



Making it Work: Practical Considerations from Early Adopters of Health Coaching

March 24, 2015



Why a Survey Now?

- Nascent field
- Role and function not specifically articulated in NCQA standards
- Understand uniqueness of coaching within a clinical setting

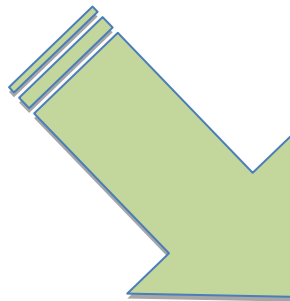


Survey Process

- Discussions with thought leaders and trainers in the field of coaching
- Identification of candidate organizations
- In-depth phone interviews with ten systems/PCMHs
- Respondents with both a strategic and operational perspective

The Continuum of Health Coaching

An *operational* (Engine 1*) strategy



A *transformational* (Engine 2*) strategy





Framing the Discussion

Engine 1 and Engine 2 (Bain and Company*)

Engine 1 – represents the core business; accounts for most of the revenue; generates virtually all the profits; typically going through a cycle of decline

Engine 2 – focused on profitable growth for the future; adjacent business(es) to replace the declining growth of Engine 1; new products and services in both existing and new markets; innovation and disruption



Adapted for Healthcare?

Engine 1

- FFS revenue
- Volume-based payment
- Managing illness
- Individual patients
- “The doctor will see you now”
- Patient compliance

Engine 2

- Capitation/premium revenue
- Value-based payment
- Managing health
- Populations
- “The patient will see you now”
- Activated patients/members



Survey: Health Coaches' Functions

- **Coaching conversations for self-management and support**
- Conducting personal or telephonic follow-up and monitoring
- Setting up/using a registry
- Care management/care coordination
- Connecting patients to medical neighborhood resources
- Leading change processes
- Preparing for planned patient visits
- Working to redesign care processes



Survey: Rating Health Coaching's Impact

INFLUENCE OF HEALTH COACHING ON:

Enhancing patients' experience

Inspiring improved health behaviors

Improving clinical outcomes

Improving quality of life

Improving patient accountability

Building patient self-care skills

Reducing total healthcare costs

Expanding use of the medical neighborhood



Survey: Impetus for Coaching Approach

- Positively influence *health* behaviors
- Influence *process* behaviors (treatment adherence, management of chronic conditions, appointment no-show rate)
- Prepare practices to assume *financial risk*
- Decrease *re-admissions*



Survey: What Makes Coaching Work?

- The right people in the role
- Specific staff trained in a full-time role
- Outcomes documented with data
- Movement from a volume to value-based model
- Recognition of the value of team-based care
- Sufficient time with patients to help them reach their potential
- Supportive physicians
- Unwavering leadership commitment



Survey: Volume vs. Value Based

- Revenue capture is still FFS-based
- Lack of high-level financial data available to primary care practices
- Coaches as added value vs. added expense
- “Navigator” → “activator” mindset of coach
- Coaches as a business accelerator – a slippery slope
- View of entire healthcare team is important



Survey: Variation is the Norm

- Full-time vs. part-time effort in actual coaching conversations
- Credentials of trained coaches: pre-baccalaureate through master's-trained
- Staffing ratios – current and future
- Incorporating coaches into clinic workflow
- Compensation: clinical ladder vs. distinctive position
- Criteria for identifying patients for coaching: acuity, readiness-to-change, presence of clinical condition



Survey: How Coaches are Trained

- Most practices use outside institutes and certification programs
- Online training is growing
- Localized training is complementary to national training and needed for role clarity
- Motivational interviewing a primary competency in all training
- Interest in all healthcare team members getting some level of training



Survey: Behavioral Health Integration

- Frequency of depression in those with chronic conditions
- Use of screening tools – PHQ-9 most common
- Integration into the medical home – embedded practitioners, referral authority
- Depression as a criterion for coaching



Survey: Challenges faced by Coaches

- Measurement
 - IT systems
 - Process vs. outcome
 - Reality of short-term performance targets
- Resource constraints
 - Space
 - Positions
 - Time
- Role definition
 - Clarity upon implementation
 - Standardizing the role across the health system



Opportunity Spaces - Individual Practices/Systems

- **A Team Sport:** Getting the entire team to value patients as a capable resource
- **Reducing intra-system variation:** Deploying a consistent coaching model across practices to achieve practice goals
- **Metrics:** Linking clinical outcomes to financial outcomes
- **Mobile technology:** Leveraging this as yet untapped asset within health coaching



Opportunity Spaces – Nationally

- **Adoption:** Expanding the adoption of clinical health coaching to support PCMH goals
- **Competency/Certification:** Focusing on a menu of key competencies, not a single certification or licensure
- **Patient selection:** Aligning criteria – or advancing an understanding of what is working

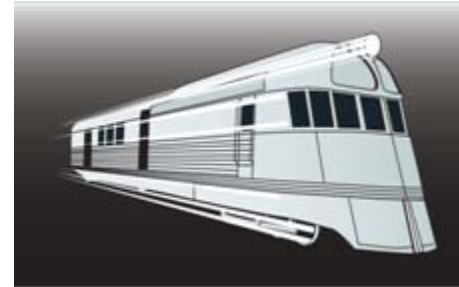
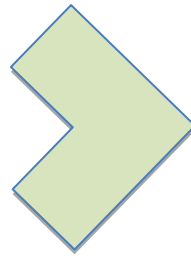


Is Your.....

Health System

PCMH

Coaching Strategy



or





Contact Information

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