Getting Serious About Cardiovascular Disease Prevention 2018

An Introduction to Health Coaching: Better Conversations, Better Health

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BHF EIGHT REASONS WHY WE NEED TO THINK DIFFERENTLY ABOUT CVD

1. Progress has slowed
2. We are living longer with more LTCs
3. CVD care costs £7.4 billion
4. Geography 3 X difference CVD death
5. Could do better vs EU nations
6. Earlier risk factor detection & treatment
7. Better management to avoid events
8. Think differently about CVD services
Ninth Reason – need to work in partnership with patients at every level

- Behaviour gap
  - Poor compliance (30% medicines, 10% lifestyle advice)

- Activation gap
  - 25-40% people consume 8-21% more resources

- Expectation gap
  - Complaints increasing
  - Over treatment and diagnosis
What we’re going to cover

1. Some questions
2. What is health coaching?
3. What skills are used
4. Evaluation
5. Action planning
6. Q&A
Conversations

• What attracted you to attend this Workshop?

• What do you usually do to support someone to change behaviour in a consultation?

• What do you think maybe your strengths and development areas as a health coach?

• At a personal level, what is important to you in a conversation about your health and wellbeing with a health & care professional?
Traditional approach: A culture of “telling people what they need to do”

- Practitioner is viewed as expert
- Decisions often made by practitioner
- Patient believes it is the practitioner’s role to fix them
- Goals are often suggested by the practitioner
- Focus on extrinsic motivators
- Psychological factors in change unlikely to be addressed
We need a paradigm shift - see patients as a member of the team

“Instead of treating patients as passive recipients of care, they must be viewed as partners in the business of healing, players in the promotion of health, managers of healthcare resources, and experts on their own circumstances, needs, preferences and capabilities.”

Coulter (2011)
Informed and empowered patients

Have the knowledge, skills and confidence to manage their own health and healthcare

And they……
• Make healthy lifestyle choices
• Make informed and personally relevant decisions about their treatment and care
• Adhere to treatment regimes
• Experience fewer adverse events
• Use less costly healthcare

Coulter from Health Affairs Feb 2013
https://www.healthaffairs.org/toc/hlthaff/32/2
Creating a new relationship
Health coaching

Role of practitioner
The coach is a healthcare professional trained in behaviour change theory, motivational strategies, and communication techniques, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and wellbeing.

Role of patient
A patient centred approach wherein patients at least partially determine their goals, use self-discovery and active learning processes together with content education to work towards their goals, and self-monitor behaviours to increase accountability all within the context of an interpersonal relationship with a coach.

Wolever 2013
A more tailored conversation that taps into internal motivation ("pull" vs "push")

**Mindset Change**

- Clinician as Fixer: what’s the matter with the patient
- Clinician as Enabler: what matters to the patient

**Health Coaching**

Health coaching is helping patients gain the knowledge, skills, tools and confidence to become active participants in their care:

- Grounded in behaviour change science:
  - Goal setting
  - Collaborative
  - Personalised
  - Structured process
  - Creates insight
  - Empowering

Adapted from Olsen JM 2014
Health Coaching approach: A culture of “encouraging people to be resourceful”

- Person is viewed as the expert in their own life
- Person contributes to generating their own solutions
- Decisions made in partnership
- Person believes that they have an active role in their health
- Person is supported to define & measure their own goals
- Focus on intrinsic and extrinsic motivators
- Psychological factors in change are addressed
Health coach training builds skills in communication and behaviour change into routine clinical practice
Ingredients for Better Conversations

**Active listening**
Being respectful and curious about the other person’s experience

**Goals**
Exploring what the person wants to achieve and why it’s important to them

**Preparation**
Reducing distractions and planning how to have the conversation

**Encourage Reflection**
Using open questions to help the person explore and broaden their perspective

**Ownership**
Inviting the person to generate their own ideas about what can be done

**Action**
Encouraging the person to take small steps in their chosen direction
Brief coaching dialogue

**T** Topic  What do you want to talk about?

**G** Goal  What do you want from this conversation?

**R** Reality  What is really happening now?

**O** Options  What could you do?

**W** Will  What will you do?
The TGROW Model

- **TOPIC**
  - Initial understanding

- **REALITY**
  - What is happening now?

- **OPTIONS**
  - What is possible?

