Imagining a Population Health Model for Student Success
A Historic Demographic Shift

Students Coming From Less Affluent and Less Well-Prepared Backgrounds

Growth in Lower Income Families Outpacing Rest of Nation
Percent Growth, 2000-2013

<table>
<thead>
<tr>
<th>Family Income Range (in thousands of $)</th>
<th>Percent Growth</th>
<th>Difference in average SAT 1600 score between lowest and highest income students</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30</td>
<td>30%</td>
<td>262 points</td>
</tr>
<tr>
<td>30-60</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>60-90</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>90-120</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>120+</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

Total Growth 15.5%

Are We Ready?

Demographic Shifts Will Increase Demand for Support Services

Are We Prepared to Support Tomorrow’s Students?

**Advising Staff**
Already at max capacity, will our advisors be able to take on additional burden?

**Academic Support**
How will we serve a large influx of underprepared and developmental students?

**Student Services**
What new financial, career, and mental health needs might we anticipate?

Source: EAB analysis of IPEDS data.
What Might Health Care Teach Us About Student Success?
Not Exactly a Model Industry…
Straining an Inefficient Health Care Model

Demands of an Aging Population Will Outpace the Supply of MDs

**Shortfall of Physician Supply v. Demand**
Projected 2006-2025

- **Demand**
- **Supply**

**Factors Driving Demand**
- Population growth
- Disease trends and outbreaks
- Patient behaviors and choices
- Aging demographics

Payers Disrupting the Status Quo

Changing Reimbursement Models are Incentivizing Care Innovations

Previously
Providers were paid for services rendered

Now
Payers are reimbursing for number of “lives covered”...

...incentivizing innovations that extend patient capacity while preserving outcomes
## Why PHM Might Also Work for Higher Education

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

<table>
<thead>
<tr>
<th>Traditional Health Care</th>
<th>The Almost Eerie Similarities in the Way Care Gets Delivered</th>
<th>Higher Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers optimized for throughput not outcomes</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Care depends on periodic in-person contact</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Recipient often not trusted to care for self</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Problems addressed reactively, not proactively</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Interactions often transactional in nature</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Records kept in silos, rarely shared or longitudinal</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Recipient must initiate follow-up as needed</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Capacity reaching the breaking point</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Disruption forced from outside</td>
<td></td>
<td>?</td>
</tr>
</tbody>
</table>
How Is Healthcare Dealing With Its Own Demographic Crisis?

Faced with an Aging Population, Hospitals Using Risk Segmentation to Deliver Care More Efficiently

Risk Segmentation Enables Scalable Care

5% Complex illnesses
25% Chronic conditions
70% Healthy or well-managed conditions

High-Risk Patients
Minimize hospital readmissions by surrounding the patient with an in-home “care team”

Rising-Risk Patients
Prevent costly escalations by using analytics to monitor risk factors and intervene quickly

Low-Risk Patients
Reduce demand on the system by shifting patients to e-medicine and promoting healthy lifestyles

Reported Results

- Fewer avoidable hospital visits
- Fewer patient re-admissions
- Reduced traffic through the ED
- Lower cost of care per patient

Four Pillars of Population Health Management

Advanced Risk Stratification ➔ Differentiated Care ➔ Scalable Support ➔ Ownership and Accountability

Source: Advisory Board Company Interviews and Analysis
Differentiated Care and Scalable Support
Defining a Differential Care Strategy

What Would Population Health Management Look Like in Higher Education?

**Low Risk**
- Preventative Measures
- Proactive Intervention
- Time and Cost Savings

**Moderate Risk**
- Preventative Measures
- Proactive Intervention

**High Risk**
- Preventative Measures

**Differentiated Care Strategies**

- Coordinate Efficient High-Touch Care: Work closely with students and manage their interactions with support offices.
- Proactively Monitor and Intervene: Create an analytics “safety net” to catch common problems before they escalate.
- Enable Effective Self-Direction: Provide easy access to information to leverage students themselves.

Source: EAB Interviews and Analysis
Defining a Differential Care Strategy

What Would Population Health Management Look Like in Higher Education?

Source: EAB Interviews and Analysis

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**Time and Cost Savings**
Self-Service Portals

Reducing the Burden on Staff by Scaling Basic Advisement on the Web

University of Minnesota’s One Stop Self-Service Portal

In-Depth Guidance on Advising and Services:
- Registration
- Grades and Transcripts
- Degree Planning
- Finances and Aid
- University Resources

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Source: EAB research and analysis.
Behavioral Nudges

Proactive Prompts and Nudge Policies Prevent Problems Before They Occur

University of Hawai’i “15 to Finish” Campaign

- YouTube
- Radio
- Newspaper

Multi-media PR blitz promotes benefits of taking full 15 credits

- +16%
  - Students taking full 15 credits in first year of program

Cleveland State University Multi-Term Registration

- Fall Term
- Spring Term

Custom portal prompts registration for full year of courses all at once

- +3%
  - Fall-to-spring retention in first year of use

James Madison University Co-Location of Services

- Student Services
- Desirable Dining
- Social / Study Space

Services relocated near the things that students use every day

- +20%
  - Increase in foot traffic to the counseling center

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Wouldn’t It Be Cool…. Could We Use Technology to Support Low Risk and Keep Them on Path?

