

Traditional Health Teaching is Out...

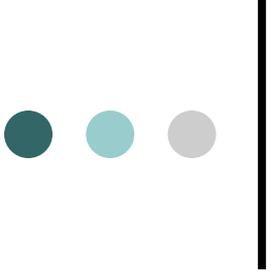
Evidence-based Health Coaching is IN!

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



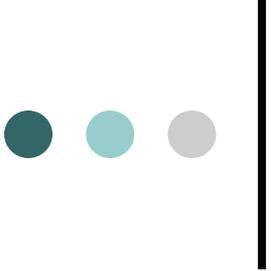
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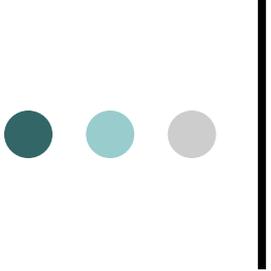
Objectives

1. Define Evidence-based Health Coaching (EBHC)
2. Explain why traditional methods have fallen short
3. Describe how EBHC works to change health behavior



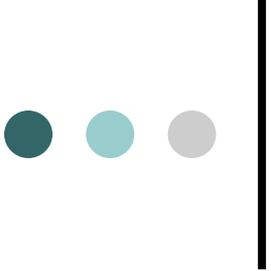
Highlights

- EBHC Defined
- Overview of EBHC strategies
- From a traditional approach to EBHC
- What don't people change behavior?
- A Taste of Motivational Interviewing



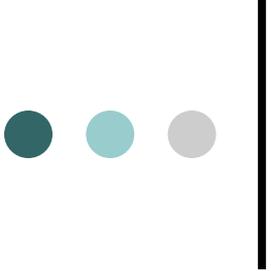
What is Evidence-based Health Coaching EBHC®?

Skillful conversation and clinical interventions used to actively and safely engage patients in self-management of health conditions and health behavior change, with the goal to improve health outcomes, lower health risk and reduce overall costs.



What EBHC is Not

- Counseling
- Directing
- Managing

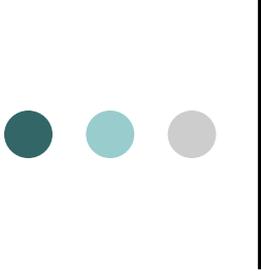


Premise of Evidence-based Health Coaching

- Patient is the “real” change agent.
- Values, beliefs, culture, faith, and birth generation affect patient’s healthcare decisions. (Social context of one’s life)
- A paradigm shift from “director” role to “partner” can change the dynamics of the provider-patient relationship and foster behavior change

Nation's First Clinical Model of EBHC





EBHC Strategies

(Not all inclusive)

1. Partnering and patient engagement
2. Empowering the patient
3. Guiding the agenda and safe goal-setting
4. Facilitation thru Motivational interviewing (Taps into patient's own motivation to follow through)
5. Use of evidence-based clinical interventions for medical advice, treatment, or instruction
6. Use of empathy & compassion
7. Behavior change

Why has Health Coaching Emerged?



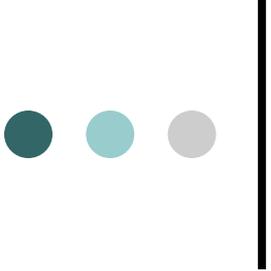
- Traditional methods not working very well
- It actively engages patient/family to act
- It improves outcomes

● ● ● | Traditional
Health Teaching
directing/managing

vrs. Health
Coaching

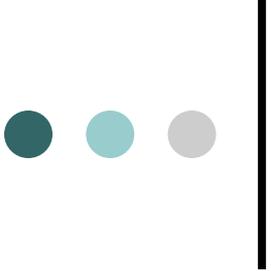
“Do these
things....”





What things?

- Vaccinations
- Clinic appts; check-ups
- Screenings
- Medications
- Diet/Exercise
- Adverse signs & symptoms- When to call
- Urgent/Emergent care and access



And if you don't "Do these things".....

We label you as.....



Non-compliant

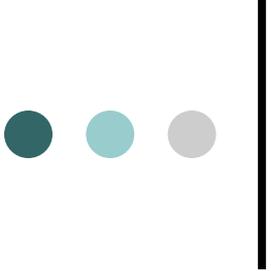


● ● ●
Traditional
directing

vs. Health Coaching
vs. *Guiding/partnering*

“What is the
greatest concern
you have?”





Example

Patient: Has Diabetes; When you call for follow-up, she says, “I’ll get there sometime.” She rarely keeps appts.

Health Provider’s Response:

Traditional

“You really need to keep your appointments.”

