Moving to an Evidence-Based Health Coaching Practice

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Various health coaching approaches are being used in employer, primary care, community, health plan and population health improvement settings to support individual lifestyle change, treatment adherence, and self-care. Yet while health coaching is a frequently used term, it is often a poorly defined, informal practice. Some clinicians refer to any patient education or advice-giving encounter as "health coaching." Many non-clinician and clinician health coaches use a variety of life coaching approaches that are based more on popular psychology than behavioral science research.

These facts raise a number of questions: What is coaching? Can coaching approaches from the business and sports worlds be applied by clinicians in health care settings? Which health coaching approaches are most effective? How can health coaching be patient-centered and deliver best value to patients and health care payers and purchasers?

What is "Coaching?"

The International Coach Federation (ICF) defines coaching as "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential."1 Life coaches help clients "clarify their mission, purpose and goals, and help them achieve that outcome." Life coaching borrows from executive coaching methods that companies use to support employee career growth, learning and performance.

The modern coaching movement can also be traced to Benjamin Karter, a college football coach who became a motivational speaker in the late 1970s. Kanter and others from the sports world have popularized what is known as "personal performance" oriented models of coaching. Most wellness and health coaching models and training programs have been developed by motivational speakers or coaches from the business world. These programs are loosely based on sociology, counseling and positive psychology concepts such as "self-efficacy."

The ICF is the primary global body that credentials coaches and accredits coach training programs. ICF certifies coaches at three levels: Associate Certified Coach (ACC), Professional Certified Coach (PCC), and Master Certified Coach (MCC). While no professional training or license is required for ICF certification, applicants must complete an ICF-accredited or other coach training program(s), receive mentoring by a coach, fulfill experience requirements and pass an examination. While the ICF does not specifically accredit wellness or health coach training or certification programs, these programs may be recognized as Continuing Coach Education Programs for existing ICF-certified coaches. The ICF has developed the following competency model for coaches:

Eleven Core Coaching Competencies

Setting the Foundation

1. Meeting ethical guidelines and professional standards
2. Establishing the coaching relationship

Co-Creating the Coaching Relationship

3. Establishing trust and intimacy with the client
4. Coaching presence

Communicating Effectively

5. Active listening
6. Powerful questioning
7. Direct communication

Facilitating Learning and Results

8. Creating awareness
9. Designing actions
10. Planning and goal setting
11. Managing progress and accountability

Applications & Limitations of Traditional Coaching Approaches in Health Care

Health coaching appeals to many health care professionals because it puts the focus squarely on the patient. This is different from the traditional medical model in which health care professionals who "know best" define the agenda, terms, and the goals of care. Many clinicians assume patients who neglect their health or are non-adherent, "don't see (are in denial or lack insight), don't know, don't know how, or don't care." Based on these assumptions, health care professionals often rely on teaching, instructing, directing and advising patients to support behavior change. However, for less motivated patients, traditional health education approaches are generally ineffective and may lead to negative clinical outcomes. This is not surprising considering that patients are often less concerned with their medical condition(s), than the daily problems that these medical conditions cause or the threats that medical conditions pose to important life goals or activities.

In most encounters between clinicians and patients, patient goals and motivational issues are not identified or addressed. And while the popular health coaching models and approaches based on the life coaching model represent an appealing alternative to traditional medical approaches, they are incomplete.

Health care professionals are bound by specific ethical and practice standards, as well as accountability requirements, beyond what is required in traditional business or life coaching setting. Those standards are summarized below:

Applications & Limitations of Traditional Coaching Standards

Ethical Standards	Clinicians are held to a higher level of ethics than professionals in business and many other non health care settings. These standards, some of which are codified in legal statute, are necessary because clinicians frequently serve individuals who are vulnerable due to medical, cognitive or psychological conditions. Health coaching must fit these specific ethical guidelines.

