Evidence-Based Health Coaching:
The Newest Trend in Patient Engagement

Welcome

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Today's Webinar

• Keynote Address
  – Melinda Huffman, BSN, MSN, CCNS,CHC
    • Co-Founder, National Society of Health Coaches
    • Principal, Miller & Huffman Outcome Architects, LLC

• HHQI’s Free Evidence-Based Health Coaching Educational Resources
  – Eve Esslinger, RN, BSN, MS, COS-C, HHQI Lead RN Project Coordinator

• Q&A: Send your questions to HHQI@wvmi.org
  – Shanen Wright, HHQI National Campaign Director
Questions & Answers

• Please send your questions and comments to HHQI@wvmi.org now or at any time
• We will address as many as time will allow during today's live webinar broadcast
• You may also contact us at HHQI@wvmi.org at any time if you have questions or comments in the future

Evidence-Based Health Coaching: The Newest Trend in Patient Engagement

Melinda Huffman, BSN, MSN, CCNS, CHC
Co-Founder, National Society of Health Coaches

What is Evidence-based Health Coaching (EBHC)®?

Skillful conversation and clinical strategies used to actively and safely engage patients that taps into their own motivation to change health behavior and to self-manage their health condition(s) that improves outcomes and reduces healthcare costs.
What EBHC is Not

- Counseling
- Directing
- Managing

Why has Health Coaching Emerged?

- Traditional methods not working very well
- Attention focused heavily on patient/family engagement
- It improves outcomes

Premise of Evidence-based Health Coaching

- Patient is the real change agent.
- Values, beliefs, culture, faith, and birth generation affect a patient’s healthcare decisions.
- A paradigm shift from “director” to “partner” can change the dynamics of the patient/provider relationship and foster behavior change.
We as healthcare providers tend to be “Directors”

Why?

Traditional Health Teaching

directing/managing
Do these things!

vs.

Health Coaching

What things?

• Vaccinations
• Preventative Screenings
• Medications
• Exercise
• Diet
• Adverse signs & symptoms: What & when to report
• Follow-up appointments
If you don’t “Do these things” we have a label for you...

Non-Compliant

Non-compliance

• 10% of all hospital admits
• 14.5% of all ER visits
• Medication non-compliance = $300 billion+/yr
• Med use- 50% take as prescribed
• Med use- 50% never start their regimen
• Up to 83% of pts admit they don’t follow tx plans

Why People Don’t Change Behavior

• Their values don’t support it.
• The don’t think it’s important.
• They don’t think they can.
• They haven’t worked through their ambivalence about it.
• They aren’t ready for it.
• They don’t have a good plan.
• They don’t have adequate social support.

Change is Similar to an Iceberg

15% is visible above the water, but the driving force is deep below the surface where 85% of the iceberg is susceptible to different currents and flow.

Patients/Families are not information receptacles!

“How I am with people, what I say, and what I help them to say makes a difference in whether behavior change happens.”

Dr. William Miller
Originator of Motivational Interviewing
Over 300 studies & 30 years of research
Tell me the concerns you have about your high blood pressure.

How EBHC is Different

Partnering/Engaging
• Actively listens
• Empowers
• Non-judgmental
• Patient’s concerns

Directing/Managing
• Gives advice
• Diagnosis-driven
• “We do the talking”
• Provider’s agenda

Conversation Example

Patient Statement
I just don’t think I’ll be able to stay on this diabetic diet.

Health Professional’s Response

Traditional
Sure you can... You can do it! And we're here to help you! We're just a phone call or one visit away!
The diet for diabetes management is very important! You have to keep your sugar under control. If not, you could lose your eyesight or even a limb!
Oh, diabetic diets aren't so bad. We should all eat like that.

Evidence-based Health Coaching
Tell me what concerns you about it.
Tell me what you understand about your meal plan.
On a scale of 1-10, with 10 being extremely confident, how confident are you that you can stick with your meal plan? Why do you believe you’re at a 3 instead of a 9? What would it take for you to be at a 9?
NSHC’s Clinical Model

Health Behavior Outcomes

How do I obtain the skills of Evidence-based Health Coaching to actively engage patients?