“If you don’t stay on top of your diabetes, you could lose your eyesight or even a limb..”

vrs.

Evidence-based Health Coaching

You don’t get in to see us very often. Tell me if you will.. What keeps you from coming in?”

How does EBHC differ?

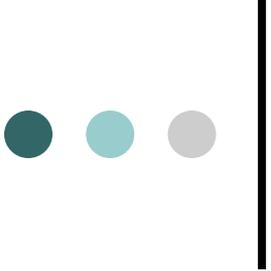


Guiding/Facilitating

- Actively listens
- Empowers
- Non-judgmental
- Patient's concerns

Directing/Managing

- Gives advice
- Diagnosis-driven
- "Does the talking"
- Provider's agenda



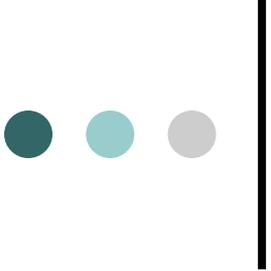
Engagement & Self- Management Support

Center for Advancing Health , 2010

A person's involvement in their healthcare where professional information & advice is in concert with the patient's needs and preferences.



Health teaching \neq Self-management



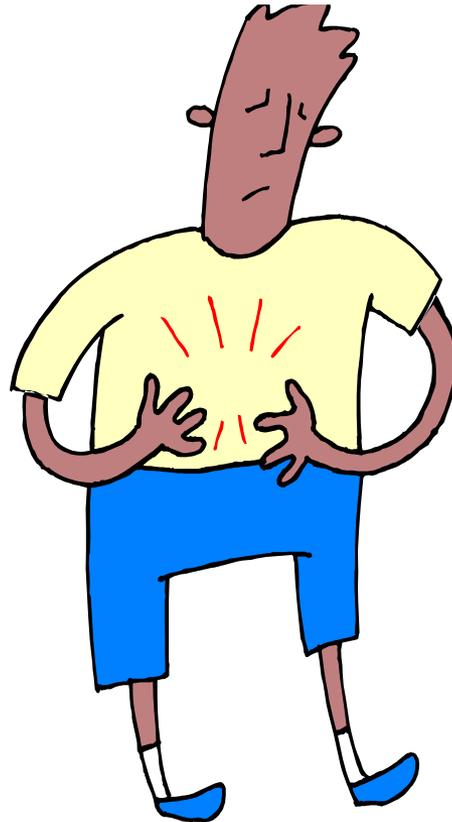
Who manages 95-99% of
chronic condition care?

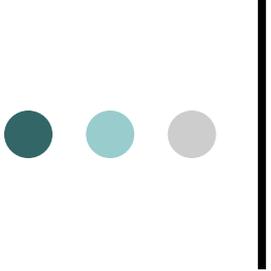
Nurses?

Physicians?

Payers?

● ● ● | How well is the patient managing himself today?





Polling Question #1

I don't always follow my Dr.'s treatment plan or prescribed medication.

1. I don't always follow
2. I always follow

● ● ● | Non-compliance



- 5% declare vaccine exemptions
- 10% of all hospital admits
- 14.5% of all ER visits
- Medication non-compliance= \$100billion/yr
- Med use- 50% take as prescribed
- Med use- 50% never start their regimen
- 30-60% of pts do not follow tx plans as ordered

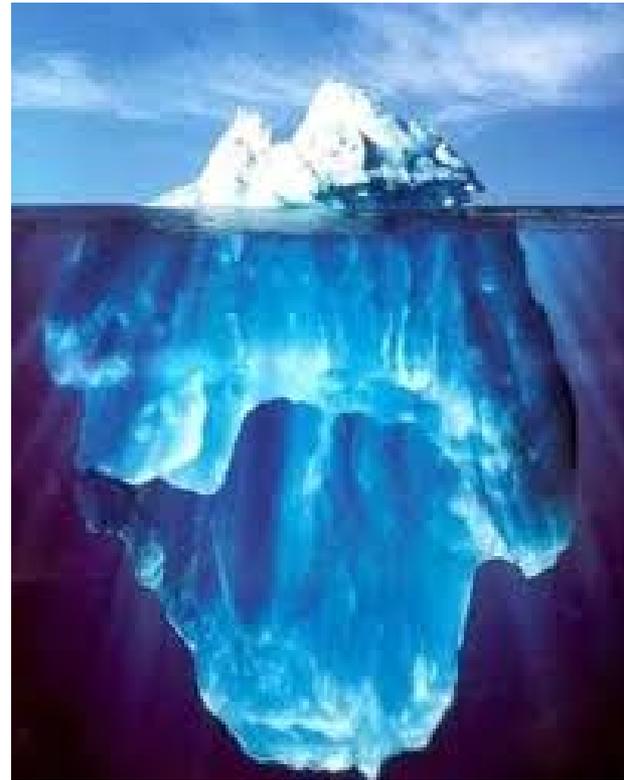


Why Don't People Comply with Health Behavior Change?

