

# *Leading patients to better outcomes*

Caroline Bills presented ‘Improving adherence to treatment advice —the health coaching approach’. She is an APA Musculoskeletal Physiotherapist and a training assistant for Health Coaching Australia.





*It's* one of the most frustrating aspects of physiotherapy, especially in relation to chronic conditions like back pain or knee osteoarthritis: low adherence to treatment advice.

You've done your assessment, maybe even made a diagnosis. You've given the patient solid evidence-based information about their condition and meticulously developed a treatment plan that includes an active treatment such as exercise. You know what the patient needs to do to improve their health and now, thanks to you, so do they.

The only problem? They go home and do nothing, or only the easy stuff. A week or so later you see them and nothing has changed. Even more irksome is the fact that the more you try to impress upon your patient the relevance and importance of your treatment advice, the more steadfast they become in not doing it.

Rather than throwing your hands up in the air, how can you lead this person to a better treatment outcome? This was the question Caroline Bills asked in her presentation, 'Improving adherence to treatment advice—the health coaching approach'.

Based in Melbourne, Bills is a Titled musculoskeletal physiotherapist and a training assistant for Health Coaching Australia (HCA). During her Congress presentation, she advised that up to half of people with a chronic condition don't make the changes necessary to adhere to treatment recommendations or make lifestyle changes. Developing strategies to improve adherence is essential for health practitioners, especially for physiotherapists who often prescribe treatments that require the patient to work on their own time.

Said Bills: 'From the client's point of view, when you're explaining the actions required to manage the condition they've got, immediately they may say, "Ooo, that doesn't sound so great. You mean I have to do all of this for a long time and sustain it? Or look at lifestyle changes?" That's pretty difficult.'

Because of this, some patients might exclusively seek passive treatments such as manipulation or pharmaceuticals. These treatments are appropriate in some situations, but in others they offer only short-term relief and little long-term benefit when compared to active treatments.

So how do you get people to change their behaviour when they don't really want to? 'I knew the answer lay in understanding human behaviour,' said Bills during her presentation. 'That was fairly obvious. As a clinician who worked in chronic pain, I really knew a lot about cognitive behaviour and theories on a lot of the psychological, underlying reasons why people don't adhere. I got that.'

However, a general understanding was not enough: she needed a specific knowledge about how to facilitate behaviour. Bills sought these through HCA. 'After doing the [HCA] training, I actually realised in my consultations that I was already doing a number of things to facilitate behaviour, which was a bit of a relief,' said Bills. '[The training] was great though, because it was now in my consciousness—I didn't really realise that that was what I was doing [at the time]. Now that it's up in my consciousness, I could consciously do more of those things in the consultation.'

Outwardly, Bills' treatment sessions look the same as before she began focusing on coaching her patients to better adherence rates; however, she now purposefully evaluates the readiness, importance and confidence (or RIC) of a patient. She evaluates these factors in part by asking straightforward questions to assess their motivation and self-efficacy in relation to treatment. According to the HCA website, these questions include things like:

- How ready are you to work on [insert general goal] with me today?
- How important is it for you personally to work on [insert general goal], given everything else currently going on in your life?

- How confident are you that you can make some small, sustainable changes in relation to [insert general goal]?

The answers dictate how to facilitate behavioural change in the patient. For example, if confidence is low, a physiotherapist can assure their patient that the goal can be reached through small manageable steps, individually tailored to them. If importance is low, the patient and practitioner might look at setting different goals. If readiness for a particular treatment is low, the physiotherapist might start by directing them to another treatment that they are willing to consider, maybe even a passive treatment to start.

Rather than battling to convince the patient about the benefits of a treatment plan, practitioners can help the patient to make their own decisions about what they will and won't do.

'I start most of my consultations by asking, "What do you want to get out of today's session?"' said Bills. 'Because particularly in private practice I find that it's really common for the client to perceive my role as just a provider of manual treatment to do something to get rid of their pain. And so immediately if I know that that's what they expect, I actually need to change that perception if I'm going to get them to take action.'

Another trick Bills mentioned in her presentation is that during a consultation she gets patients to write down what they're going to do. This increases the likelihood they will actually do it.

According to Bills, this straightforward approach—along with other knowledge gained from HCA—has resulted in more clients adhering to her active treatment recommendations. 'So this means it's easier for me and I've got happier and more motivated clients,' she said. 'Certainly if you are working in the area of chronic disease management, health-behaviour-change skills are essential and so you'll find these skills very useful.'