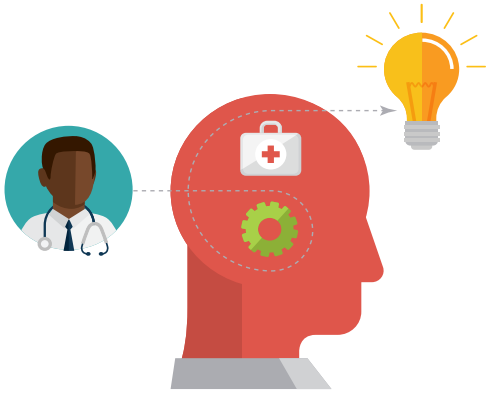
AMA | STEPSforward™

Implementing Health Coaching



Help patients take charge of their health, and foster healthier patients with better outcomes.

AMA IN PARTNERSHIP WITH UCSF Department of Family & Community Medicine, Center for Excellence in Primary Care; SGIM Society of General Internal Medicine, Creating Value for Patients

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CME CREDITS: 0.5

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How will this module help me implement health coaching in my practice?

1. Four STEPS to develop and roll out a health coaching program
2. Answers to common questions about health coaching
3. Tools to develop training materials and track progress

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. Health coaching is a team-based approach to care that helps patients "gain the knowledge, skills, tools and confidence to become active participants in their care." Not only does it reinforce the physician's care plan to promote adherence, it incorporates health goals that patients set for themselves. The physician can delegate the personalized planning to a partner who engages, educates and manages patients with complex health needs. Health coaching utilizes a series of techniques, such as motivational interviewing and "repeat back," to ensure patient comprehension of their care plans and help them achieve their goals. Having a health coach as part of the team may help the practice meet quality metrics, improve patient satisfaction and adherence and free up physician time.

Health coaching
Release Date: March 2016
End Date: March 2019

Objectives
At the end of this activity, participants will be able to:
1. Develop and implement the health coaching model for their practice
2. Recruit, train and mentor health coaches
3. Evaluate and track their progress over time

Target Audience
This activity is designed to meet the educational needs of practicing physicians.

Statement of Need
Health coaches are necessary for engaging and activating patients in their care. They typically use population health processes and techniques, which makes them ideal for helping patients self-manage chronic conditions. They provide patients with resources to improve their health, reduce their risk for future conditions, and achieve desirable outcomes overall. It is necessary to have a module on this topic so that practicing physicians are taking advantage of every opportunity to engage their patients in their care encounters.

Statement of Competency
This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice and also address interdisciplinary teamwork and quality improvement.

Accreditation Statement
The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement
The American Medical Association designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Claiming Your CME Credit
To claim *AMA PRA Category 1 Credit*™, you must 1) view the module content in its entirety, 2) successfully complete the quiz answering 4 out of 5 questions correctly and 3) complete the evaluation.

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About the Professional Satisfaction, Practice Sustainability Group
The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, "Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy," and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

Disclosure Statement
The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, neither the planners nor the faculty have relevant financial relationships to disclose.

Media Types
This activity is available to learners through Internet and Print.

Hardware/software Requirements
Adobe Flash 9.0.115 or above
Audio speakers or headphones
Screen resolution of 800X600 or higher
MS Internet Explorer 8.0 or higher, Firefox, Opera, Safari, etc.
Adobe Reader 5.0 or higher

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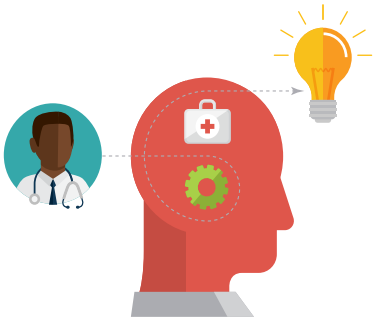
Introduction



Health coaching is a team-based approach that helps patients gain the knowledge, skills and confidence to become active participants in their care. The old saying, "Give a man a fish, and he eats for a day. Teach a man to fish, and he eats for a lifetime" demonstrates the difference between rescuing a patient and coaching a patient. Patients with chronic conditions need to learn how to fish. Health coaching can be supplemented with health literacy strategies and effective communication techniques, such as ask-tell-ask, teach-back and/or action planning to ensure patient comprehension of their care plans and help them achieve their goals.

