What Can Health Care Teach Us About Student Success?
EAB is a **best practices firm**, serving over 1,100 educational institutions worldwide for more than two decades.

We forge and find the **best new ideas and proven practices** from our vast network of leaders. Then we **customize and hardwire** them into your organization across your most critical functions.
Higher education leaders are under unprecedented pressure to improve retention and graduation rates. There has always been and will always be a moral imperative to fulfill our educational promises to our students, but in recent years external pressures have also grown.

Public universities must answer to state governments seeking to hold higher education accountable for tax dollars spent, sometimes going so far as to tie future funding to retention results. Smaller private colleges must double down on retention strategies to protect the increasing costs of recruiting students in a tough enrollment environment. Larger and more selective private universities must focus on retention and graduation rates to elevate institutional reputation and climb in national rankings. Across all sectors, nearly every institution feels that it must close achievement gaps, lower the time and cost to degree, better prepare students for careers, and fulfill their core promise to students.

These pressures come at a time when the fundamental needs of our students are radically changing. Enrollments across all segments are shifting toward demographics that are more likely to be underprepared, financially challenged, and first generational. Historically these populations have the greatest needs and the lowest rates of success, meaning that most schools are going to need to work harder just to maintain student outcomes, much less improve them. As an industry, we are grappling with a demographic shift of historic proportions, one that will threaten our most important outcomes, drive costs even higher, and require us to apply entirely new competencies and approaches.

Are we ready to meet this challenge? It’s true that colleges and universities have already been making big bets on a myriad of student retention initiatives in recent years. Unfortunately, these investments are often pursued and implemented in a piecemeal fashion, without a clear centralized plan. The result for many schools is a patchwork of student success practices that have grown by accretion rather than according to a campus-wide strategy. It is inevitable that many, perhaps most, of these practices are not performing up to their full potential.

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To move forward, higher education institutions need to dramatically expand their capacity to provide students with support. But with budgets under pressure across the country, few institutions can afford major new investments in this area. Instead, institutions will need to find new ways to deploy existing resources to improve efficiency and effectiveness. Advances in analytics and student communications can play a big part in extending the capacity of student support offices once they are fully integrated into existing infrastructure.

Finding only a few institutions making gains in this area, EAB began searching out of industry for a support model that could be borrowed and adapted by a broad range of colleges and universities to address the rising student success challenge. We believe that inspiration may come from the health care industry, where a different kind of demographic crisis is also straining resources and threatening outcomes.

Much has been said about how the American health care system is buckling under decades of double-digit cost increases, with the acute medical needs of aging baby boomers still looming on the horizon. What’s less well known by those outside the health care industry is that hospitals all over the country are undergoing a major change in how they interact with patients by moving away from the traditional episodic service model and toward a strategy known as “population health management.”

Population Health Management: An Instructive Analogy

Population health management, as the name implies, is an approach by which health systems use resources to keep people healthier, instead of treating them only when they are acutely ill, through a combination of in-person interventions, remote monitoring, and preventative care. Population health managers seek to reframe how care is delivered in order to help health providers operate more efficiently and thereby treat a wider panel of patients, adding the capacity that the health care industry so desperately needs.

This model is relatively new, but evidence suggests that it can be remarkably effective. Researchers at EAB’s parent firm, The Advisory Board Company, have been studying population health management best practices since 2010. One of their most often-cited case examples is Montefiore Medical Center in the Bronx, which serves some of the nation’s poorest and most densely populated neighborhoods. Montefiore has been able to lower costs while reducing hospital admissions and shortening hospital stays by applying the principles of population health management.

At Montefiore, care managers work with local clinicians to develop, implement, and monitor care plans for high-risk patients so they don’t land in the emergency department. Regular data mining flags rising-risk patients for preemptive care. For instance, diabetic patients whose blood sugar...
levels have risen significantly receive a phone call from a nurse who either counsels the patient over the phone or schedules a visit. This can prevent a patient’s diabetes from progressing to an emergent, life-threatening condition.

Population health pioneers like Montefiore have had to develop several different capabilities at once. They need to be able to segment the patient population according to risk level, so they can match resources to patient need. They have had to develop a range of interventions, from one-on-one coaching for the highest-risk patients to self-service online portals for the “worried well.” They have had to connect disparate caregivers and information sources to make sure patients get the right intervention at the right time. And to make all this happen, they have had to create new staff roles with clear responsibility for population health management.

