5th National Medical Home Summit

Key Nursing Roles in the Medical Home: The Nurse Coach

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Clinical Programs Consultant
Iowa Chronic Care Consortium

A Brief Itinerary
1. The role(s) of a health coach
2. Lessons from the field
3. Conclusions and strategies for action
“No outcome, no income.”
-- David Nash

“Patient engagement is the Achilles’ Heel of the PCMH.”
-- Dr. Terry McGeeney

Outcomes

1. Population
2. Panel
3. Patient/Participant

Domains

Health/QOL
Clinical
Behavioral (Actions)
1. Adherence to treatment
2. Health related lifestyle changes

Cost Experience
To impact

Health Coaching
Emerging Field

- Health/Wellness
- Practice
- Clinical Health Coach

Health Coaching: A Definition

“Helping patients gain the knowledge, skills, tools, and confidence to become active participants in their care so that they can reach their self-identified health goals.”

The Five Principal Roles of a Health Coach

1. Self management support
2. Bridge between clinician and patient
3. Navigation of the health care system
4. Emotional support
5. Continuity


The Clinical Health Coach Role

**Transform Care**
- Team based care
- Population approach
- Planned, proactive, patient centric care
- Reducing care gaps
- Increasing prevention visits
- Improving health literacy
- Building self care skills
- Coordinating community resources

**Transform Conversation**
- Health coaching strategies
- Partnering for behavior change
- Whole person strategies
- Science of behavior change
- Empathy, self efficacy, and empowerment
- Patient centered goal setting
“Health coaches close the link between physicians and providers assuring that we don’t waste the resources of the office visit. They build connections with patients that extend beyond the visits into their lives.”

Carolyn Reconnu, RN, BSN, CCM
Manager, Health Management Program
Oklahoma Health Care Authority

Lessons From the Field

| Total Number of Survey Recipients | 318 |
| Total Number of Contactable Recipients | N = 290 |
| Total Number of Respondents | R = 164 |
| Response Rate | 56% |

- 83% nurses
  - Medical/nursing assistants
  - CDEs
  - Dieticians
  - Social workers
  - Physicians
  - Pharmacists
  - Clinical managers and healthcare administrators
Findings: A View from the Balcony

1. The Profession Continues to Evolve
   a. “Pioneers”
      i. 68% have spent 5 years or less in the role
      ii. 73% function in the role part time
      iii. Many indicate they are not yet practicing with “title” of health coach
      iv. Find themselves ahead of the change curve within their own organizations
   b. Most frequently performed duties:
      i. Coaching conversations with patients for self-management and support
      ii. Participating in care management or care coordination
      iii. Preparing for planned patient visits
      iv. Setting up and using registries

1. The Profession Continues to Evolve (cont’d.)
   c. Underutilized in Their Role
      i. 55% “still building support for the position”
      ii. 48% “other office work or activity is given higher priority

   “My clinic does not have a clear role and understanding of the time needed to do the job properly”

   “There is resistance to putting the focus on preventative measures and treating the whole person.”

   “Paying for the position has been the struggle … “
2. Passionate about their Skills
   a. Overwhelming endorsement related to confidence and ability in new skills
   b. 67% “agree” or “strongly agree” that their own job satisfaction and effectiveness have increased following training
   c. Additional and noteworthy
      i. Only 11% note that organization provides a pay differential
      ii. 63% would consider paying for continued skill development out of their own pocket

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree or Strongly Agree</th>
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<tr>
<td>I feel more confident in my overall ability to use health coaching techniques.</td>
<td>90%</td>
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<tr>
<td>I am better able to engage the patient, focus and guide the conversation toward change talk.</td>
<td>88%</td>
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<td>I am better able to ask patients open-ended questions.</td>
<td>93%</td>
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<td>I am better able to use reflective listening techniques</td>
<td>93%</td>
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<td>I am better able to use scales to assess readiness, importance and confidence.</td>
<td>85%</td>
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<td>I am better able to ask permission before giving advice to patients.</td>
<td>85%</td>
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<td>I feel more confident in my ability to help patients develop SMART goals.</td>
<td>84%</td>
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<td>I have used Coaching and/or Motivational Interviewing techniques more since attending the Health Coach Training.</td>
<td>90%</td>
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“Our providers depend upon the services of the health coaches. Our patients view the health coaches as an added service that is of utmost value. Our outcomes have shown that health coaches have been very effective in decreasing the number of hospital readmissions and ER visits. And, they have had an impact on our quality improvement in diabetes, hypertension, and hyperlipidemia. Our organization sees the value of the health coach role.”

Valerie Z. Luker, RN
Clinical Operations Coordinator
Internal Medicine
Ochsner Main Campus

Findings: A View from the Balcony

3. As a strategy, health coaching requires attention to BOTH care processes AND behavior change skills (separate but equal)
   a. Transform the conversation
      i. Patient engagement and activation
      ii. Behavior change
      iii. Enhanced health and clinical outcomes
   b. Transform the care
      i. Effective use of teams
      ii. Redesigned care delivery
      iii. Community resources
      iv. Integrated decision support
      v. Registries
Conclusions and Strategies for Action

1. Prepare for Value-Based Payment
   a. Business justification
   b. P4O in closing care gaps, other metrics
   c. Payers beginning to recognize and value HC role
   d. CPT 2013 professional codes for care coordination
   e. “The right thing to do”

2. Clarify the Health Coaching Role
   a. What health coaches won’t do
   b. What health coaches do

3. Operationalize Coaching Function
   a. Integration of health coaching into the care process infrastructure
   b. Effective business models and effective care
Conclusions and Strategies for Action

4. Document Improved Outcomes and ROI
   a. Efficacy of health coaching
   b. Health, clinical, self management, cost, quality, experience, etc.

4. Continue the Advancement of Coaching Skills
   a. Strong interest in expanded skills, i.e, specific chronic conditions, HF, DM, cardiac rehabilitation
   b. Continued integration into care transitions
   c. Readiness assessments for leaders/administrators

Abbreviated Resources/Reference List

1. Physicians’ Empathy and Clinical Outcomes for Diabetic Patients; Mohammadreza Hojat, PhD, et al, Academic Medicine, Vol. 86, No. 3 / March 2011


3. Integrative Health Coaching for Patients With Type 2 Diabetes: A Randomized Clinical Trial; Wolever et al, Diabetes Educator, Volume 36, No. 4, July/August 2010


Questions?

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