We’re glad to help!

www.nshcoa.com
info@nshcoa.com
melinda@nshcoa.com

HHQI Coaching Resources

E Eve Esslinger, RN, BSN, MS, COS-C
HHQI Lead RN Project Coordinator
HHQI Coaching Resources

• **Cross Settings I BPIP**
  - Focus on Care Transitions and Coaching
    - Community-based efforts to reduce hospital readmissions
      - Jane Brock, MD Colorado Foundation for Medical Care (CMFC)
      - Pages 13-16
    - National Transitions of Care Coalition (NTOCC)
      - Cheri Lattimer, BSN, NTOCC
      - Pages 19-21
    - Evidence-Based Health Coaching: A Lever for Better Health Outcomes
      - Blake Anderson, PhD, Health Science Institute
      - Pages 24-28
    - Telephonic coaching: Is it Effective?
      - Melinda Huffman, MSN, Miller & Huffman Outcome Architects
      - Pages 30-32

• **Cross Settings II BPIP**
  - My Action Plans
    - Several versions and in several languages
  - Home Telehealth Disease Management Series
    - Heart Failure, Diabetes, & COPD
    - Staff education
    - Patient self-care workbooks
    - Clinician decision support tool

• **Focused Patient Self-Management BPIP**
  - Individual Motivation
    - Page 4
  - Patient Activation
    - Page 5
  - Action Planning
    - Pages 5 & 12
  - Motivational Interviewing Tool
    - Page 16
    - Pocket card
  - Skit for Self-Management
HHQI Coaching Resources

- **Underserved Population BPIP**
  - Health literacy including teach back
    - Pages 38-47
  - Teach-back resources
  - Patient adherence
    - Pages 50-53
  - Doctor Reminder Notice
  - I Know, I Can, I Will

HHQI Coaching Resources

- **Medication Management Focused BPIP**
  - Medication Adherence
    - Page 8
  - Guiding Patients Towards Medication Adherence
    - Page 9
  - Patient Friendly Medication Schedule
    - Page 14

HHQI Coaching Resources

- **Cardiovascular Health Part 2 BPIP**
  - My Questions about My Heart for My Doctor
    - Page 35
  - Taking Control of Your Cholesterol
    - Pages 37-38
  - Behavioral Counseling for Smoking Cessation
    - Pages 61-72
  - How to Actively Engage Patients to Change Health Behaviors
    - Pages 62-64
  - Melinda Huffman, National Society of Health Coaches
HHQI Coaching Resources

- **Disease Management: Diabetes Focused BPIP**
  - Clinical Evidence-Based Practices
    - Pages 6-16
  - My Diabetes Education Workbook
    - Pages 21-37
  - Controlling My Diabetes:
    - I Know-I Can-I Will
      - Page 38
  - Diabetes Stoplight Tool
    - Pages 39-41

HHQI Coaching Resources

- **Disease Management: Heart Failure Focused BPIP**
  - To be released 04/01/14

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**The Gravity of Falls:**

*Evidence-Based Preventative Strategies*

- Tuesday, April 29, 2014 at 2-3 pm (ET)
  - Discuss validated multifactorial fall risk assessments
  - Examine your data findings and adjust your internal thresholds to identify high risk patients in need of interventions
  - Identify fall prevention interventions for implementation by clinicians in the home
  - Discuss major classes of medications that either increase risk for falls or increase risk of injury from a fall
  - Review changes in metabolism of medications commensurate with aging

- **Speakers**
  - Nancy Kimmons, BS, PT, Home Care Therapy Operations Manager, Rehab Affiliates, Division of Main Line Health, Philadelphia, PA
  - Michele James, BSN, MS, RN-BC, Home Care Case Manager, The Home Care Network, Jefferson University Hospitals, Philadelphia, PA
  - Chuck Lally, RPh, Pharmacist, University Hospitals Home Care Services
  - Joanne M. Wilc Avenmarg, OTR/L, M.S., Director of Clinical Operations, University Hospitals Home Care Services