We see remarkable parallels between how progressive health systems are adapting to population health management and how colleges and universities could rethink their overall approach to student success. There are surprisingly similar inefficiencies in how “care” traditionally gets delivered in both sectors. Historically, both industries rely on periodic, in-person contact with experts rather than providing patients/students with the tools to care for themselves. Both industries tend to react to problems after they occur, rather than preventing them in the first place. Both suffer from siloed record-keeping, inhibiting collaboration around the more challenging cases. And perhaps most importantly, both have optimized care providers for throughput rather than outcomes. It seems reasonable that a strategy taking hold in one industry could be successfully adapted to address shortcomings in the other.

Indeed, EAB has found that the institutions that are doing the best at improving student persistence and graduation rates are, by and large, already following the same playbook as the leading population health managers. Taking a closer look at these progressive institutions, we identified a series of recommendations to help all institutions leverage limited resources to support students more efficiently and effectively.

These recommendations are:

1. Adopt a system of risk stratification to understand which students need which kind of care
2. Define differentiated care pathways for each risk segment to target the most effective care
3. Install scalable support processes and technologies to expand capacity for care
4. Create ownership and accountability at all levels to ensure that the overall strategy is executed

Deployed in combination, these four recommendations work to prevent student risk from escalating and hardwire the processes for managing and reducing existing risk cases. Institutions that adopt this approach will be able to rebalance support efforts to provide equitable care to students of all risk levels.

Let’s explore each recommendation in turn.

Risk Stratification

Risk stratification is the first step toward providing efficient yet equitable care. To be able to direct their limited resources most efficiently and effectively, health care institutions and educational institutions alike first need reliable methods to triage the relative level of risk for each patient or student to understand what care strategy is needed. In general, we found that the most useful stratifications involve just three risk levels: high, moderate, and low.

High-risk students typically have multiple risk factors and are relatively easy to spot. Many schools already identify their highest-risk students as part of the admissions process. Once on campus, students that become high-risk are readily identified by performance issues, such as failing grades that put them on probation, or through referrals. High-risk students require an extensive amount of support. Institutions with networked student support offices can provide this level of support most effectively than institutions with siloed offices and information systems.
Students with moderate retention risk, a group we have dubbed the “Murky Middle,” can be more difficult to discern and usually receive less attention, despite representing one of the best opportunities for moving the dial on graduation rates. Analytics are critical to understanding the moderate-risk population. These students often have minor risk factors that can be less obvious and easily overlooked. This is why some schools, such as those in EAB’s Student Success Collaborative, rely on sophisticated risk models to identify who falls into the moderate-risk category.

The most useful analytics models rely on data that schools already collect for all their students, such as academic records. These models can spot term-to-term trends and identify the students who need to be watched more closely for signs of trouble. Some schools also monitor data gathered within a term, such as bursar holds, poor midterm grades in key classes, unfiled FAFSAs, or other factors that indicate a student is struggling. In our research, schools that achieve the best results applying analytics typically track multiple longitudinal and real-time risk factors to monitor moderate-risk students and identify those for whom risk is escalating.

The remaining students, by default, can be classified as low-risk. This is not to say that these students have no risk factors, nor that they are guaranteed to graduate. Indeed, low-risk students also require care, although as we will see in the next section, the type of care can be very different from the other two classes.

**Differentiated Care**

Assessing risk is just the first step toward an efficient approach to supporting student success. To take the next step, all three risk strata must be assigned a corresponding range of different types and intensities of interventions. At each level, the goal is to free capacity while providing equitable care and preventing risk from escalating and becoming more complex and costly to remediate.

**LOW RISK: Enable Effective Self-Direction**

Given the right resources, low-risk students can often take care of themselves from a retention and success perspective, freeing organizational capacity to focus on other risk segments. One way to expand student access to advising, financial counseling, and academic support is through self-service online portals, such as the impressive “One Stop” student service center built by the University of Minnesota Twin Cities. Other schools encourage positive student behavior through public relations campaigns like the University of Hawaii’s “Fifteen to Finish” program, which uses a combination of advertising and YouTube videos to encourage incoming full-time students to take 15 credits.
instead of the minimum of 12. Expanding access to information and delivering relatively low-cost nudges can prevent many problems before they happen.