- Make critical information immediately and easily accessible to students
- Customize guidance to fit each individual student’s needs and goals
- Prompt students to take positive action at just the right moment
Defining a Differential Care Strategy

What Would Population Health Management Look Like in Higher Education?

Low Risk
Moderate Risk
High Risk

**Differentiated Care Strategies**

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**Time and Cost Savings**

**High-Touch Care**

**Preventative Measures**

Source: EAB Interviews and Analysis
Delayed Corrective Action Often Requires Much Higher Levels of Support

“Rising Risk” is More Like a Slippery Slope

Cost to Course Correct

Low-Effort $Early Intervention
- Nudge reminder and FAFSA process support

High-Effort $$$Late Intervention
- Intensive tutoring to quickly improve GPA
- Emergency assistance to avoid bursar hold
- Counseling support to remediate confidence

Starts Okay
Finishes first year with 2.5 GPA

Small Mistake
Forgets to resubmit FAFSA, misses out on financial aid

Poor Decision
Picks up more hours at work, creates conflict with coursework

Trending Downward
Missing classes, does poorly on midterms

Academic and Emotional Distress
Fails two courses and placed on probation

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## The Rising Risk Safety Net

### Schools Should Monitor a Multitude of Indicators to Spot Rising Risk

#### Nine Factors Everyone Should Monitor

**Basic Indicators**
- Unregistered for Next Term
- Registration Holds
- Incomplete FAFSA

**Performance Indicators**
- Faculty Early Alerts
- Success Marker Grade
- Downward Trending GPA

**Progress Indicators**
- Missed Success Marker
- Late-Stage Undeclared
- Earned 120+ Credits

### Using Campaigns to Direct Students to Support

- Several nudge messages followed by in-person contact
- Advising session followed by academic support
- Degree planning followed by support if needed
Can Advisors Take This On?

Student Success Activities Need to be Worked Around Registration

Targeting Off-Peak Times to Run Proactive Outreach

Academic Calendar

**AUG**
- Orientation Ends

**SEP**
- Classes Start
- Drop/Add Ends

**OCT**
- Registration Begins

**NOV**

**DEC**
- Finals

Advisor Workload (Representative)

Academic Support Campaigns
- Success Marker Grade
- Downward Trending GPA

Early Performance and Pre-registration Campaigns
- Faculty Early Alerts
- Registration Holds
- Missed Success Marker
- Late-Stage Undeclared
- Earned 120+ Credits

“Loose End” Campaigns
- Unregistered for Next Term
- Incomplete FAFSA (spring semester)
Building Out Capacity with a Call Center
Central Michigan’s Low-Cost Solution to Increasing Proactive Intervention

**CHALLENGE**
Not enough advisor capacity to serve the student need for proactive intervention

**SOLUTION**
Student Success Call Center

- **6-11** Student workers
- **$8.15** Hourly pay rate
- **8** Avg. hours per week

**The Virtual Peer Coach Role**
Provide Basic Support Before Escalating to Higher-Cost Support

1. **Nudge**
   - students to do required tasks

2. **Resolve**
   - simple student issues

3. **Escalate**
   - complex cases to professionals

**Sample Campaigns**
- Sign up for summer orientation
- New student check-in
- Register for next term

**Common Referrals**
- Success coaches
- Financial aid
- Academic advisors
- Academic departments

**Case in Brief: Re-Enrollment Campaign**
Student workers called unregistered students to help them enroll for the Fall semester. The 11 students worked a total of 128 hours over 8 weeks on this campaign, at an estimated cost of just $1,043.

**Results**
- **2,031** Call attempts
- **685** Successful conversations
Faculty Micro-Campaigns

Faculty Highly Receptive to “Micro-Campaigns” as a Way to Scale Support

A micro-campaign is a targeted advising campaign that is:

- **Short-term**
  6 weeks or shorter

- **Small-scale**
  15 students or fewer

### Indiana Univ. of Pennsylvania’s Pilot Micro-Campaigns

<table>
<thead>
<tr>
<th>Designed</th>
<th>Executed</th>
<th>Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVP of Student Success met with 7 pilot teams to design campaigns</td>
<td>Faculty executed campaigns using SSC resources</td>
<td>AVP sent survey to faculty in May to collect feedback and results</td>
</tr>
</tbody>
</table>

**April 1, 2015**

**May 1, 2015**

### Why Micro-Campaigns Work

**Manageable**
A campaign list of less than 10 students is not daunting, especially with available SSC templates and resources

**Humanizing**
Faculty can feasibly connect with and mentor each individual student in the campaign

**Immediate Impact**
Faculty see positive results within a matter of weeks, building trust in SSC and a more proactive approach
Defining a Differential Care Strategy

What Would Population Health Management Look Like in Higher Education?

