EAB

What Can Health Care Teach Us About **Student Success**?

At EAB, our mission is to make education smarter and our communities stronger. We harness the collective power of more than 1,500 schools, colleges and universities to uncover proven practices and transformative insights. And since complex problems require multifaceted solutions, we work with each school differently to apply these insights through a customized blend of research, technology, and services.

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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 colleges and 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 will decline and colleges have to prepare for students from increasingly diverse backgrounds. To serve these students well, colleges must put resources in place to address the noncurricular factors that affect student outcomes. Schools will 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.

Are We Prepared to Support Tomorrow's Students?

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

▸ **Academic Support**
How will we ensure students have the tools they need to succeed academically?

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

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To move forward, higher education institutions need to dramatically expand their capacity to provide students with support. Most state funding lags behind pre-recession levels and 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 have undergone 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."

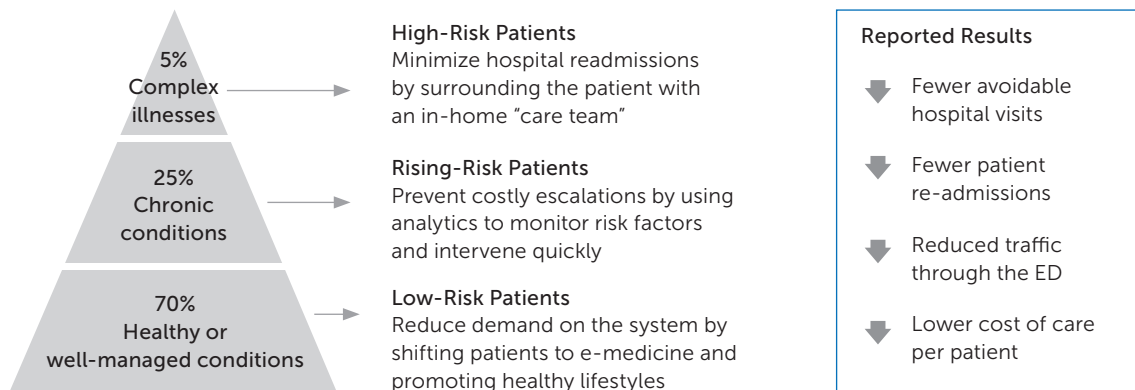## Population Health Management: An Instructive Analogy

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 have been studying population health management best practices for years. For example, one frequently cited case is Montefiore Medical Center in the Bronx, which serves some of the nation's most resource-strapped and 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

How Population Health Management Works

Differentiated Care at Each Risk Level Keeps Patients Healthier and Frees Capacity

5% Complex illnesses	**High-Risk Patients** Minimize hospital readmissions by surrounding the patient with an in-home "care team"
25% Chronic conditions	**Rising-Risk Patients** Prevent costly escalations by using analytics to monitor risk factors and intervene quickly
70% Healthy or well-managed conditions	**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

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 patients with the most complex needs 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 need-based stratification to understand which students need the most intervention

2   Define differentiated care pathways for each segment to target the most effective care for each student population

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 address student needs and support retention efforts by deescalating potential barriers to success. In addition, hardwiring these processes improves consistency in the student experience. Institutions that adopt this approach will be able to rebalance support efforts to provide equitable care to all students' need levels.

Let's explore each recommendation in turn.

Need Stratification

Need stratification is the first step toward scaling 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 needs of each patient or student to understand what intervention is necessary. In general, we found that the most useful stratifications involve just three need levels: high, moderate, and low.

High-need students typically have complex circumstances and can be relatively easy to identify. Students may arrive on campus with competing priorities such as employment or family responsibilities or their circumstances may change, necessitating increased support. For example, students' with falling grades or an insecure housing situation may need more attention than originally anticipated. Institutions with networked student support offices can provide this level of support

more effectively than institutions with siloed offices and information systems.

Students with moderate needs, 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-need population. These students often have less acute indications of the support they need and can be easily overlooked. This is why some schools, such as EAB's Navigate partners, rely on sophisticated models to identify who falls into the moderate-need 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 monitored more closely for indications they are off-path. Some schools also choose to use in-term data such as financial 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 factors to monitor moderate-need students and identify those for whose circumstances are evolving.

The remaining students, by default, can be classified as low-need. This is not to say that these students have no potential barriers, nor that they are guaranteed to graduate. Indeed, low-need 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 segments of students.

Differentiated Care

Assessing need is just the first step toward an efficient approach to supporting student success. To take the next step, all three 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 needs from becoming more acute or difficult to resolve.