There’s a lot more that colleges and universities could be doing to direct support to low-risk students and keep them “healthy.” We have found that surprisingly few schools are fully leveraging the medium that most resonates with their students: mobile communications. Most university mobile applications aren’t much more than an app version of the desktop portal. They make more information immediately available, but they tend to do so passively and generically, and thus are easy to ignore. Working with student focus groups, EAB has found that future-state student success applications will not only need to make more information easily accessible, they will also need to customize and contextualize that information to each student’s specific needs, then prompt that student to engage at the exact moment necessary.

MODERATE RISK: Proactively Monitor and Intervene

Moderate-risk students should be closely monitored for the first sign of trouble, but many schools lack the organizational capacity to follow up with each student individually. Instead, they use mass communication campaigns that proactively target students with common risk factors. For example, EAB member Middle Tennessee State University prioritizes and contacts students who have not registered for the next term. MTSU’s first campaign in fall 2014 resulted in nearly 400 additional registrants. There are dozens of factors like this that schools could monitor and, in combination, could create an effective safety net to catch small problems before they escalate.

Efforts to intervene with escalating moderate-risk students improve when mass email can be replaced by person-to-person contact, typically via phone. Unfortunately, most advising offices lack the bandwidth to conduct extensive phone campaigns. Central Michigan University has solved this problem by supplementing advisor outreach with a peer-to-peer student call center. This relatively low-cost practice (students are paid just over $8 per hour) dramatically expands capacity for phone outreach. Many institutions already have student call centers in place for use in admissions or fundraising. These centers could be easily adapted to remind current students of important milestones, such as completing registration or refiling the FAFSA.

HIGH RISK: Coordinate Efficient High-Touch Care

Studies have shown that institutions can improve the performance of their highest-risk students through intensive coaching. Coached students persist and graduate at higher rates than peers, even after the coaching has stopped. Advising offices at Northeastern University have designated a select group of specialists to serve the high-risk students in their respective colleges. These advisors have small caseloads, typically just 100 to 150 students, and try to meet with each student at least once every two weeks. They not only coach students, but also serve as a hub proactively connecting them to other helpful services around the university, such as tutoring, financial aid, health and counseling center, disability resource center, and career center. By acting as guides and case managers, these specialists ensure that each of these high-risk students engages with all the support they need.

Many advising offices already have high-risk specialists like Northeastern, but their necessarily small caseloads make this a challenging model to perpetuate as the ranks of high-risk students increases. Caseloads could be expanded if advisors had better tools to more closely integrate and coordinate their efforts with other campus support services.

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Scalable Support

The population health management model relies on health care providers and practitioners to expand their patient panels by working closely with an extended team of caregivers who add much needed capacity. These “care teams” include a diverse array of clinicians and health care workers.

Almost all universities already have the building blocks of a care team in place, including academic support, financial aid, career services, registrar, bursar, and counseling. However, we found through our research that few institutions have effectively networked these offices to provide coordinated, collaborative support. Instead, students tend to engage with these services as independent entities, even when trying to interact with multiple offices around the same issue. Students frequently receive confusing or even conflicting information from these different offices, delaying resolution and compounding the problem.

What’s more, the onus is on students to organize their own support. Advisors may give their students referrals to other support offices, but it is typically up to the student to locate the office, make an appointment, and engage. This is a lot to ask of a new student who lacks experience navigating campus, a problem that will only grow as we increasingly serve first-generation students.

The absence of a “coordinated care network” creates inefficiencies and increases the likelihood of students falling through the cracks as they try to navigate between offices. Recognizing the problem these connection gaps create, some especially diligent advisors expend an unnecessary amount of effort making sure students follow through with referrals. Time spent on these manual processes reduces the total amount of support an advisor can provide. On the whole, this system could be greatly improved with the adoption of better communication and record-keeping technologies.

What is needed isn’t complicated, but it does require some investment in technological infrastructure on the part of the institution. First, advisors need a system to set up appointments for students with other offices. Second, there must be a way to automatically alert the referring advisor when the student connects with the service. Third, any notes from the support session should be electronically shared back to the referring advisor.
and become a part of the student’s advising record for future reference. Lastly, advisors should have an online mechanism for ongoing collaboration with support offices on more complex cases.

The beneficiaries of a coordinated care network aren’t limited to advisors and students. Administrators will for the first time have access to a wealth of data on case referrals, service utilization, and the effectiveness of different kinds of support. These insights will enable smarter investments and better central decision making, elevating the effectiveness of the entire enterprise.

Ownership and Accountability

For population health management to really work, in health care or higher education, it must be accompanied by a change in organizational accountability structures. This may be the hardest, but most important piece of the puzzle.