Working collaboratively with patients on health care decisions can improve lifestyle choices and prompt behavior change. The physician can delegate the personalized planning task to a team member (health coach) who engages with patients (and their families) who have chronic conditions or complex health needs. Research shows that health coaching has a significant positive impact on patient health. Having a health coach as part of the team may help the practice meet quality metrics, improve patient satisfaction and behavior change and free up physician time.

Four STEPS to implement a health coaching in my practice:

1. Commit to health coaching
2. Build the health coaching model
3. Recruit, train and mentor the coaches
4. Start coaching and track your progress

1 Commit to health coaching

The support of practice leadership and the care team to health coaching is essential because of resources required to accomplish the following:

- Train health coaches
- Develop the program
- Create the workflows that make health coaching a regular feature of the practice

Q&A

What is a health coach?

Health coaches can be trained lay people, medical assistants (MAs) or nurses who work in the clinical setting to integrate behavior change strategies into chronic illness care and prevention. Many health coaches also use registries to manage population health.

Will I need to redesign my clinic layout or exam room space for health coaching conversations?

Often a physician will refer patients with problems such as diabetes or obesity to the health coach and the patient will see the health coach right away in the exam room. Follow-up health coaching sessions can be done over the phone. In some practices, the health coach may also have office hours or hold evening group sessions in the waiting room.

How could a health coaching program impact the business aspects of my practice?

Some practices have recognized a positive business case for health coaching. This depends on several factors:

- Payment model, for example, a **value-based payment model** will incentivize focusing on outcomes, which can be impacted by health coaches and other team members
- Availability of revenue from patient-centered medical home (PCMH) certification and/or pay-for-performance (CCM Code, Medicare Wellness Visits)
- Potential for increased revenue from more visits due to more available physician time

What impact will hiring or training a health coach have on physicians in my practice?

Physicians rarely have the time to:

1. Do collaborative patient education
2. Close the loop to assess patients' understanding
3. Engage patients in behavior-change action plans

These items can be accomplished by a health coach, which can increase available physician time and satisfaction. In a survey of physicians working with health coaches, physicians rated patient visits with health coaches as less demanding than visits without health coaches.

How will a health coach benefit my patients?

Health coaching improves health outcomes by ensuring that patients understand their care plans. Two randomized controlled trials showed improvements in HbA1c and LDL-cholesterol management in patients who received health coaching compared with controls who did not receive coaching. Moreover, health coaching **improves medication adherence** and increases patients' trust in their physician. In another randomized controlled trial, patients working with health coaches reported greater satisfaction with their care than patients without health coaches.

2 Build the health coaching model

First, choose the right leader for your health coaching program. The leader may be a nurse, nursing supervisor, nurse practitioner or physician. They should be well-versed in the tactics and goals of health coaching and be available to mentor and support the team. Next, develop a workflow that suits your practice. Work with practice

leaders to discuss data and identify the greatest opportunity to make a difference with health coaching. Consider the following when building your model:

- Which patients will receive health coaching
- How many patients will be in the coach's panel
- Referral mechanism (i.e., who refers the patient to the health coach)
- Relationship with health coach (e.g., duration, frequency, method of contact, etc.)
- Your practice's staffing model

DOWNLOAD Health coaching toolkit

Q&A

What does a typical health coaching workflow look like?

DOWNLOAD Health coaching process map

How do I identify patients who would benefit from health coaching?

You may identify some patients during their appointments—patients who have had difficulty achieving their health goals or who have trouble understanding or adhering to treatment recommendations. You may also want to search your electronic health record (EHR) to identify patients before their scheduled appointments. Look for patients with the health characteristics that your practice is targeting. Conditions for coaching will vary by specialty. Common conditions in primary care that can be impacted by health coaching include:

- hypertension
- diabetes
- obesity
- kidney disease
- asthma
- chronic obstructive pulmonary disease
- chronic heart failure
- behavioral health issues
- complex, poly-chronic health conditions

Your team members may also know of patients who routinely struggle with the physician's recommendations. Consulting with your nurses or MAs during a pre-clinic **huddle** may help you identify patients on the day's schedule for targeted coaching. In addition, you could consider including questions about health behaviors and literacy on a **pre-registration form to predict** which new patients may benefit from early intervention by a health coach.

