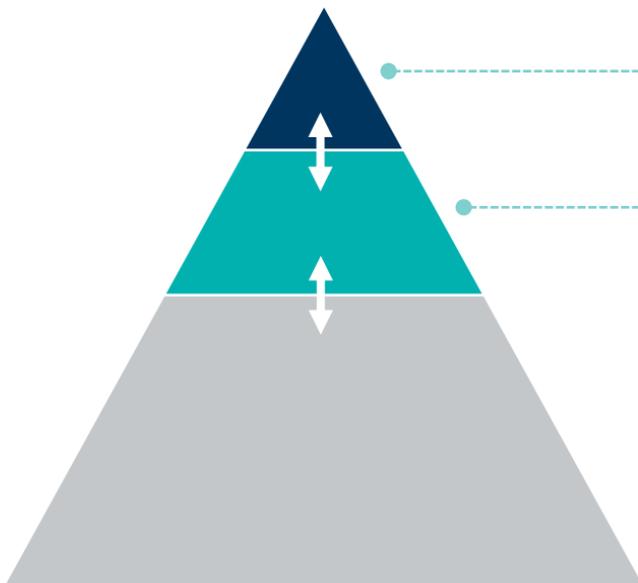
List Out the Factors That Define the Relative Need Levels for Your Students



# Setting Your Thresholds



Work Backward From Your Capacity to Provide Different Levels of Care



## How Do You Decide Cutoffs?

How many **high-need students** can you meet with once every two weeks

How many **additional students** can you closely monitor and meet with as needed?

**All other students** are supported via normal channels

- Registration check ins
- Faculty advisors
- Peer mentors
- e-Advising resources

- 1 How Do You Define Risk/Need?
- 2 **Finding Extra Capacity for Equitable Care**
- 3 Key Considerations for Staffing Advising Offices



# Expanded Access and Advising Options

Virtualization Expands Access, Allowing for More Equitable, Effective Care

## High-Impact

### Change During Pandemic

**+25%** Accepted Appointments

**+35%** Proactive Campaigns

**+39%** Text Message Activity

### Traditional Advising and Student Support

Face-to-face  
30-minute meeting  
Available during working hours  
Once a term

### “ A Permanent Change

Virtual advising has been so successful for our students and our staff that we don't see how we can go back to solely having in-person options.

*Associate Vice President*

### Virtual Options

More accessible than in-person for many students

### Expanded Hours

Available when students want it (staff like it too)

### Right-Sized

Shorter meetings followed by quick check-ins over text

### Comfortable

Students are often more relaxed in virtual settings

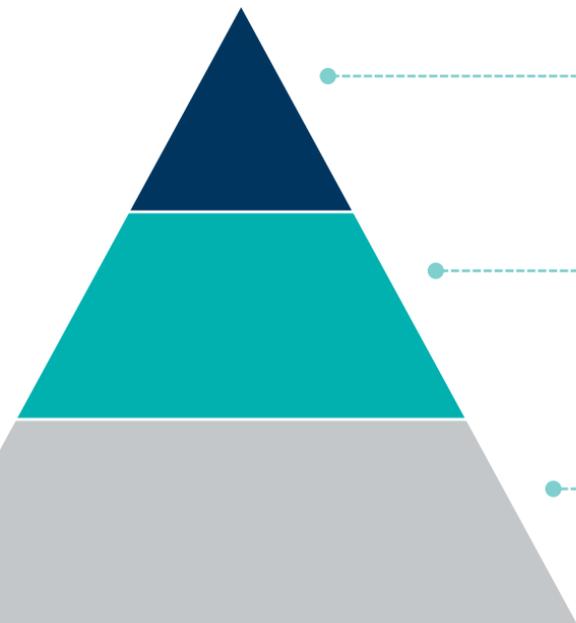
Accessible

Usable

# Population Health Management



A More Efficient Way to Organize Staff and Provide Better Support



HIGH NEED

**High-Touch Care**

supported by coordinated network of support units

MODERATE NEED

**Proactive Monitoring**

to find and focus support efforts on hidden early problems

LOW NEED

**Preventative Care**

to extend support by automating and personalizing guidance

# Two Organizational Philosophies



## “Pyramid of People”

Organizing a large advising team, technologies, and policies

- Network of **high-touch support** offices
- **Proactive advising** and connection to resources
- **Scalable self-advicing** and nudge campaigns

