

# Medical Home West Conference

## Engage Your Patients on a Whole New Level

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*Engage Your Patients*  
ON A **WHOLE NEW LEVEL**



# Disclosures

- I am a consultant with The Iowa Chronic Care Consortium.

# Half-Hour Itinerary

- Background and the case for coaching
- What is coaching
- Who are health coaches
- Integration of coaching skills into clinical practice
- How are health coaches made
- Questions

# Background Assumptions

- Increasing numbers of aging population and chronic illness
- Chronic illnesses are costly and complex
- Payment system shifting (public and private)
  - P4?, P, Q, M, X, etc. (Process)
  - P4O (Outcome)
  - Value Based Purchasing
  - Bundled payments/Episode of Care/Package Pricing
  - Penalties/Rewards Readmissions
- Organizational restructuring
  - Accountable Care Organizations (ACOs)
  - Patient Centered Medical Homes (PCMHs)

# Background Challenges

– 80

– 80

– 80

# Two Simple Truths

1. Most care is self care.
2. The patient is the biggest untapped resource in health care.

# What we're doing isn't working

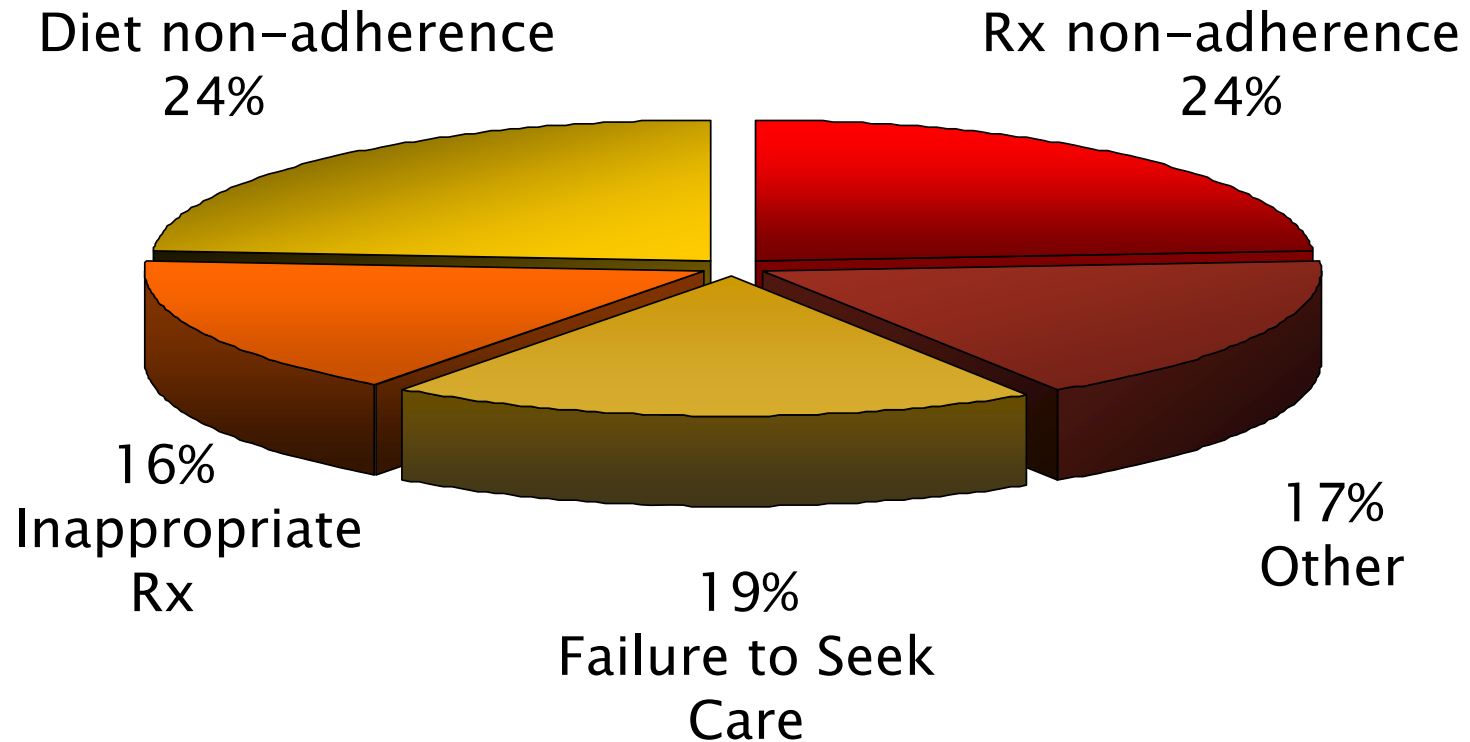
- 40%–80% of the medical information patients receive is forgotten immediately.
- 30 – 50% of patients leave their provider visits without understanding their treatment plan.
- Nearly half of the information retained is incorrect.
- Hospitalized patients retain only 10% of their discharge teaching instructions.
- 25% (that's the low estimate!) don't fill prescriptions.
- 25% don't take medications even after they fill the prescription.
- Between 28% and 31% of new prescriptions for diabetes, high blood pressure and high cholesterol go unfilled.