Evidence-Based Practice Most health care professional practice guidelines and standards include the imperative that services be evidence-based. These guidelines are derived from peer-reviewed research studies and expert consensus. Unless health coaching can demonstrate that interventions and programs are evidence-based, the impact and value of health coaching services will be suboptimal.

Training and Competency It would be difficult to train clinicians in the types of informal or intuitive practice models used in traditional coaching settings. Evidence-based health coaching competency models must be used to define the critical competencies necessary to deliver best results. And advanced learning curriculums, methods and modalities must be used to develop these new competencies.

Accountability for Results Today health care purchasers expect measurable value from health care providers and organizations. To succeed in the new health care environment, clinicians must transition from a focus that emphasizes production (time spent doing) to one that is concerned with effectiveness (results achieved). Evidence-based health coaching approaches are designed and validated to support effectiveness.

Reduction of Risk Traditional coaching models and approaches have been designed for individuals who are usually healthier, better engaged and often more motivated to change. Individuals at risk of, or affected by, chronic conditions are often among those who are the least engaged or prepared for change. Poor patient engagement continues to be a major barrier to population health improvement.

Shared Team Practice Evidence-based health coaching provides the interdisciplinary care team with a common, more actionable health care improvement platform. A shared health coaching platform supports better alignment of activities and avoids the pitfall of health coaching becoming a loose collection of random self-help theories, approaches and interventions subject to individual interpretation.

Medical & Wellness Guidelines Established guidelines exist for effective medical care, disease self-care, diet, physical activity and weight management. These guidelines must be the foundation for all wellness and health coaching services. If health coaches are unfamiliar with these guidelines, they will not be prepared to advocate for effective care or to guide patients in taking the steps necessary to improve their health.

Competence & Health Literacy Non-majority populations are at increased risk of health care disparities. Health care services, communications, educational materials and outreach must be tailored to address unique health literacy, knowledge, and adherence gaps. Health coaches need to help patients identify goals, self-care, and lifestyle management

plans consistent with their cultural and ethnic beliefs and preferences.

Health Coaching Across the Population Health Improvement Continuum

No consensus exists on how to define health coaching and how to practice health coaching. Similarly, there is little agreement on who should be doing health coaching and who should be receiving health coaching. Nor, are there standards for measuring the effectiveness of health coaching encounters.

- Employers may offer healthy employees health coaching services to assist in smoking cessation, healthy diet, weight management or physical activity.
- Primary care providers may offer patients with chronic diseases health coaching to support knowledge, adherence, disease self-care support, or lifestyle management.
- Clinicians in chronic care improvement or disease management programs may also offer brief, phone-based health coaching to support receipt of evidence-based medical care, treatment adherence and daily self-care.
- Care managers or case managers, who may not refer to themselves as "health coaches," may provide all of the above and more to individuals with multiple or complex health care conditions.

While a variety of specific health coaching interventions may be delivered based on the needs of the population(s) served and the setting(s) in which they are delivered, health coaching services can generally be described as either preventive or therapeutic:

Preventative Health Coaching

- Is often referred to as "wellness coaching."
- May be offered by non-clinicians or clinicians.
- Targets individuals with or without chronic conditions.
- Supports physical activity, healthy diet, or weight management as components of general or targeted disease prevention.

Is designed to slow progression of disease, prevent complications, or support function and independence, e.g., a weight-bearing activity program for an individual with osteoporosis.

Therapeutic Health Coaching

- Is often referred to as "health coaching."
- Is typically delivered by clinicians, e.g., nurses, physicians, nutritionists.
- Targets individuals affected by one or more chronic conditions.
- Support physical activity, healthy diet, or weight management as components of an evidence-based therapeutic care plan.
- Is designed to slow progression of disease, prevent complications, or support function and independence, e.g., a weight-bearing activity program for an individual with osteoporosis.