UNIVERSITY of  
**HOUSTON**

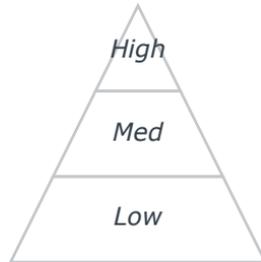


## “Pyramid Within a Person”

Setting a cohort contact plan for each first-year success coach

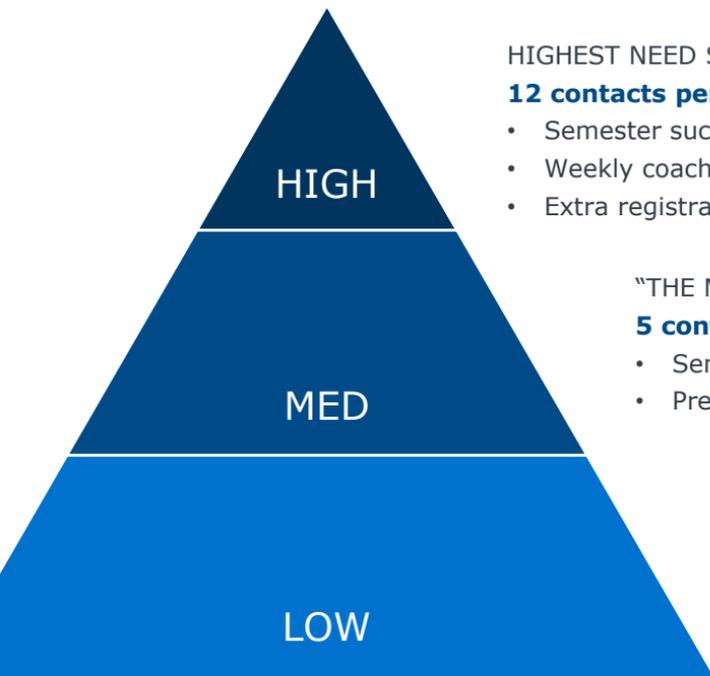
- **12 contacts per term**, plans and weekly coaching
- **5 contacts per term**, semester success plan
- **3 contacts per term**, basic check-ups

**GUILFORD**  
COLLEGE



# Equity-Based Advising

Subdivide Advising Cohorts by Need, Then Structure Support to Match



HIGHEST NEED STUDENTS

**12 contacts per term**

- Semester success plans
- Weekly coaching
- Extra registration support

“THE MURKY MIDDLE”

**5 contacts per term**

- Semester success plans
- Pre-registration check in

STANDARD ADVISING

**3 contacts per term**

- Basic check-ups



# Using Student Need to Differentiate Care

First-Year Guides Tailor Frequency of Contact to Student 'Coaching Level'

## Recommended Communication Schedule (Sample)

Week	High Coaching (~5%)	Moderate Coaching (~20%)	Low Coaching
1			
2	Check-In/Initial Coaching Report	Check-In/Initial Coaching Report	Check-In/Initial Coaching Report
3	Complete Success Plan		
4	Assess/Adjust	Semester Plan	-
5	Assignment		-
6	Check-In for Midterms	Check-In Before Midterms	Check-In Before Midterms
7	Reflect on First Half		
8			
9	Plan from Midterm	Check-In Before Registration	-
10	Reality Check		-
11	Registration Check-In		-
12	Register for Classes	-	-
13	Follow-Up After Registration	Follow-Up After Registration	Follow-Up After Registration
14	Reflect/Set Goals		