SOURCES: Journal of General Internal Medicine, online February 4, 2010

Bodenheimer, T. Transforming Practice, N Eng J Med 359;20, November 13, 2008

<http://www.nchealthliteracy.org/toolkit/tool5.pdf>

# Causes of HF Readmissions





# The Real “Failure” in Heart Failure

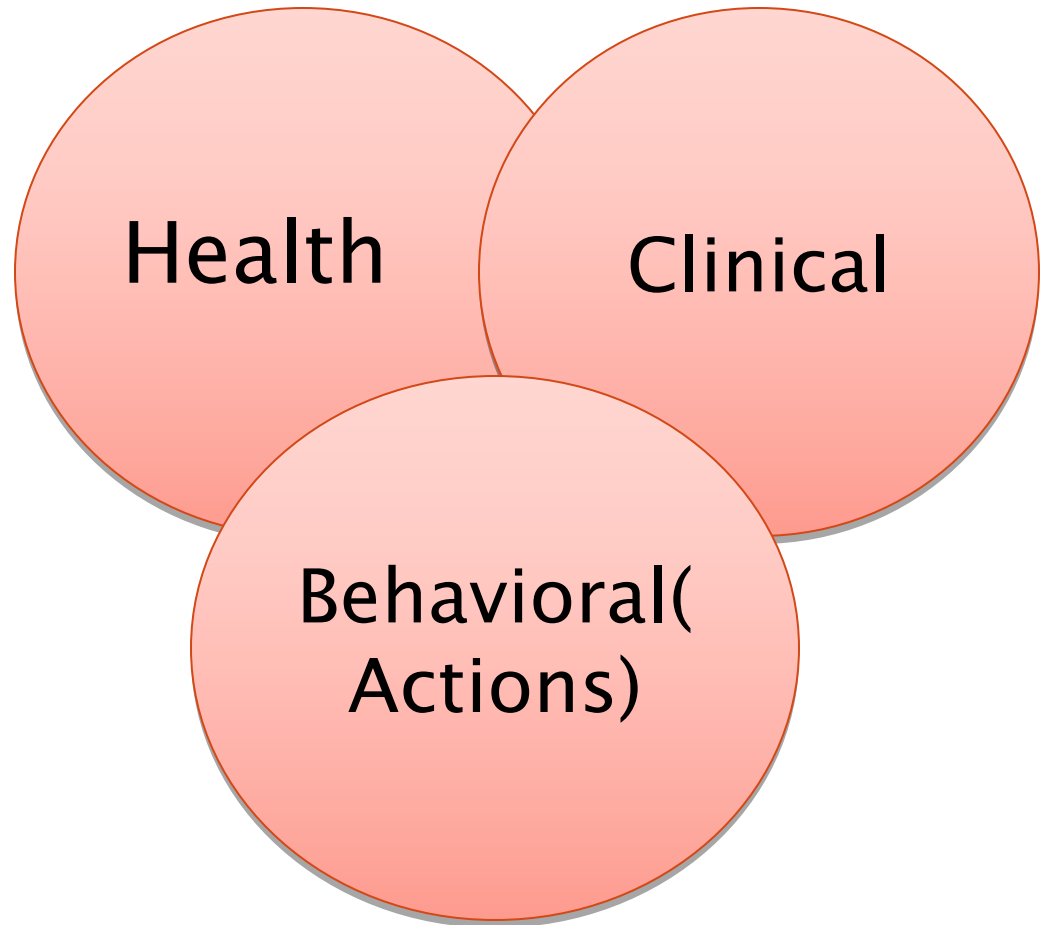
- Failure to prescribe evidence-based medications
- Failure to discontinue medication that may exacerbate HF
- Failure to titrate medications to target doses
- **Failure to adhere to prescribed medications**
- Failure to adequately address comorbidities
- Failure to consider device therapies
- Failure to provide adequate dietary counseling
- **Failure to adhere to dietary recommendations**
- **Failure to seek early care with escalating symptoms**
- Failure of adequate discharge planning
- Failure of adequate follow-up
- Failure of adequate monitoring
- **Failure of patient/family social support systems**
- **Failure to address patient and care-giver needs**

