Integrating Health Coaching into Organisational Systems

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HEALTH COACHING
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Overview

Definition of health coaching (HCA perspective)

Health coaching applications

Implementation into systems

- Levels of intervention & consistency of message
- Health behaviour change policy & guidelines
- Training, QA, remuneration
- Technology & building in consultation structure
- Measurement & Reporting
- Duration, Frequency, Number of contacts, Population & Gender differences

Why Include Health Coaching?

Information alone is not sufficient to create change (WHO 2003)

People generally do not have good health behaviour change skills

Health professionals do not have good health behaviour change facilitation skills

- Inefficient processes
- Inefficient use of time
- Can foster passivity and avoidance

Defining Health Coaching

HCA Health coaching is a system of *evidence-based principles and techniques* that have been built into a *structure that guides* health professionals in how to *facilitate health behaviour change* in their patients or clients.

The model actively identifies and addresses behavioural, emotional, situational and cognitive *barriers to change* and *builds skills* in decision making, problem solving and planning.

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Traditional Care Model

- Health professional as expert
- Client told what to do
- One size fits all solutions
- Extrinsic motivators
- Client required to facilitate change
- Ignores barriers to change
- ↑ Resistance to change
- Goal setting overload

Health Coaching Model

√ Client as expert in own life

√ Client offered information but chooses own solutions

√ Individually tailored solutions

√ Intrinsic motivators

√ Collaboration & assistance in facilitating change

√ Addresses barriers to change

√ ↓ Resistance to change

√ # & magnitude of goals to suit client

Premises

To change health behaviours (achieve better health outcomes) the individual needs to:

1. Know what to do,
2. Decide to make the necessary changes, and
3. Identify how to carry out the chosen actions:
   a) Have the skills and resources to initiate and maintain the changes
   b) Be able it identify and address barriers to change

Barriers to Lifestyle Change

Behaviours, Emotions, Situations, Thoughts

- Readiness
- Importance
- Confidence
- Timing
- Understanding
- Remembering
- Planning& Scheduling
- Problem solving deficits
- Support systems
- Saboteurs
- Undermining beliefs
- Negative thinking
- Procrastination
- Strength of habits
- Lack of Willpower
- Lack of Waypower
- Energy levels
- Fears
- Pain & injury
- Burnout

Health Coaching Applications

Health coaching processes can be :

1. Applied in health practitioner consultations as usual to facilitate patient uptake of medical and lifestyle recommendations,
2. Integrated into chronic disease prevention and chronic disease self-management programs, or
3. Used as a stand alone health behaviour change intervention.

- The principles apply equally to face-to-face, telephonic and internet-based interventions.

Health Coaching Aims

↑ health status, QOL and productivity

↑ CD symptom self-management (in conjunction with good medical care)

↓ CD risk factor reduction

↓ disease complications & hospital admissions

↓ claims and medical costs

↓ absenteeism and presenteeism

Implementing Health Coaching into Systems

- Levels of intervention & consistency of message
- Health behaviour change policy & guidelines
- Training, QA, remuneration
- Technology & building in consultation structure
- Measurement & reporting
- Duration, frequency, number of calls/length of intervention, population & gender differences

Implementation Issues

Levels of Intervention, Consistency of Message

- Whole of system approach.
- Consistent messages from initial contact onward.
- Including: medical specialists, doctors, nurses, allied health professionals, administrative and marketing staff.
- Written education materials and marketing materials included.
- Cross-selling / referral needs to occur

Implementation Issues

Health Behaviour Change Policy and Guidelines

- Devise health behaviour change policy
- Construct clear health behaviour change models, guidelines and processes
- Communicate expectations to health professionals at every level
- Train all health professionals in core techniques
- Don’t leave it to individual intuition and chance

Implementation Issues

Training, Quality Assurance

- Two days training is not sufficient to develop skills
- Provide time for skills practice in the workplace
- Integrate ongoing skills development training
- Implement call monitoring or other verification processes
- Monitor proper use of health coaching processes & include this as a remuneration variable
- Monitor time on/off task & call length
- Ensure goals and information are appropriate
- Employ or train internal behaviour change experts to support your teams

Implementation Issues

Technology, Data Collection, Reporting

- Computerised and paper-based systems should reflect and support behaviour change processes
- Measure and report motivational and behavioural process variables in addition to physiological outcomes and systems data
- Verify that health behaviour change components of interventions are working – e.g., track changes in Readiness, Importance, Confidence , decisions made and types/number of behavioural goals achieved.