**Total contacts**

**12**

**5**

**3**



## Quick Poll

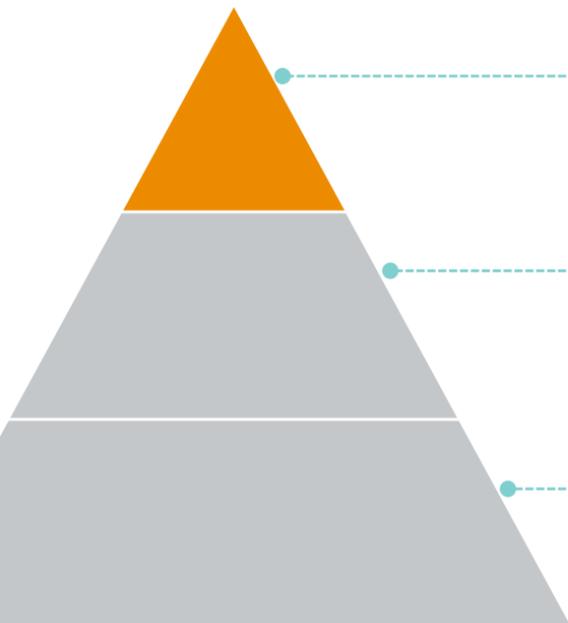
Do your advisors use proactive outreach today?