From Dr. Kenneth A. LaBresh

# Outcomes


1. Panel
2. Population
3. Patient/  
Participant

# Domains



# One Simple Question

- How do we engage patients/families on a whole new level?
  - “Health is a verb”
  - Better partners and participation in reclaiming responsibility for their own health
  - No magic bullet



*“The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change.”*

— Rollnick, Miller, Butler, MI in Health Care

# Health Expert - Health Coaching





*"If information was all [people] needed, then we would be the healthiest country in the world.*

*Coaching is more about how we engage people to share with us in such a way that they begin to choose the changes that they will stick with."*

— Kate Larsen, Winning LifeStyles, Inc.

# The Spirit of Coaching

- More collaborative than directive
  - Relationship is the heart of coaching
  - Understands the individual's motivation(s)
  - Honors patient autonomy
  - Resists the righting reflex

Portions from: Rollnick, Miller, Butler, MI in Health Care  
Moore, Tschannen-Moran, Coaching Psychology Manual, 2010

# How often do we say?

- You really need to ...
- Why don't you ...
- It would be so much better for you if ...
- Have you tried ...
- You should ...



# Change Talk

- People tend to believe what they hear themselves say.
- The more the patient makes the case for change, the more likely the patient is to change.
- The more the practitioner makes the case for change, the more resistant the patient is to change.

# The Spirit of Coaching

- More collaborative than directive
  - Relationship is the heart of coaching
  - Understands the individual's motivation(s)
  - Honors patient autonomy
  - Resists the righting reflex
- Uses evocative more than didactic approaches
- More listening than talking
- More asking than telling
- More reflecting than commenting
- Empower your patient, build self efficacy

Portions from: Rollnick, Miller, Butler, MI in Health Care  
Moore, Tschannen-Moran, Coaching Psychology Manual, 2010

## Expert Approach vs. The Coach Approach

	Expert	Coach
<b>Content</b>	Disease-specific information and technical skills.	Problem-solving skills that can be applied to chronic conditions in general.
<b>Problem Definition</b>	Inadequate control of disease is the problem.	Individual formulates the vision, which is different than a problem and may or may not be directly related to disease.
<b>Theoretical Construct</b>	Disease-specific knowledge produces behavior change and leads to improved clinical outcomes.	Self-efficacy (learned through setting short-term action plans) leads to improved clinical outcomes.
<b>Goal</b>	Patient compliance with prescribed behavior changes will improve clinical outcomes.	Increased self-efficacy will improve clinical outcomes.
<b>Educator</b>	Health professional.	Health professional or peer leader or others in the group.