Implementation Issues

Duration of Calls

- Depends upon program objectives & amount of data collected
- Generally, expect 20-30 mins initial consult for HC intervention (if no in-depth health assessment expected), or 60 mins with assessment
- Expect diminishing consultation times over time
- Some processes can't be included in short consults
- Consistently longer consultations may be evidence of counselling, not health coaching
- Clear structure improves time efficiency

Implementation Issues

Contact Frequency, Number of Contacts, Population & Gender differences

- Tailor frequency to self-efficacy/confidence of client
- Use averages vs one-size-fits-all approach
- Expect broad gender, age and cultural differences
- State expectations up front, including length of intervention,
- Allow flexibility – e.g. based on:
  - number of contacts vs number of months
  - number of minutes vs number of calls

Our Experience :

Lessons from Organisations

- Provide skills development support & monitoring
- Use simple, clear systems to integrate health behaviour change processes
- Require HP to follow a structured approach to avoid counselling or education modes (greater efficiency)
- Measure motivational and behavioural process variables in addition to usual data collection
- Verify health behaviour change components of interventions are being applied and are working

HCA Health Coaching Theoretical Model

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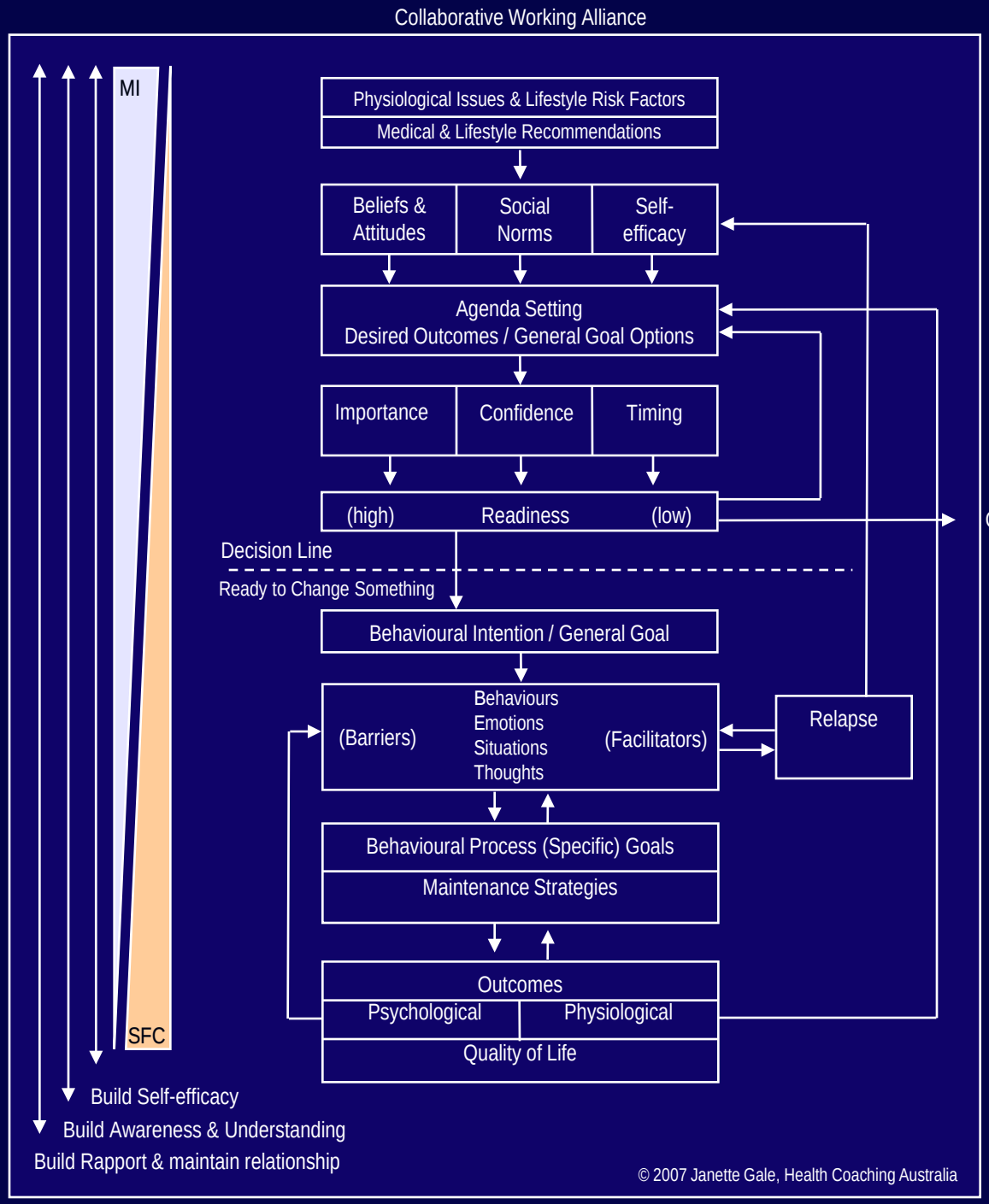
Audio file talking through the model available from:

www.healthcoachingaustralia.com.au



MI – Motivational Interviewing
SFC – Solution-focused Coaching

HCA MODEL OF HEALTH COACHING

6 Knowledge & Skill Sets

1. Health Conditions & Health Promotion Knowledge
2. Health Behaviour Change Frameworks
3. Health Behaviour Change Interviewing Skills
4. Behavioural Change Facilitation Skills
5. Cognitive Change Facilitation Skills
6. Emotion Management Facilitation Skills

Theory Base

- Collaborative Alliance
- Biopsychosocial Model
- Readiness to Change
- Autonomy & Choice
- Self-efficacy
- Solution Focus
- Barriers to Change
- Trial & Error, Learning & Reinforcement, Pathways thinking
- Self-regulation, self-management
- Positive Psychology concepts

Guiding Structure

1. Identify & Explore Health Issues & Lifestyle Change Options
2. Set Agenda
3. Explore Motivation
4. Assist Decision Making
5. Explore Options
6. Select & Refine Specific Goal
7. Create Action Plan
8. Support Striving & Maintenance

HCA Model = What to do + Why you are doing it + How to do it + a set of Tools

To assist clients to change health and lifestyle behaviours

HCA Model Key principles - 1

Health coaches need structured guidance to know which techniques to use at any point in a consultation in order to stay on task and use time efficiently and effectively – this makes health coaching interventions more effective (and cost effective).

Wherever possible, the client does the writing – increases behaviour change attempts by up to10 times.

Responsibility for intrinsic self-motivation and behaviour change rests with the client and is actively promoted.

HCA Model Key principles - 2

Scaling, tracking and working with readiness to change, importance in making changes and confidence in making changes. Use of these principles to check and increase likely efficacy of behaviour change attempts.

Use of brief motivational interviewing and solution-focused coaching, depending upon client's assessed state of readiness at any point in time.

Blending cognitive change techniques with MI and SFC techniques to enhance their efficacy by engaging the client in cognitive restructuring to increase motivation.

HCA Model Key principles - 3

Retaining consultation focus on the client's health behaviour change process.

Actively identifying and addressing behavioural, emotional, situational and cognitive barriers to change.

Encouraging trial and error learning and pathways thinking (Hope Theory), highlighting and normalising barriers to change, building in contingency planning and relapse prevention strategies.

HCA Model Key principles - 4

Blending assessment, treatment recommendations and education into the health behaviour change process.

Use of targeted vs global assessment and education, depending on client's current needs.

Adapting pace and techniques to suit the client (culture, literacy, intellectual functioning, personality, age, emotional state etc.).