How many patients should each coach work with?

It depends on your practice's model. Each health coach may have anywhere from 70 to 100 patients in their panel.[3-5] Patients with high acuity, lack of a support network and poly-chronic conditions may require more hands-on attention and follow through, so a coach who works with these types of patients may need to have a smaller panel. Using **telemedicine** can also increase the number of patients that can be followed by the health coach.

Can the health coaching be done by rooming staff?

Yes. Some practices elect to have the nurse or MA who rooms the patient remain with the patient during the physician component of the visit (often helping with **documentation**) and then stay with the patient after the physician leaves to initiate a health coaching session. In this model, the health coach is especially knowledgeable about the care plan because he or she remained in the room with the patient and the physician as the plan was developed. This approach supports a high level of trust and strengthens the relationship between the patient and health coach. In addition, less time is required for handoffs between team members.

3 Recruit, train and mentor the coaches

Coaches are chosen to fill the health coach role for a portion of their work day and may be registered nurses (RNs), licensed practical nurses (LPNs), medical assistants, health educators or community health workers. Your current staffing model may support the transition of a current staff member into a health coach role. You may also consider recruiting pre-medical or pre-nursing student interns to serve as volunteer health coaches.*

*Note: for non-employees such as interns and volunteers, you will need confidentiality agreements in place, as well as agreements indicating an educational purpose for the work for unpaid volunteers and interns.

Q&A

What educational background should the health coach have?

The education of your health coaches depends on the role you expect them to play. For example, if your health coaches are going to provide clinical education, a nurse or social worker may be a good option. If the health coach will reinforce the physician's plan of care and use phone calls to keep patients committed to their treatment regimens, someone without a clinical license could acquire that skillset. MAs have successfully filled this role and were able to help patients improve HbA1c and LDL levels in a randomized controlled trial.[4] Once your health coaching program has been established and proven successful, you may opt to select patients who have met their health goals to become peer coaches.[7] Peer health coaches should have the same illness and similar backgrounds to the patients they are coaching. [7]

What kind of training should we provide our health coaches?

Health coach training should be comprehensive and cover:

- Expectations in the health coaching role
- Where the coaching interaction with patients fits into a standard office visit
- How and when the coach should interact with the rest of the care team
- How to use your practice's EHR to enter necessary information, set up alerts and/or document the health coaching visit
- A thorough explanation of the target patient population and any skills needed to manage it, such as terminology of diagnosis, treatment or intervention, lifestyle modifications, laboratory tests and commonly used medications

- How to have a supportive, collaborative and action-oriented interaction with patients
- Motivational interviewing to a level of proficiency and comfort when working with patients
- Techniques such as ask-tell-ask, teach-back (also known as closing the loop) and action planning (defined below)
- Health literacy and how to engage patients with low health literacy, such as the proper use of teaching aids and handouts
- The basics of medication nonadherence and medication reconciliation to help patients become adherent

What additional communication and health literacy techniques can be helpful in health coaching of patients?

Many patients leave the physician visit without understanding or remembering what their doctor said. If patients are asked to repeat what the physician wants them to do, patients are more likely to adhere to the physician's advice.

There are three main techniques used in health coaching to help close the loop on a visit:

- **Ask-tell-ask** is the foundational technique. It creates a collaborative relationship between patient and coach that encourages patient participation. An ask-tell-ask dialogue begins with the health coach asking the patient open-ended questions to assess what they understand (or don't understand) about their care plan before sharing information. Based on the patient's response, the health coach then tailors information to their level of understanding and briefly "tells" them what they would like to know. Then it's time to ask another question.

  Coaches may ask a patient:
  - What is your number one health concern?
  - What do you believe you can do to improve your health?
  - How can I help you improve your health?
  - What do you know about diabetes?
  - Do you know how to bring down your A1c?