# Who are Health Coaches

- Emerging field
- Built from many fields and theories
  - Transtheoretical Model & Behavior Change Theory
  - Employs a number of other science based psychological theories and practices
    - Appreciative Inquiry
    - Motivational Interviewing
    - Positive Psychology
- Health care coaching model
  - Fitness (lifestyle) and/or Wellness (well-being)
  - Health (medical model)

# Who are Health Coaches

- Profession
  - National Consortium for Credentialing Health and Wellness Coaches
- Professional
  - “Health coaching is, first and foremost, a very particular set of skills and attitudes enabling a wide range of health care professionals to partner with patients/families to achieve health outcomes that matter. Health professionals, such as nurses, physicians, pharmacists, mental health therapists, medical assistants and others can profit as individuals and inter-professional teams to move patient behaviors towards good health ends.”
    - – William K. Appelgate, PhD, Iowa Chronic Care Consortium

# Integration of Coaching Skills into Clinical Practice – Coach Roles

- Patient/family engagement and communications
  - Coaching and behavior change
  - Self management support
- Chronic care management support
  - Population health management including implementation of consensus guidelines
  - Disease registry and database oversight
  - Planned, prepared and proactive care
- Coordination of care across the care continuum
  - Medical neighborhood
  - Community resources
- Leadership and program implementation
  - Leading change
  - Project management
  - Quality improvement

# Integration of Coaching Skills into Clinical Practice – Core Competencies

- Empowers patients and families to effective self-management
- Implements planned and proactive office visits to be as effective and productive as possible
- Demonstrates a working knowledge of different care models and processes that lead to better care coordination
- Utilizes population health strategies and technologies to proactively support patients and actively monitor and improve health outcomes
- Enhances communications to build more effective inter-professional healthcare teams
- Develops skills and confidence in leading and moving forward new processes and projects: getting past the “stall” in implementing new ideas


# How are health coaches made?

- Coach skills only, wellness focus
  - Duke Integrative Health Coach Training, [www.dukeintegrativehealthcoach.org](http://www.dukeintegrativehealthcoach.org)
  - Wellcoaches, [www.wellcoach.com](http://www.wellcoach.com)
  - Coach U, [www.coachu.com](http://www.coachu.com)
  - Totally Coached, [www.totallycoached.com](http://www.totallycoached.com)
  - Intrinsic Coaching, [www.intrinsiccoach.com](http://www.intrinsiccoach.com)
- Clinical Health Coach Training
  - Coaching skills plus the integration of those skills into clinical practice
  - [www.iowaccc.com](http://www.iowaccc.com)



# Clinical Health Coach Foundational Elements

Clinical Care Management	Health Coaching	Communication and Leadership
Population Health Management	Creating Informed, Activated Patients	Leadership Skill Development
Care Coordination	Learning Effective Self-Management Tools	Flexing Communication Styles
Clinical Consensus Guidelines	Proven Health Coaching Techniques	New Opportunities in Healthcare Reform
Working with Patient Registries	Understanding Behavior Change Theory	Building Effective Work Teams



"You can be the most clinically-gifted person on the planet, but if you don't know how to communicate that to a person – where they can own it and base change on it – then you're not going to be as effective."

*– Carla Stebbins, PhD, Des Moines University*

# 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*
2. A Multidimensional Integrative Medicine Intervention to Improve Cardiovascular Risk; Edelman et al. *J GEN INTERN MED 2006; 21:728-734*
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*
4. Longitudinal Benefits of Wellness Coaching Interventions in Cancer Survivors; Galantino et al, *International Journal of Interdisciplinary Social Sciences; Vol 4, 2009*
5. Frates. E. (2009): Coaching in Healthcare Research Report; *Harvard Medical School Coaching in Leadership & Medicine conference*

# Questions?

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