- **GOAL**
  - Outcome for the session

- **WILL / WRAP-UP**
  - Plan and support commitment

*Source: John Whitmore*
Raising Awareness and Increasing Responsibility

Raise Awareness

What am I noticing?
What are my previous experiences?
What else is happening?
Who else is involved?
Talk through an example?
When?
Where?

Increase Responsibility

How could you do that?
What else could you do?
What else?
What else?
What are my resources?
What have others done?
What would someone else do?
Where could I find out more?

Source: Andrew McDowell
Health Coaching is....

- Behaviour Change techniques
- Coaching mindset
- Clinical or Practitioner skills
- Person Centred Care
- Behaviour Change
- Action Planning
- Empowerment

Applications (e.g.): All LTCs, SDM, Compliance, Exacerbations, Lifestyle, End of life, PAM

Better conversations that lead to personalised goals and growth in knowledge, skills & confidence

By: All Professionals, Peers, Volunteers, Carers

Medium: 1:1, group, telephonic, digital
We are at a tipping point in spread of our innovation #healthcoaching

Our track record

- Multiple programmes in all sectors
- 4,000 participants, 56 trainers
- 75 health & care organisations
- 10 large scale TTT programmes
- £1.5 million investment
- 98% clinician satisfaction
- Works with all professionals & carers
- Disease agnostic
- Stand alone/pathways/teams/systems
- 3 positive independent evaluations
- Cost savings
Health Coaching Applications

- Train single and multi-professional groups

- Use skills in a range of contexts:
  - All sectors and social care
  - Peers, carers and clinicians
  - Individuals, teams and systems
  - General skills development
  - Single and multiple LTCs
  - Improving patient experience
  - Complex patients
  - Risk stratification
  - Managed care
  - Tailored coaching (PAM)
  - Telehealth
Independent evaluations

Activates patients

- Increased self efficacy, confidence, satisfaction, more personalised care, reduced dependency

New tools for clinicians

- > 96% good/very good learning & application
- 2/3 clinicians using skills at one year
- Trainers still training at 4 years
- Bridge between clinician & patient
- Helps structure difficult conversations
- Increase job satisfaction
- Useful in leadership

Efficiency

- Savings: £3.4m rehab ward, reduced pharmacy re-admissions, 12.5K F/U appts/physio/year. £1,500/patient
- Inc compliance/PAM, reduced appointments, tests and medication, quicker discharge
Internationally

- Growing evidence base for health and wellness coaching

- USA - 15-20,000 health coaches, 11 Schools, Institute, Consortium, Credentialing

- Consensus definition (Wolever 2013)

- 11 systematic reviews, most recently:

  - Compendium (May 2017) 219 articles inc 150 outcome studies 72 RCTs - effective treatment adjunct in cancer, DM, CHD, improvements in HbA1c, risk factors, psychological profile

  - VA programme (June 2017) 41 RCTs, 11,390 subjects - decreases in HbA1c, body mass index (BMI), dietary fat, increases in physical activity, self-efficacy
Health Coaching is an enabler of... 

Person Centred Care

Activation

Asset based approaches

Shared Decision Making

Social prescribing

Personalized care & support planning

Engagement

Innovation

Health Coaching creates Person Centred Care, supports integration in teams & builds capacity
Health coaching is shared decision making

Health coaching used mostly for LTC management and prevention

Useful as advanced communication skills with data on options, outcomes, evidence and risk

- Type of decision
  - Acute life threatening
  - Surgical decisions
  - Medication compliance
  - LTC management
  - Behaviour change
Join the social movement Better Conversation

- Implementation toolkit and support
- Pathway design
- Training skills development
- Embedding and evaluation
- Community of practice with NHS Leadership Academy

www.betterconversation.co.uk
@betterconvo
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<thead>
<tr>
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<th>Action Planning</th>
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<tbody>
<tr>
<td>1</td>
<td>One thing that had the most impact on me during this workshop</td>
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<tr>
<td>2</td>
<td>Two concepts or ideas that I intend to start using in my work</td>
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<td>3</td>
<td>Three situations where I would like to try out a Health Coaching approach</td>
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Thank you
#betterconversation transforms relationships and health behaviours

www.betterconversation.co.uk
@betterconvo #healthcoaching

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