Architects for Health: Health Coaches in the Clinical Setting

Mini Summit I: Clinical Health Coaching

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Blue Footed Booby

- They were initially misunderstood.
- They were perfectly designed for their purpose.
- They accentuate their positive attributes and use them for good.
- Their future depends on the health of the ecosystem.

Journey

- Population health capacity building organization -- to reduce the burden of chronic conditions.
- Success prompted inquiries about secret sauce.
- Part of the secret was a personalized coaching approach.
- Large clinic system invited us to create and build formal training.
- Developed based on competencies required in an active PCMH.

Field Experience

- Trained several hundred healthcare professionals across U.S. from 41 states
- Supported 70+ healthcare organizations implementing health coaching in clinical settings
- Designed performance oriented assessment of competencies required for health coaches in the clinical setting as well as organizational readiness assessments
- Provided ongoing (no cost) continuous education in health coaching for several thousand individuals

Concept of the Clinical Health Coach

- Team member working closely with physician lead in PCMH or clinical healthcare setting.
- Engages and partners with patients to improve health behaviors, build self-care skills, inspire personal accountability.
- Part behavior change specialist; part care management facilitator.

Principles #1

- Transform healthcare professionals from do, teach, tell to ask, listen, inspire.
- Leverage patient self-management behaviors for better individual and population outcomes.
- Prepare for move to value based from volume based funding of healthcare.
- Recognize patient as the greatest underutilized resource in healthcare.

Behavioral Informatics

We are in an era looking at all of the underutilized resources in healthcare. And, the greatest underutilized resource is the patient and their family.

Farsad Mostashari



Prinicples #2

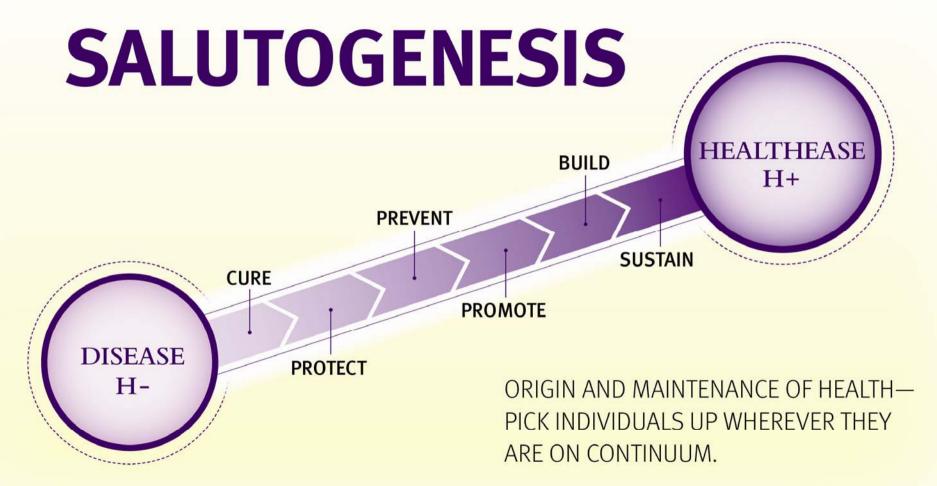
- Build a very particular set of skills to engage, partner with and activate each patient – not necessarily a position description.
- Develop workforce team member to support the all-too-busy physician.
- Equip team members to complete essential behind the scenes work to increase clinic throughput in population health strategy enterprise.
- Create an architect for reducing risk and lifting health status to achieve
 Triple Aim with patients.

Essential Knowledge, Skills, Competencies

- **1. Population health strategies** knowing principles and processes.
- **2. Coaching sciences and skills** knowing and performance competence.
- **3. Next level communication skills** knowing and performance skills.
- **4. Implementing coaching** in clinical settings knowing and leading.
- **5. Best practice development** (stratifying populations, care management, team based care, health literacy, behavioral health, utilizing neighborhood resources, evaluation, registries and medication management) knowing and skills for implementing.
- **6. Health behavior change** knowing and performance competence.

They Acknowledge Healthcare's Challenges

- Pathogenic healthcare ecosystem.
- Chronic conditions running wild.
- Costs that are unsustainable.
- Over-worked physicians.
- Technology burdens which sometimes distract.



No Software Update for People

While technology has developed and evolved dramatically, individuals still have worries, fears, hopes, desires and ambitions. They want to be moved, validated, cared for, respected and seen as capable. It doesn't matter the technology, platform or medium through which you reach them people are still people. Humans haven't had a software update in 200,000 years.



Peter Diamandis

What's the Evidence for Health Coaching?

- Affirming research that health behaviors can be changed, and improved through motivational interviewing (MI) – Miller & Rollnick
- Clear validation that chronic conditions can be managed through population health strategies that involve coaching strategies -- ICCC
- Growing body of knowledge that coaching in the clinical setting yields both improved clinical outcomes and lower costs – Group Practice Journal

Challenges to Effective Health Coaching

- Coaching in a clinical setting marries the care management process with health behavior change – if it doesn't, it isn't coaching.
- Since health coaching is "hot," **patient education often portrayed as coaching** it may be valuable; it is not coaching.
- Coaching takes time coaches must have time and a place in the care management process to actually coach and follow-up.
- Choose the right personality type for coaching not everyone can coach effectively.
- Extreme practice variation exists in the implementation of coaching.
- Effective health coaching integrated inside the PCMH requires **knowledgeable leadership**, **training and practice**.

True Architects for Health

- 98% of patient healthcare takes place outside the provider office **reach them**
- Most care is self-care build them
- Patient is greatest underutilized resource in healthcare – tap them
- 69% of healthcare costs are influenced by health behaviors – inspire them

Clinical Health Coaches

- They were initially misunderstood -- and better definition through practice continues.
- They were perfectly designed for their purpose to marry effective care management practices with patient behavior change.
- They accentuate their positive attributes and use them for good –
 improving health behaviors, building self-care skills and inspiring
 accountability is tapping healthcare's greatest underutilized resource.
- Their future depends on the health of the ecosystem as incentives move to value versus volume the case for clinical health coaching is indelible.

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