- **Teach-back**, also called closing the loop, is another technique that health coaches use to assess understanding. Teach-back uses plain language to explain the physician's recommendations and asks patients to tell the coach in their own words what they understood about the visit and plan of care.

- **Action planning** can also be used to promote healthy behavior change. A randomized controlled trial with diabetic patients found that action planning, rather than telling patients what to do, is associated with significant improvement in HbA1c. For example, one of your patients with diabetes eats a pint of ice cream every night. You explain that she needs to lower her A1c levels and she is motivated to make the change. Telling her to stop eating ice cream will likely fail, but engaging her in a realistic action plan that includes achievable lifestyle changes, such as reducing her ice cream consumption to half a pint each night, is more likely to succeed. The method seeks to build upon a series of small successes rather than taking an "all or nothing" approach to changing patient behaviors.

Health coaches should also be trained to be positive, thoughtful and empathetic with their patients. Choosing the right person for the job is often as much about a temperament and interest in partnering with patients to achieve their goals as it is about knowledge about chronic disease and wellness.

4 Start coaching and track your progress

Introduce your patients to the health coach and explain the goals of the program to them so it is easier to implement. Let scheduled patients know that they can expect to meet their new health coach at their upcoming visit. A phone call from the health coach or a warm handoff from the physician can put patients at ease and show the practice's commitment to partnering with them to improve their health.

You may choose to evaluate your program's success with some of the following indicators:

- Improved health of the targeted patient population
- Referred appropriate patients to health coach
- Achieved patient recruitment into the program and retention
- Made successful patient contacts according to the determined frequency
- Completed training and continued education for health coaches
- Increased patient satisfaction and engagement
- Reduced provider stress

This checklist can be used in the direct observation of the health coaches to ensure that they are correctly using their coaching techniques and achieving the desired impact with patients.

DOWNLOAD Health coaching checklist

Q&A

Should we start by piloting our health coaching model?

Piloting the model is a great way to start and confirm that the desired impact is achieved before expanding the model to more providers, pods or practices within your organization. We recommend picking one provider to refer a small subset of patients to the health coach. This subset could be patients with a specific condition or a set number of patients with a variety of conditions. With this approach, you can see if there are any obstacles in the health coach referral process, address any issues with the coaching process and gauge patient receptiveness to the program. Based on feedback from everyone involved in the pilot, you can refine your program for expansion.

How often should we evaluate the model?

Evaluate the health coaching program regularly to confirm its impact and evaluate its success.

Consider examining the following over time:

- Percent of diabetic patients in your practice whose smoking status has changed after health coaching
- Trends in average BMI of all patients in your practice compared to those who received health coaching
- Physical activity scores or number of steps per day of health-coached patients compared with a non-coached group

See the quality improvement module for more information about continuous improvement. A visual display of results, such as on a run chart, will help the team see quickly whether their efforts are moving in the right direction.

DOWNLOAD Run chart

AMA Pearls

Effective health coaches can have varied backgrounds

Anyone on your care team, including nurses, MAs or even a care coordinator without clinical training, can be an effective coach.

The goal is patient engagement and motivation

Health coaching helps patients build skills they need to take charge of their own health and provides a support system for the teachings to have a lasting impact.

Improved outcomes are a bonus for patient and provider alike

Physicians can rest assured that their recommendations are being communicated in a way that patients can understand and adhere to. Engaged and motivated patients have better outcomes.

Conclusion

Health coaching is a collaborative approach to care that informs, engages and activates patients to take a prominent role in managing their health. By bridging the gap between the physician and patient, health coaches can help practices improve patient engagement in their care, leading to healthier patients with better outcomes.

STEPS in practice

1

How's it working in New York City?

Proximity is important for smooth patient flow at Union Health Center (UHC) in Manhattan. The two main corridors of this Level 3 patient-centered medical home are used as the dividing line for forming two teams of three providers and a designated health coach. When a patient with diabetes comes to the clinic, a quick walk down the corridor is all that's needed for a warm handoff between provider and coach.