# Population Health Management

A More Efficient Way to Organize Staff and Provide Better Support



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HIGH NEED

**Intense Care**

supported by coordinated network of support units

MODERATE NEED

**Proactive Monitoring**

to find and focus support efforts on hidden early problems

LOW NEED

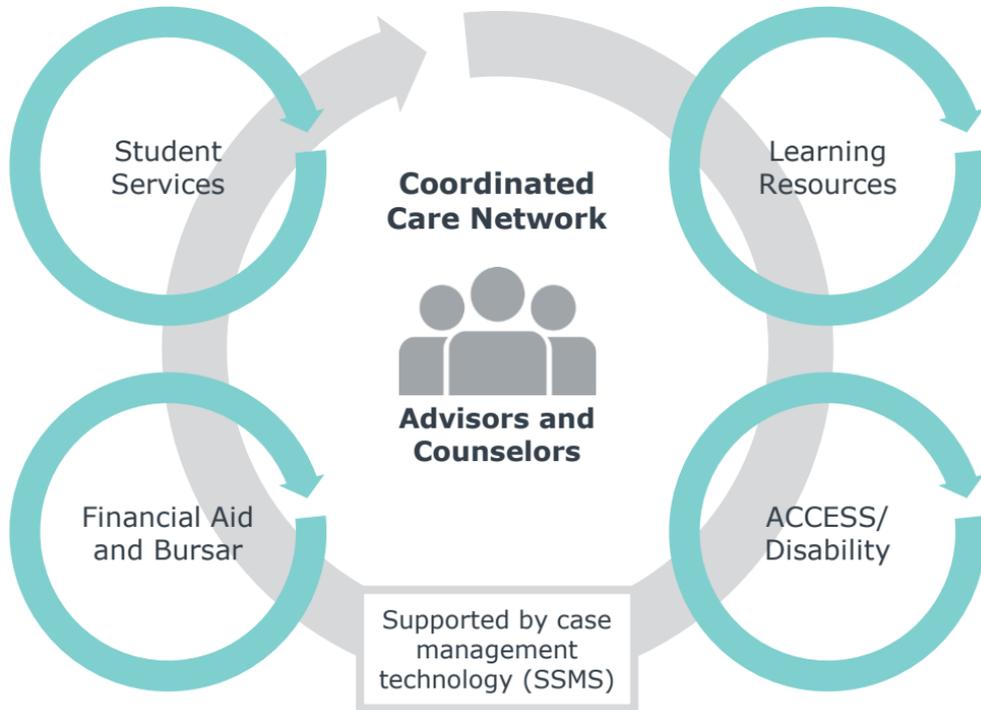
**Scalable Advising**

to extend support by automating and personalizing guidance

# Enable High-Need Care with a Strong Network



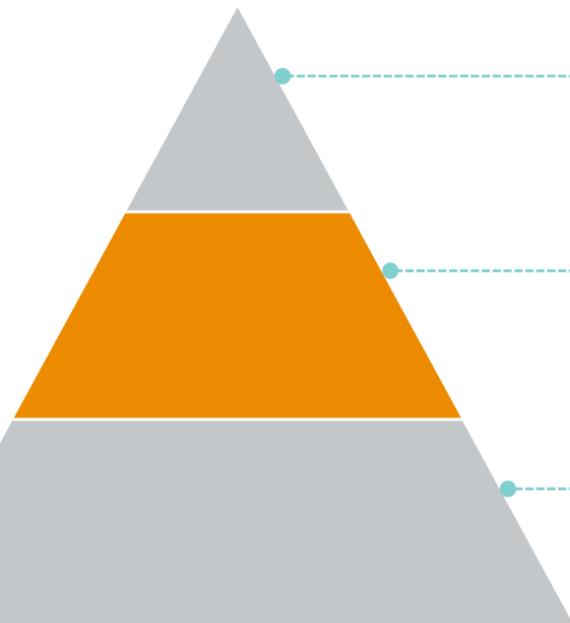
Shared Cases Referrals Create a “Coordinated Care Network” for Students



# Population Health Management



A More Efficient Way to Organize Staff and Provide Better Support



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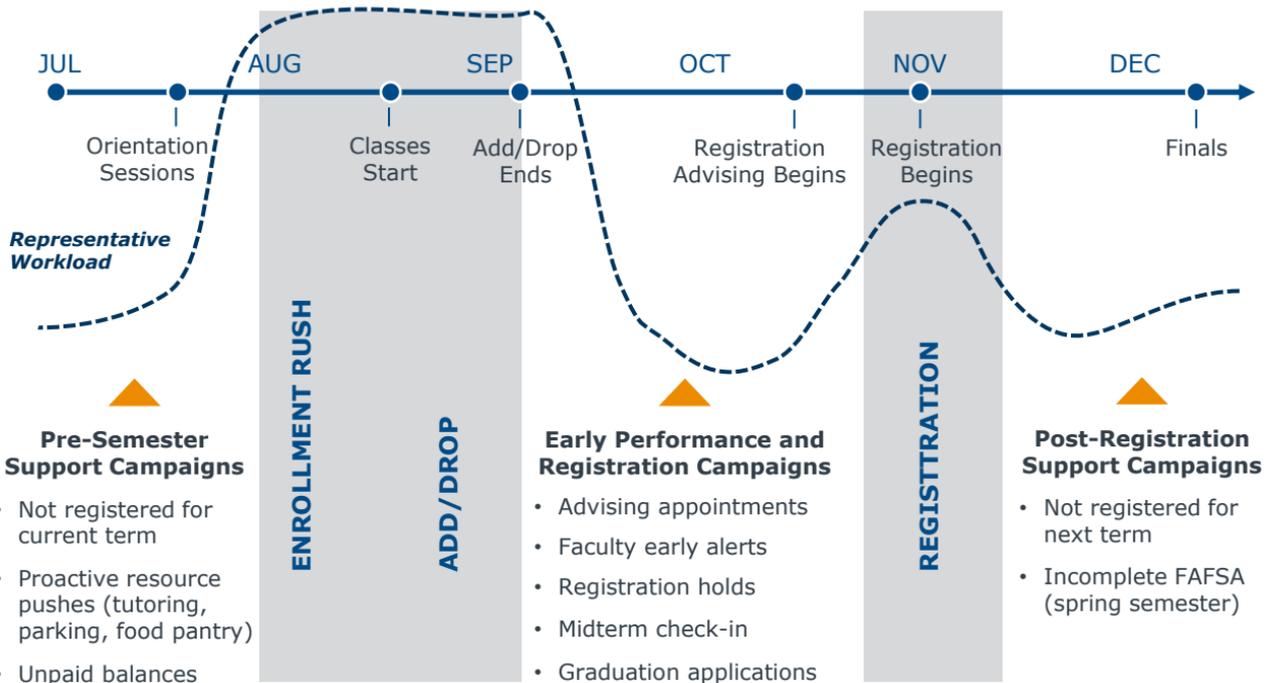
**Scalable Advising**

