Health Coaching: Filling a Gap In Primary Care

Katie Ingle, DNP, FNP
Cannon Falls, MN
Introduction

- **Katie Ingle, DNP-FNP**
  - Family nurse practitioner, working in family practice
  - 2005 MSN graduate of AASU
  - 2013 DNP graduate of U of M
TRIVIA!!!!!!

- What is Minnesota known as?
  - HINT- it’s on the license plates?
TRIVIA!!!!!

- How many Minnesotans were in the 2014 Sochi Olympics?
TRIVIA!!!!!

- How cold was the coldest day in Minnesota this past January (with wind chill)?
Overview

- Current trends in healthcare
- Current models of primary care
- What is health coaching
- How does health coaching fit in primary care
- Closing remarks/questions
The Changing Healthcare Environment

- **Institute for Healthcare Improvement**
  - Triple Aim - Decrease in cost, improving health and patient experience

- **Affordable Care Act**
  - Increased number of insured
  - Shortage of PCPs
  - Aging population

- **Population Health Management**
  - Focus on long term health/wellness
  - Access to care (right care/right provider/right time)
  - Excellent care, lower cost
Primary Care Model Trends

- Pay for performance vs. fee for service
- Ongoing care vs. acute or episodic
- Team based care
  - Practicing at the top of your license
- Patient centered medical home
  - Comprehensive
  - Coordinated
  - Accessible
  - Safe, high quality
  - Patient centered
Room For Improvement

Outcomes

Between Visit Care

Transition to Preventative -Wellness Model

Patient Support

Health Coaching
What is Health Coaching?

- A method of guiding people through behavior change
- Utilizes a strong, compelling vision, goal setting, accountability and support
- Focused on client
- Coaches help to identify strengths, barriers, strategies, motivators to aid in behavior change
How is health coaching different?

Coaches:

- Are non-judgmental
- Expect patient to “buy in”
- Don’t work harder than their client
- Offer information
- Listen more than talk
- Guide and support
Science Behind Health Coaching

- **Coaching psychology**
  - Science of coaching relationships designed to optimize health and well-being, founded upon evidenced based theories.
  - Many theories used: AI, MI, Self Efficacy, SCT, CBT, PP, TMC
  - Three key elements
    - Values
    - Relational Skills
    - Coaching processes
      - James Prochaska’s TMC
Stages of Change—Prochaska

- Preparation
- Action (making changes)
- Maintenance
- Relapse
- Thinking (contemplation)
- Stable improved lifestyle
- Not thinking (pre-contemplation)
Coaching Process

Client assessment
- Vision planning
- 3 month goals
- Weekly or bi-weekly goals
  - SMART goals
  - Confidence ruler
- Meet usually weekly or bi-weekly
  - Goal review
  - Review relevance of 3 month goals
  - Generative moment
  - Goal setting
Why we needed coaches in primary care

- Habits and behaviors have a tremendous effect on our health
  - Example type 2 diabetes
  - It’s the little things

- Coaching behavior change takes a special skill set

- Changing healthcare environment
  - Emphasis on outcomes, metrics
  - Healthcare costs too much
Role of Coaching in Primary Care

- [http://www.youtube.com/watch?v=KnDBoo2bilk](http://www.youtube.com/watch?v=KnDBoo2bilk)

- Areas of health where there is evidence that coaching improves health outcomes include:
  - ADHD, Asthma, Cancer Survivors, Chronic Pain
  - Heart Disease, Diabetes, Osteoporosis,
  - Physical Activity, Weight Loss
And the Research Shows…..

COACH study-Vale, Jelinek, Best, 2005

- RCT-Health coaching was a significant factor in reducing cholesterol, blood pressure, body weight. Also increased physical activity, and self perception of health

Evidence for MI- Rollnick, Miller, & Butler (2008)

- health coaching helped increase physical activity levels, better glycemic control

Coaching effect on composite lifestyle score (RCT)

- Composite score was based on lifestyle scores for weight, saturated fat intake, fruit and vegetable intake, physical activity, smoking status
- Intervention group received coaching- composite score was higher in intervention group
More Data

Health coaching and glycemic control-Wolever et al (2010)

RCT- 56 patients
Intervention group received 14-30 minute phone
Reduction in A1c also noted
calls with coach
Perceived barriers to medication adherence decreased, while
patient activation, perceived social support, exercise frequency and
stress levels improved

Integrative literature review by Olsen & Nesbitt (2010)

15 studies reviewed
Significant improvements in one or more behaviors of
nutrition, physical activity, weight management, or medication
adherence in 40% of the studies
Data Closer to Home

- Weight loss data
- Changes in HgbA1c
- Improvement in self-efficacy
Coaching Case Studies

52 year old, male

- History of hyperlipidemia (on medication)
- Hypertension
- Overweight
- Farmer, works at local bank
- Married, 4 children
- Non smoker

Cholesterol levels

Baseline-
- TC-263
- LDL-UD
- HDL-42
- Trg-418
- Weight-124kg
### After Coaching Intervention

<table>
<thead>
<tr>
<th>Repeat Labs</th>
<th>What changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>TC-216</td>
<td>Off of medication</td>
</tr>
<tr>
<td>LDL- 146</td>
<td>Weight loss 30lbs</td>
</tr>
<tr>
<td>HDL- 50</td>
<td></td>
</tr>
<tr>
<td>Trg- 216</td>
<td></td>
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</tbody>
</table>
Case Study #2

44 year old female

- Diagnosed with type 2 diabetes
- Overweight (BMI II), smoker, HTN
- Hated being diagnosed, does not want to take medication
- Struggles with weight loss
- Married, 1 daughter

Baseline
- HgbA1c 7.3
- Weight-132kg
- On metformin and 2 blood pressure medications
After Coaching Intervention

- Worked with coach for 5 months
- Taken off of metformin
- Taken off of 1 blood pressure medication
- Thinking about quitting smoking
- Lost 28 lbs
New Model of Care
Thoughts, questions, comments????
References