LOW NEED: Enable Effective Self-Direction

Given the right resources, low-need students can often self-serve with the right information in place, freeing organizational capacity to focus on students with more acute needs. 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

Adapting Population Health Management to Higher Education

Student Risk Stratification		Differentiated Care Strategy
High-Risk Students	▶	**Coordinate Efficient High-Touch Care** Work closely with students and manage their interaction with support offices
Moderate-Risk Students	▶	**Proactively Monitor and Intervene** Create an analytics "safety net" to catch common problems before they escalate
Low-Risk Students	▶	**Enable Effective Self-Direction** Use nudges and scalable e-advising to allow staff to direct attention elsewhere

incoming students to take 15 credits instead of the minimum full-time load of 12 credits. 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 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 schools' 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 right moment.

MODERATE NEED: Proactively Monitor and Intervene

Moderate-need 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 rely upon mass communication campaigns that proactively target students with common needs. For example, EAB partner 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 subsequently create an effective safety net to catch small problems before they escalate.

Efforts to intervene with moderate-need 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 workers who can be redeployed to remind current students of important milestones, such as completing registration or refiling the FAFSA.

HIGH NEED: Coordinate Efficient High-Touch Care

Studies have shown that institutions can improve student performance through intensive coaching. Coached students persist and graduate at higher rates than peers, even after the coaching has stopped. In fact, Pueblo Community College assigned coaches to support students in their TRiO program and were able to proactively engage and support students on their caseloads. Each coach was assigned 70 students which allowed them to work much more intensively with students. Not only do the coaches provide academic support and transfer guidance, they also provide advocacy and personal support, identify tutoring support, direct them to career preparation, provide information on financial aid, create leadership development opportunities, and host cultural and community events.

The institution's investment has paid off. Persistence rates among students in TRiO began outpacing rates of the general population. While the general student population persisted at 63%, those in TRiO persisted at 83%. Coaches use Navigate to engage students across the term, proactively intervening with students before concerns become barriers to success. Thanks to an investment by the state, Pueblo is now piloting low-ratio advising for all students, albeit with higher ratios.

Many advising offices already have high-need specialists, but the greater the expectation on advisors, the smaller the caseloads must be. This can make scaling such a model difficult. Caseloads can be expanded if advisors had better tools to more closely integrate and coordinate their efforts with other campus support services.
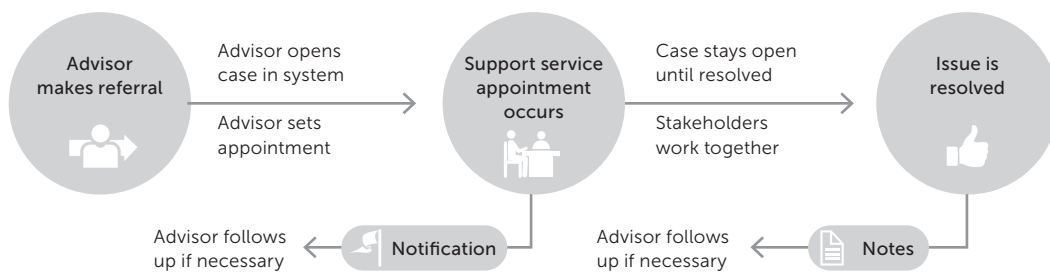
> " ...by responsibly rebalancing in-person support, every student gets exactly what they need."

For Most Schools, Care Is Anything but Coordinated

Without a Case System:

With a Closed-Loop Case System:

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 colleges and 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 to resolve the same issue. Students frequently receive confusing or even conflicting information from these different offices, compounding the problem and delaying the outcome.

What's more, the onus is on students to organize their own support. Advisors may give students referrals to other support offices, but it is typically up to the student to locate the office, make an appointment, engage, and repeat their

circumstances time and again. This is a lot to ask of a new student who lacks experience navigating campus.

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 to other students. 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 college 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 support. Many faculty members are not 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, one that provides holistic care and serves as a student success manager.

At most institutions, academic advisors are best positioned to serve as student success managers, but many will need to retool and take on 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.

Wiregrass Georgia Technical College puts their advisors at the center of student support to streamline processes for students and prevent "bounce" students so often complain about. Inevitably multiple college services must coordinate in order to complete administrative processes but at Wiregrass, advisors manage the process using technology rather than having students seek sign-off from each department. They estimate that this coordination across advising, veterans affairs, financial aid, the registrar, and enrollment services has eliminated nearly 6,000 office visits in just 18 months.

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 per 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.

> **"...the population health management framework helps institutions do more with limited resources."**

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. Stratifying students by need provides insight into the interventions required 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 the entire student population, 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, more students get what they need. Students also enjoy better customer service through expanded web portals or easy appointment scheduling. And when challenges arise, students have 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 partners assess which capacities and capabilities are already in place and what needs to be added. We would be happy to share these resources with your college or university.

Through our work with our partners, 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 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 at EAB. By building out these capacities, we hope to help our partners take a major step toward developing 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 partners are integrating population health management principles into their student success strategy, please visit **eab.com.**

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