- Their values don't support it.
- They 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.*

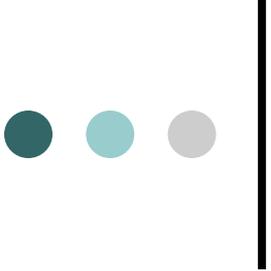


15% is visible above the water.

***The driving force is deep below the surface where
85% of the iceberg is susceptible to different
currents and flow.***

Evidence-based Health Coaching: Quick-Start

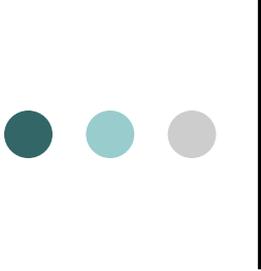




Conversations w/ Patients

5 Pitfalls to Avoid

1. Not finding out what the patient already knows
2. Missing cues that suggest the patient's underlying concern
3. Pursuing your own agenda
4. Ignoring the patient's beliefs, values
5. Not seeking the patient's perspective



Motivational Interviewing

Art & Science

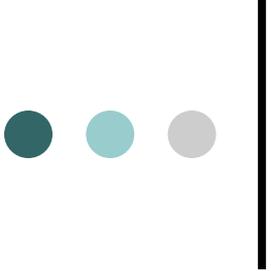
A collaborative, skillful style of guiding to elicit and strengthen one's own motivation for change (Rollnick et al, 2008)

It's All About the Conversation!

History of MI



Began in Psychiatry for the treatment of alcohol addiction in the early 1980s



Spirit of MI

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

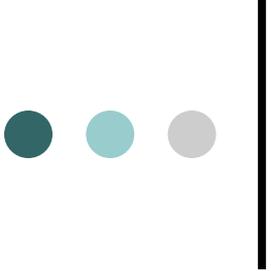
Dr. William Miller



4 Guiding Principles of MI Miller & Rollnick's

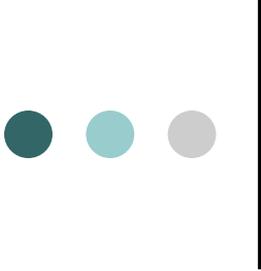
"RULE"

- **R**esist the *Righting Reflex*
- **U**nderstand patient's motivation/dilemma
- **L**isten
- **E**mpower the patient



The Righting Reflex

- When decisions are difficult, we generally feel at least two ways about it; an internal argument.
- When we try to correct or “right” someone, he/she naturally takes up the other side of the argument.



Ambivalence: Stuck in the Middle!

Behavior:	
✓ REASONS for STAYING AS IS	✓ REASONS to CHANGE

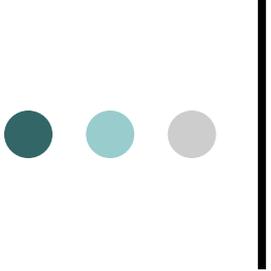
Active Listening



Am I a good listener?

Strive to be interested.....

Not interesting



How We Listen Today: Evaluative

- We speak up to approx 175 words/minute
- Brain can comprehend up to 500 words/min

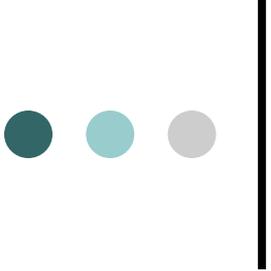
This leaves time to:

1. Multi-task
2. Be distracted
3. Daydream
4. Lose interest

Ten Active Listening Strategies



1. STOP TALKING! (50% of time should be patient talking!)
2. Demonstrate empathy
3. Eliminate environmental noise
4. Stay focused on the patient's issue(s)
5. Do not interrupt
6. Be attentive to body language
7. Be patient
8. Acknowledge what you hear is what was said
9. Seek clarification when needed
10. Keep emotions in check



How to **Empower** Patients

1. **Asking Permission**

Would you be willing to consider.....

Would you be interested in some information about.....

Do you have any objection to.....

May I give you some reading material about.....

2. **Giving information (Elicit – Provide – Elicit)**

Respect what the person already knows, by finding out.

Have you had to deal with _____?