When health coaching services are delivered to individuals with one or more chronic conditions, professionals are typically practicing preventative and therapeutic health coaching. For example,

when working with patients with diabetes, it is important to support optimal medical management through regular A1c testing, and medication management of glucose and lipids. However, clinicians will also be supporting critical lifestyle management issues including diet, weight management and physical activity. In both preventative and therapeutic health coaching encounters, health coaches routinely encounter similar engagement, motivation, and behavior change barriers and opportunities.

Evidence-Based Health Coaching Models and Approaches

In a review of behavior change approaches used in health care, Linden and Roberts described eight models that support individual, interpersonal or community behavior change. A subsequent review of behavior change models by Linden, Roberts and Butterworth described five additional approaches.8 While there are a number of promising behavior change models and approaches, motivational interviewing-based health coaching is the only technique that has been consistently demonstrated to impact positive health behaviors in health care settings. Motivational interviewing has been described as a "directive (goal-oriented), client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence."

Motivational interviewing is a foundational approach that guides goal setting, information delivery, motivation-building, and behavior change planning, implementation and follow-up.

Motivational interviewing outperforms simple advice-giving-based approaches in 80% of clinical studies5 and has been shown effective for supporting better health care outcomes across the care continuum.

Given the productivity and accountability demands facing clinicians in primary care, wellness, disease management and care management settings, it is essential that evidence-based health coaching interventions be patient-centered, systematic and brief. Brief, health-related motivational interviewing (as opposed to longer, more counseling-oriented motivational interviewing approaches often used by many psychologists or other professionals) works particularly well because it is patient-centered, effective, and ideally suited for the types of short, face-to-face and telephonic settings where health coaching services are often delivered. Initial sessions of 30 minutes to 1 hour in duration (depending on the nature and complexity of the individual's needs) followed by 10 to 30 minute follow-up sessions are typically recommended. When combined with standard medical treatment or patient education interventions, a single motivational interviewing session can be effective—with the typical protocol ranging from three to five sessions.

Clinicians in usual health care settings, as well as those practicing in wellness, disease management, and care management settings frequently cite patient engagement (participation in health management programs) as a major barrier to patient change. Yet, systematic, evidence-based steps are frequently not utilized to improve initial and ongoing engagement.

One engagement-related measure, the Patient Activation Measure (PAM), asks people about their beliefs, knowledge, skills and confidence regarding health-related behaviors. Based on the responses to the PAM, individuals are then assigned an "activation score." Higher patient activation levels have been linked with better patient lifestyle management, self-care and a reduction of health care expenses. Combining patient activation measurement and tailored motivational interviewing-based

health coaching improves how well patients take care of themselves and consequently reduces visits to the doctor and the emergency room, and reduces health care utilization.

The Information-Motivation-Behavioral Skills (IMB) model, developed by Fisher and Fisher is another more integrated, evidence-based model for blending patient education, motivation building and behavior change support. The IMB Model has been validated in many studies to support better clinical outcomes. The three components of this model are described below:

1. Elicitation. Elicitation of existing levels of health promotion information, motivation, behavioral skills, and health promotion behavior.
2. Intervention. Design and implementation of empirically targeted interventions to address health promotion, information, motivation, behavioral skills, and behavior deficits.
3. Evaluation. Evaluation of intervention impact on health promotion information, motivation, behavioral skills and health promotion behavior.

The IMB model provides a shared framework for health coaches who work across the continuum to support health in primary care, community and population health improvement settings. It also reconciles three orientations, objectives, and activities that are frequently not well-integrated across or within usual health care and population health improvement settings.

- The information component of the model addresses traditional health care education activities. Individuals must have accurate and actionable information about how to manage health care risks and conditions.
- The motivation component addresses common motivational issues such as poor patient engagement, activation or “resistance.”
- The behavior skills component is also essential, because patients often need guidance planning, organizing or implementing a change plan.

While motivational interviewing specifically targets motivational factors, it also has value as a patient-centered foundation that engages and activates patients, delivers information, and builds behavior skill sets.