to extend support by automating and personalizing guidance

# Support Medium Need with Proactive Campaigns

Schedule "Safety Net" Interventions Around Existing Advising Demands

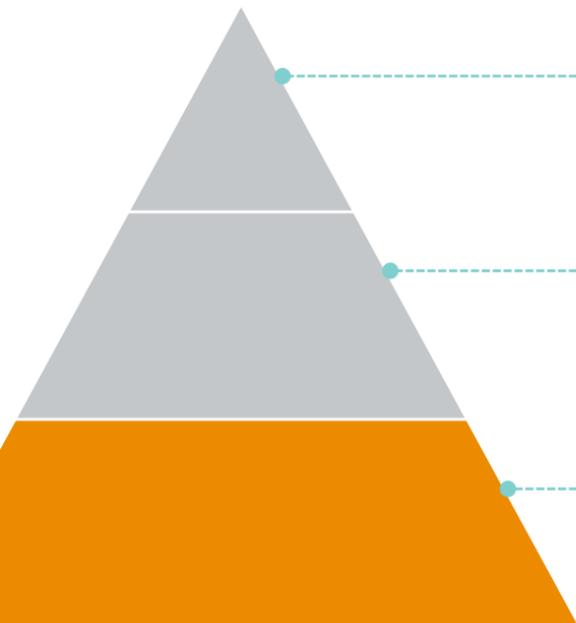
## Targeting Off-Peak Times to Run Proactive Outreach



# Population Health Management



A More Efficient Way to Organize Staff and Provide Better Support



HIGH NEED

**Intense Care**

supported by coordinated network of support units

MODERATE NEED

**Proactive Monitoring**

to find and focus support efforts on hidden early problems

LOW NEED

**Scalable Advising**

to extend support by automating and personalizing guidance

# Extra Support for Low Need Care

Faculty, Students, and Technology Can Deliver Nudge Messages



E-Advising/  
Self-advising

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## Use Technology to Add Touchpoints at Scale

- Guided online onboarding
- Degree planning tools
- Robust, accurate online resources
- Mobile nudges



Peer  
Advisors

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## Add Inexpensive Contacts Through Student Workers

- Basic, highly-scripted outreach
- **15** contacts per hour
- **\$10** per hour



Faculty  
and Staff

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## Engage “the Village” to Deliver Personal Nudges

- Faculty and instructors
- Campus employers
- Residence life
- Athletics coaches
- Any staff member with regular contact with students

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## Quick Poll

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What is your current technology lacking that you need for population health advising?

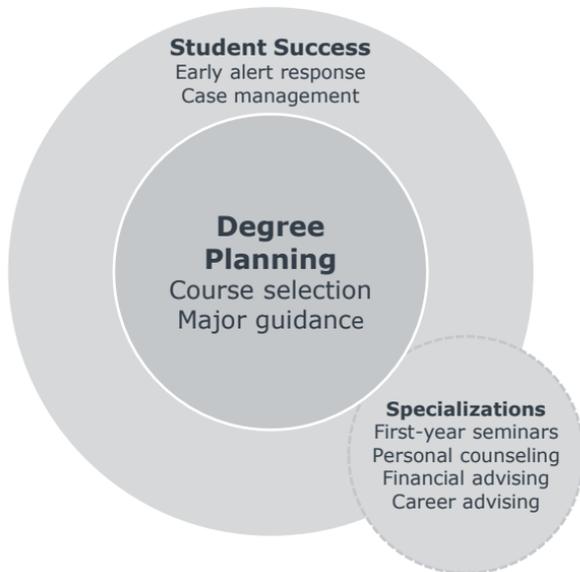
- 1 How Do You Define Risk/Need?
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- 3 **Key Considerations for Staffing Advising Offices**

# How Holistic Are Your Advisors?

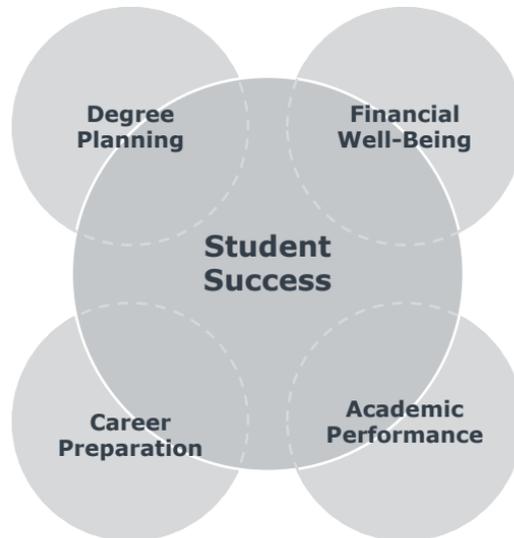


## Moving Beyond Registration to Put Student Success at the Core

### Traditional Advising



### "Success Advising"



# Could We Unlock High-Need Specialists?

Enable Experienced Staff to Operate at 'Top of License'