In health care, providers are clearly responsible for the outcomes of their patients. But who really owns the success of a cohort of students? Most university leaders are too far from the front lines to work directly with students. The majority of student-facing staff are optimized for transactional activities, not comprehensive student care. Many faculty members are not reliably engaged in the issue, and those who do want to help have unclear roles. For a population health management-like model to be effective in education, someone will need to assume responsibility for managing the success of an assigned cohort of students. This demands a new kind of student-facing role, something we are calling “student success managers.”

At most institutions, academic advisors are best positioned to serve as student success managers, but many will need to retool and take on these new responsibilities. In addition to guiding registration and major selection, advisors functioning as student success managers would also be responsible for activities like proactively connecting students to academic support, monitoring financial holds, and ensuring that all their students enroll for the following term.

This isn’t a theoretical concept. Some schools, such as Colorado State University, are embedding student success managers alongside or even replacing traditional advisors in college offices. The “academic success coordinators,” as CSU calls them, are focused on providing holistic, proactive support for their assigned cohorts. Started as a pilot project eight years ago, CSU’s program now has over 65 academic success coordinators spread across several colleges. Since the program’s launch, graduation rates have reached historic highs, freshman retention has increased from 82.8% to 86.6%, and first year probation rates have dropped by over seven percentage points.

Student success managers can be made much more effective when armed with real-time data on their own performance. The traditional student success metrics—retention and graduation rates—are updated just once or twice a year and are too high-level to be useful for understanding the true impact of any one initiative. In response, some progressive schools now regularly track and review granular advising metrics to enable rapid course corrections when needed. For example, advising managers at Georgia State University track a variety of real-time metrics, including the number of students advised that term, the number with a valid degree plan on file, and the number who have not registered for the next term. These metrics are reviewed with each frontline advisor at least twice a month.

It’s not enough to merely assign ownership and track metrics. To be truly effective, schools will need to create professional incentives to reward outstanding performance among student success managers. We explored the pros and cons of how different kinds of professional incentives are being used to motivate behavior across higher education, and we found that the best place to start was the performance review process. Perhaps the most extensive example of this can be found at Mercy College in New York, where student success managers (they call them “mentors”) are evaluated on an ongoing basis on not only their individual performance but also a wide range of metrics pertaining to the success of their assigned cohort. The most effective mentors are able to advance through a newly established career ladder, allowing for greater managerial responsibility and providing a powerful incentive to improve and innovate.
Conclusion: Where Do We Go from Here?

It is no coincidence that those colleges and universities that have been most successful at improving outcomes in recent years have adopted many of the same principles as the most successful population health managers.

It is easy to understand how the population health management framework helps institutions do more with limited resources. Risk stratification provides insight into the degree of care needed by each student, helping support staff focus their efforts. Differentiated care pathways ensure that equitable assistance is delivered efficiently and effectively to the entire campus. A scalable support infrastructure uses existing assets to expand the institution’s total capacity for care, allowing for deeper coverage across all risk levels. Finally, ownership and accountability mechanisms ensure that the entire strategy moves forward while encouraging further innovation.

It’s also easy to understand how students benefit. By responsibly rebalancing in-person support, every student gets what they need. Students also enjoy better customer service, whether that be through an expanded web portal, easy appointment scheduling, or just the security of knowing that their school will quickly catch a problem should they make a misstep.

Institutions that wish to adopt a population health management model first need to take inventory of existing policies and practices to understand their readiness. EAB has developed a series of diagnostics and toolkits to help members assess which capacities and capabilities are already in place, and what need to be added. We would be happy to share these resources with your college or university.

Through our work with members, we have found that many of the common barriers to adopting a population health management model are technological in nature. Colleges and universities need to deploy four technologies in combination to support the full population health management framework:

1. Advanced data analytics to power risk stratification
2. Digital communication tools to help advisors monitor and connect with students
3. Case management systems and shared records to enable coordination across offices
4. Dashboards and reports to track the granular metrics that facilitate accountability

In our research, we found that few schools already have all four of these technological tools in place, and even fewer have networked these tools together into a unified system. We aspire to close this gap, something that has become a major focus of our work with the Student Success Collaborative. By building out these capacities, we hope to help our members take a major step toward becoming student success population health managers.

This is just the beginning of our work in this area, and there is much left to be learned. We welcome your feedback and hope that this document serves as fodder for discussion and positive change on your campus.

If you would like to learn more about how EAB members are integrating population health management principles into their student success strategy, please visit eab.com/student success.
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