The effectiveness of brief, evidence-based health coaching has been well established, but in real-world applications, health coaching often has not been integrated and tailored to meet the broader goals of population health improvement as detailed by Andersen & Sidorov. That must change. In a 2009 review of health coaching in health management, Butterworth, Linden and McClay found that effective health management programs must combine key components of population health improvement with evidence-based health coaching as described below:

- Candidates for health coaching must be correctly identified based on risk to ensure wise use of resources.
- Patient recruitment efforts must be maximized to support enrollment and engagement.
- A valid coaching technique, such as motivational interviewing, must be used.
- The health coaching delivery method, frequency and duration must be tailored to the population or person.
- The program must measure fidelity to the health coaching technique and patient impact.

Health Coaching Roles and Proficiency

Professionals who serve individuals at risk of, or affected by, chronic conditions—in employer, health plan, population health improvement, direct health care and community settings—need to be proficient in core or advanced population health and evidence-based health coaching techniques.

Naturally, the level of proficiency will depend on the professional's role and the populations that they typically serve. While it might be ideal for everyone on the interdisciplinary care team to be highly proficient in health coaching, this may not be feasible or practical. Effective chronic disease prevention and care improvement require delegation. Yet, at the same time, all members of the health care and health support team can apply evidence-based health coaching principles and techniques that will lead to better patient outcomes, as well as more coordinated and effective care—across disciplines and care settings.

Designated Health Coaches

Designated health coaches in health plan, population health improvement and primary care settings need to be most proficient in population health improvement and health coaching interventions. These professionals are often tasked with serving higher risk, more challenging patients—individuals who are dealing with the most difficult adherence or self-care challenges, long-standing unhealthy behaviors, or the consequences of a lifetime of inactivity, unhealthy diet or obesity.

Greater health coaching proficiency is also required because these professionals typically serve patients with whom they have no prior, ongoing relationship. These patients also often have less choice in the selection of the health coach, or the time or setting of the encounter. The first introduction to health coaching services may be a mailing or a phone call. Not surprisingly, professionals involved in such health coaching frequently cite poor patient engagement as a major barrier to success. Evidence-based health coaching approaches such as motivational interviewing are ideally suited for these encounters.

Primary Care Physicians and Nurses

Physicians, advanced practice nurses, and nurses who serve patients at risk of, or affected by, chronic conditions in primary care and other usual health care settings should be proficient in basic evidence-based health coaching approaches. While they may not be designated health coaches, they often have an ongoing relationship with patients; and patients naturally look to them for guidance and support. At a minimum, these clinicians should be familiar with formal patient-centered partnering and communication approaches to better engage and activate patients. They must also be prepared to elicit patient goals, and to design and support individualized treatment and self-care plans that are aligned with the individual's needs, goals and preferences. They can help by setting the stage for contacts by formal health coaches.

These clinicians can also use evidence-based health coaching approaches to support treatment adherence, which today is estimated at 50 to 60%. In usual care, physicians demonstrate no better than chance odds in predicting which of their patients will adhere to a regime and which will not. And given the fact that only 39% of obese adults receive any advice to lose weight from health care

professionals during office visits, health coaching approaches are ideally suited to help address the epidemic of overweight and obesity responsible for many chronic conditions such as diabetes.

Patient-Centered Interdisciplinary Medical Home Teams

The patient-centered medical home is a promising new primary care model for improving chronic disease prevention and care. The medical home aims for care that is more "patient-centered", "interdisciplinary," and more focused on the needs of the "whole person." While there are a number of important medical home process redesign steps and technologies, the readiness and capacity of primary care providers to support patient adherence and self-care will largely influence the success of the medical home.

Most primary care providers assume that they are "patient-centered," without truly appreciating what that means. True patient-centered care is a new orientation and approach, qualitatively different than the patient education-oriented approaches routinely used in today's health care settings. In usual care, for example, it has been estimated that patients participate in medical decisions with their doctors less than 10% of the time. The full promise of new models such as the medical home cannot be realized unless health care professionals are engaged with and prepared for this new model of care. To deliver measurable results, patient-centered care must be more than an aspiration—it must be implemented thorough routine practice that incorporates evidence-based health coaching methods.