Have you had experience with _____?

- ● ●

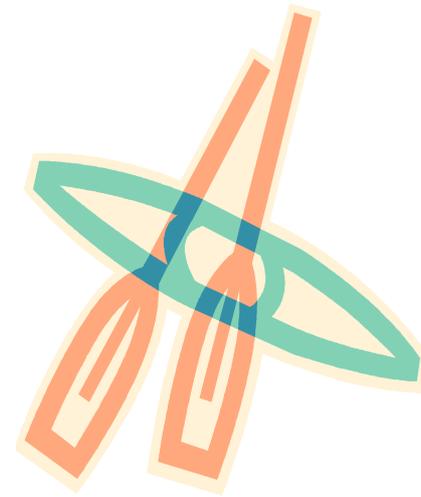
Acronym of **OARS**

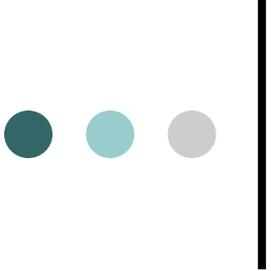
Open-ended Questions

Affirmation

Reflection

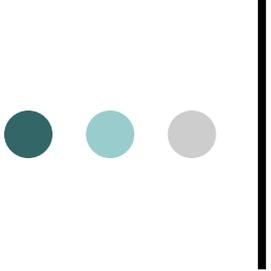
Summary





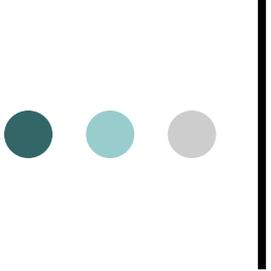
OARS helps to:

- Resolve ambivalence
- Drill down to the dilemma
- Understand how patient feels about change
- Develop rapport
- Establish a partner relationship
- AND.....evoke *Change Talk*



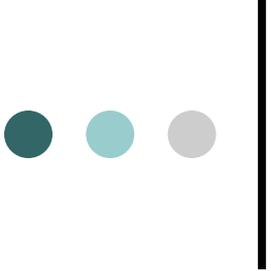
We tend to believe what we hear ourselves say...

- The more one talks about reasons for change, the more likely he is to change.
- The more one talks about the disadvantages of change, the more one is committed to sustaining the status quo.
- If we continually talk in a way that causes one to “defend” where he/she is, change is **LESS** likely to occur.



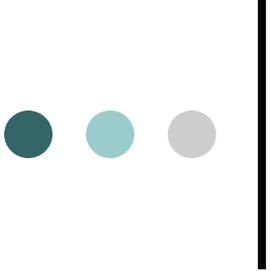
Adaptation of Health Coaching/MI for Brief Clinical Encounters

- Open-ended questions
- Empathy



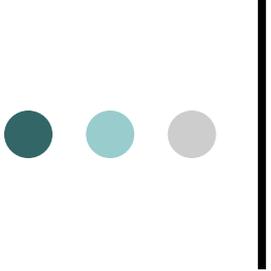
1. Open-ended Questions

- Requires thought to formulate a response
- Allows time for one to expound upon a response
- Allows one to reflect upon feelings, concerns, values about the real issue(s).



Open-ended Questions/Statements

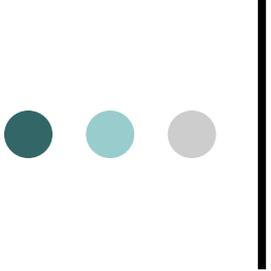
- Tell me what concerns you most.
- What do you think about your progress?
- Explain what you think is hindering you.
- How do you think this would benefit you?



EMPATHY

Some research shows that as providers, we think we show more empathy to patients than the patients think we show.

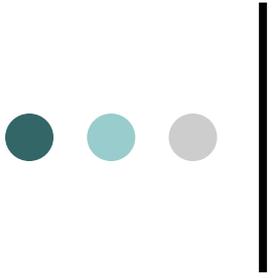
Remember, even providers (we're people too!) have difficulty making a behavior change...



Polling Question #2

How does EBHC work to change health behavior?

1. Uses empathy to motivate the patient
2. Engages through the social context of patient's life
3. Teaches according to patient's literacy level



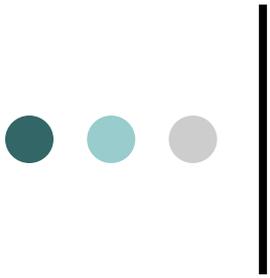
“It is the truth we ourselves speak rather than the treatment we receive that heals us”.

O. Hobart Mowrer, 1966

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