Interactions with the health coach take place based on the patient's preferences. The goal of the first meeting is to reassure the patient that they now have a supportive partner in their health care who will be with them long-term. Health coaches have flexible scheduling and make it a point to be accessible, often taking appointments by phone or conducting face-to-face visits to accommodate their patients' busy lives. They have their own appointment books and any staff member with access to the EHR is allowed to book patients with a health coach. They meet with a patient as often as needed for the patient to reach their self-management goals. In some cases, this means bi-weekly meetings for six months or monthly meetings for one year. Sometimes, patients meet one goal and move on to another, so they continue working with a coach for an extended period of time. Patients also often come back for coaching after their clinical measures fall out of range and the provider refers them again.

The health coaches use customized templates to track coach-patient interactions. These templates enable consistent and thorough documentation in the EHR; they also make it easy for the coaches to remember where they have left off with a patient. Providers are able to see the impact coaching is having on whether patients are meeting their goals, which can impact clinical measures. The templates have become valuable tools to standardize documentation of coaching sessions in the EHR.

It is essential for patients to feel that they are being heard and understood in order for them to get the most out of the coaching interaction. The health coaches at UHC are medical assistants who share language and cultural experiences with their patients. All medical assistants are bilingual and speak Spanish, French-Creole or Chinese.

The coaches use "closing-the-loop" and "ask-tell-ask" approaches to educate patients and confirm their understanding of their care plans. Training on these techniques was outsourced initially, but now there are two team members onsite who can facilitate initial training, as well as, annual booster training. The curriculum not only provides training in 12 clinical areas, including diabetes, prediabetes, hypertension, asthma, weight management and smoking cessation, but also incorporates training on soft skills, such as communication and empathy. Role playing is encouraged to help the coaches master the techniques. This robust training program is part of UHC's commitment to medical assistant professional development. Patients at Union Health Center often call their health coach when they are facing challenges managing their chronic condition and aren't sure if they should schedule an appointment with their provider. This speaks to the strength of the bond that develops between patients and the health coaches. The health coaches also receive referrals from other specialties in the practice, including endocrinology, pulmonology, cardiology, podiatry and ophthalmology

2 How's it working in Oakland, CA?

At Asian Health Services in Oakland, CA, a multi-site organization that serves Asian-American and Asian immigrant patients, each provider is paired with a health coach. This teamwork ensures that each patient gets the care they need, understands their management and is actively engaged in their healthcare. Health coaches are medical assistants who have received additional training in motivational interviewing, such as the "ask-tell-ask" technique; pre-visit planning; chronic illness monitoring and EHR management. Training is ongoing, and members of the multi-disciplinary team in each clinic lead the educational sessions.

The health coaches prep charts the day before a patient visit to determine if the patient received care elsewhere in the interim, review interval laboratory and refresh their memory of the previous visit's notes. The day of the visit the health coaches attend a pre-clinic huddle with the patient's provider. During the visit the coach then obtains the blood pressure and performs medication reconciliation, agenda setting and action planning with the patient. Post-visit the coach meets with the patient in the exam room to discuss what happened during the provider visit and assess if the patient understood the provider's recommendations.

Health coaching was successful in a pilot, so the organization chose to expand. This is a high-needs population; approximately 60 percent of the patients are on Medicaid. Many of the remaining patients are uninsured or underinsured and were felt to be especially suited to health coaching. Plan-do-study-act cycles were used to

refine and perfect the health coaching process and were critical for expanding the pilot to other sites. Leadership support and a program champion were also vital to the success of the pilot.

The coaching program is now active in all clinic locations. The organization continues to evolve and evaluate the program. For example outcomes data are being collected to assess the impact of motivational interviewing. The team also plans to review cycle times. Future plans include expanding the health coaching program to include licensed vocational nurses that will target patients with diabetes.

To demonstrate completion of this module and claim *AMA PRA Category 1 Credits*™, please visit:
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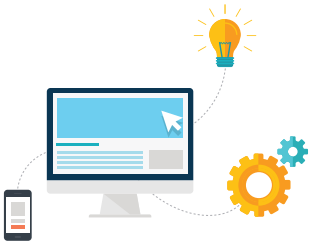
The AMA is committed to helping you implement the solutions presented in this module. If you would like to learn about available resources for implementing the strategies presented in this module, please call us at (800) 987-1106 or click here to send a message to StepsForward@ama-assn.org



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