Evidence-based, patient-centered approaches also offer a shared vision and common platform for interdisciplinary care.

- Pharmacists can use motivational interviewing-based approaches to help them design individualized medication education, support medication management and medication adherence, and encourage patient disclosure of—and joint problem-solving—regarding medication side-effects or concerns that are frequently unspoken, yet which often underlie poor adherence.
- Physical therapists could use evidence-based health coaching approaches to design more individualized physical activity "prescriptions," or to better target the disease-related functional limitations that are of most concern to patients.
- Behavioral health providers could use these approaches to elicit important individual life goals or barriers, and address psychosocial issues or mental health issues that may specifically contribute to disease risk, or impede self-care or lifestyle management.
- Nutritionists could use these approaches to design dietary or weight management plans that fit the personal goals or cultural preferences of the patient.

In short, by working in unison, using a systematic and structured platform, the interdisciplinary care team can support care that is truly patient-centered and most effective.

Preparing the Health Care Workforce for the New Health Care Environment

While the practice of evidence-based health coaching will continue to evolve, a body of evidence from the behavioral and health care sciences already exists to guide health coaching practice. Though traditional coaching models and approaches may have some value, the Institute of Medicine has

emphasized that today's health care professionals need to master the broad set of interdisciplinary competencies that support disease prevention and chronic care improvement.

Leaders in chronic care improvement, including Ed Wagner and Thomas Bodenheimer have emphasized that chronic care improvement is a new model of care—a model that requires a significant reorientation and redesign of usual health care services and roles. The health care workforce must be prepared to function in this new model of care. For patients with multiple or complex chronic conditions—the population associated with the highest health care costs—we know that care management services provided by health care professionals who have been trained in this new model of care deliver better results.

In 2003, Health Sciences Institute and its partners designed an interdisciplinary competency model—based on the core competencies for the 21st century health care workforce identified by the Institute of Medicine. The resulting competency model incorporates population health improvement foundations and evidence-based health coaching competencies that support patient engagement, whole-person care, communications, adherence, and self-care and lifestyle management.

With funding from the Minnesota Department of Human Services, in 2004, Health Sciences Institute developed and piloted a curriculum, training and certification program—the Chronic Care Professional (CCP) certification program. The program competencies and curriculum were further validated in 2007, leading to the 4th edition of the program in 2008.

The CCP program has been adopted by state health care programs in the United States, as well as Canadian provincial health care units. Additionally, the program has been selected by leading health care plans, health systems and medical home programs. One peer reviewed study found that disease management programs that combine evidence-based health management interventions, delivered by nurses who have completed the Chronic Care Professional (CCP) certification program, improved patient clinical outcomes, quality of life, and reduced costs for patients with diabetes.

Clearly, popular health coaching approaches are valuable because they put the focus on the patient. However, to be effective, health coaching must be both patient-centered and evidence-based. Replacing traditional patient education-oriented approaches, with invalidated or informal health coaching approaches will not deliver expected value. Just as intuitive medical practice is being supplanted by evidence-based medical care, informal health coaching approaches must evolve to deliver better results for both patient and purchaser.

Yet, competence in health coaching is not innate. At first glance, health coaching may seem intuitive and simple, but it is not easy. For most clinicians trained in directive, patient education-oriented approaches, health coaching represents a paradigm shift. Proficiency in validated approaches such as motivational interviewing takes practice to develop. Competence must be attained and improved through advanced adult learning programs, as well as performance measurement and mentoring. Finally, health coaching cannot stand alone in either traditional health care or population health improvement settings. The effectiveness of health coaching depends on it being integrated within broader chronic disease prevention and chronic care improvement efforts.