**300:1** caseloads  
**Four** student touchpoints per year

**\$60** Per student touchpoint



**350:1** caseloads  
**Four** student touchpoints per year

**\$53** Per student touchpoint

# Do Advisors Pay for Themselves?

## Case Study: Multi-Year Advisor ROI Assessment from East Tennessee State

### East Tennessee State University

- 12,000 undergraduates
- \$8,000 net tuition per student
- 12 new FY advisors hired in 2014
- 3% sustained FY retention improvement



EAST TENNESSEE STATE  
UNIVERSITY

	F14 cohort additional students	F15 cohort additional students	F16 cohort additional students	Total additional students	Total Revenue Increase	Cost of 12 new advisors (\$60,000/yr)	Net Tuition Revenue
<b>2015</b>	60			<b>60</b>	\$480,000	\$720,000	<b>(\$240,000)</b>
<b>2016</b>	51	60		<b>111</b>	\$888,000	\$720,000	<b>\$168,000</b>
<b>2017</b>	43	51	60	<b>154</b>	\$1,232,000	\$720,000	<b>\$512,000</b>

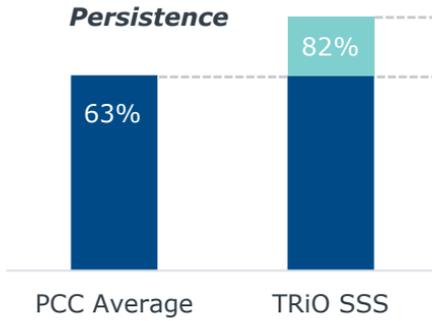
# Using Pilot Results to Expand Advising

Enrollment Gains from High-Touch Used to Argue for Advising Expansion

	Standard Advising	TRiO Coaching + Navigate (3.5 coaches)	Proposed Expansion (14 coaches)
Advisor to Student Ratio	800:1	70:1	200:1
Persistence Rate	63%	<b>82%</b>	???



## High-Touch TRiO Program Pays for Itself



**14** additional retained students per TRiO coach

**\$62,000** net tuition  
**\$60,000** cost/advisor

**\$2,000** surplus

**+\$600,000**



Expansion costs covered by Colorado Opportunity Scholarship Initiative for two years

# Turning Insight to Action Via Coordinated Care

## Giving Staff the Case Management Tools They Need to Serve Students

### The Coordinated Care Network

**1** Risk analytics classify high, med, and low risk students



High-Touch Care

Proactive Intervention

Self-Referral

**2** Front-line staff collaborate with support offices on cases



**Front-line Staff**

- Advisors
- Faculty
- Specialists

Case Referrals

Shared Notes



**3** Leadership continuously improves the system



### Integrating Point Solutions to Improve the Experience for Advisors (and Students)



#### Risk Analytics

Predictive modeling and historical insights



#### Early Warning

Instructor-submitted performance alerts



#### Student Success CRM

Quick access to critical student information



#### Communications

Email and text, plus tracking and records



#### Advising Notes

Single record of every support interaction



#### Appointments

Interactive scheduling accessible by students

# Upcoming Student Success Webinar

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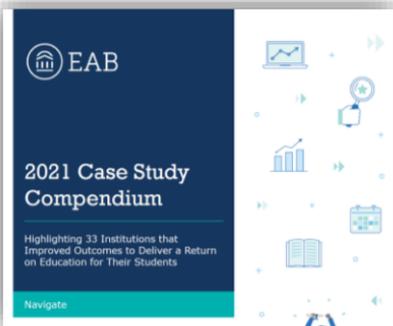
## 1 Receive EAB's **Advising Campaign Ideas Infographic**



## 2 Learn more about how **Navigate** can help our advising teams



## 3 Sign up to receive our **Navigate Case Study Compendium**



## 4 Register for the Community College **Executive Roundtable** scheduled for **October 21**



# Questions from the Audience

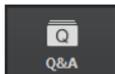


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