Low Risk

Moderate Risk

High Risk

Differentiated Care Strategies

Time and Cost Savings

High-Touch Care

Coordinate Efficient High-Touch Care
Work closely with students and manage their interactions with support offices

Proactive Intervention

Proactively Monitor and Intervene
Create an analytics “safety net” to catch common problems before they escalate

Preventative Measures

Enable Effective Self-Direction
Provide easy access to information to leverage students themselves

Source: EAB Interviews and Analysis
High-Touch Care Proven Effective

Intensive Care and Coaching Improves Success Rates for At-Risk Students

Components of high-touch care:

- Dedicated advisor
- Personalized attention
- Frequent contact
- Basic skills coaching
- Facilitated connection to support services

Improved Success Rates from At-Risk Student Coaching (vs. peer group)
Multi-institution study

12-month Retention

<table>
<thead>
<tr>
<th></th>
<th>Coached students</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coached students</td>
<td>48.8%</td>
<td></td>
</tr>
<tr>
<td>Control group</td>
<td>43.5%</td>
<td>+5.3%</td>
</tr>
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</table>

Completed Degree

<table>
<thead>
<tr>
<th></th>
<th>Coached students</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coached students</td>
<td>35.2%</td>
<td></td>
</tr>
<tr>
<td>Control group</td>
<td>31.2%</td>
<td>+4.0%</td>
</tr>
</tbody>
</table>

High-Risk Specialists

Rebalancing to Support All Students at Northeastern University

**Large, Diverse Caseloads Create Two Suboptimal Choices**

- Treat all equally, provide insufficient support to high-risk
- Give extra time to high-risk students at expense of others

**High-Risk Specialist Enables All Advisors to Provide Adequate Support**

- Low and Medium
- High

**Academic Persistence Specialist**

Professional academic advisor with extensive experience in high-risk student support and developmental academic advising

**Case Management Approach for a Dynamic Caseload**

- **Automatic**
  - Provisional admits
  - Probationary students

- **By Referral**
  - Students with 2+ early alerts

**Frequent Interactions**

- Often weekly or bi-weekly meetings

**Pivot Point to Other Services**

- Improves student access to support

“**It’s wonderful to know somebody is working with all the students we never had enough time to support. It’s really improved advisor satisfaction.**”

*Associate Director of Student Support Services*

Source: EAB research and analysis.
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**Time and Cost Savings**

Source: EAB Interviews and Analysis
Student Success Ownership and Accountability

Three Questions for the Future
#1: How Will the Role of Advisors Evolve?

Moving Beyond Registration to Put Student Success at the Core

How Many Advisors View Their Role...

Student success often seen by advisors as an add-on responsibility to registration

Student Success
- Early alert response
- Case management

Registration
- Course planning
- Major guidance

Specializations
- First-year seminars
- Personal counseling
- Financial advising
- Career advising

Registration

...And How that Role is Evolving

Advisors increasingly asked to play many roles, with student success at the center

Student Success

Financial Well-Being

Engagement

Academic Performance

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"Work with the Willing” to Create Success Specialists in the Faculty Ranks

Faculty Advisor Specialists
Faculty advisors in the UMD Psychology program are each assigned a specialty, including high-risk students

Faculty Advising Division of Labor
First- and second-year advising in the UNC Biology program is performed by a subset of the faculty via data-enabled group advising

Advising-First Adjunct Faculty
Since advising is a faculty duty per their collective bargaining agreement, Shippensburg has developed a cadre of specially trained adjuncts to advise undeclared students
#3: How Do We Incentivize and Enable Change?

Granular, Real-Time Data Will Be Needed to Facilitate Course Corrections

The Challenge is Knowing What Works

“With our retention strategies, we’re really just throwing everything at the wall and hoping something sticks. That’s just not the way to do it. If something did stick, we wouldn’t even know which one did or why.”

*Sara Rosen, Senior Vice Provost, University of Kansas*

Data We Need

*Real-time, granular, process-oriented*

- **Real-time student performance**
  - Attendance
  - Grades

- **Support service interaction**
  - # advising interactions
  - Tutoring appointments

- **Process completion**
  - Registration
  - FAFSA completion

- **Interim outcomes**
  - Term-to-term persistence
  - Term GPA change

How the Metrics Roll Up

- Four-year graduation
- Persistence
- Registration
- Term GPA
- Exam grades
- Class attendance

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In Summary
The New Blueprint for Student Success

Population Health Management for Higher Education

Differentiated Care Strategies

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Time and Cost Savings

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Proactive Intervention

- **Preventative Measures**

Retention Advisors

Faculty Specialists

Real-Time Data Tracking

Source: EAB Interviews and Analysis