Implementing Health Coaching in the Workplace: The HCA Model

Presented by

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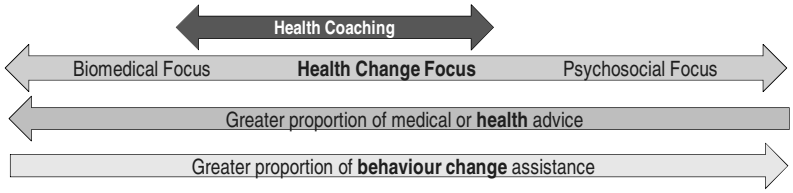
Workshop Agenda

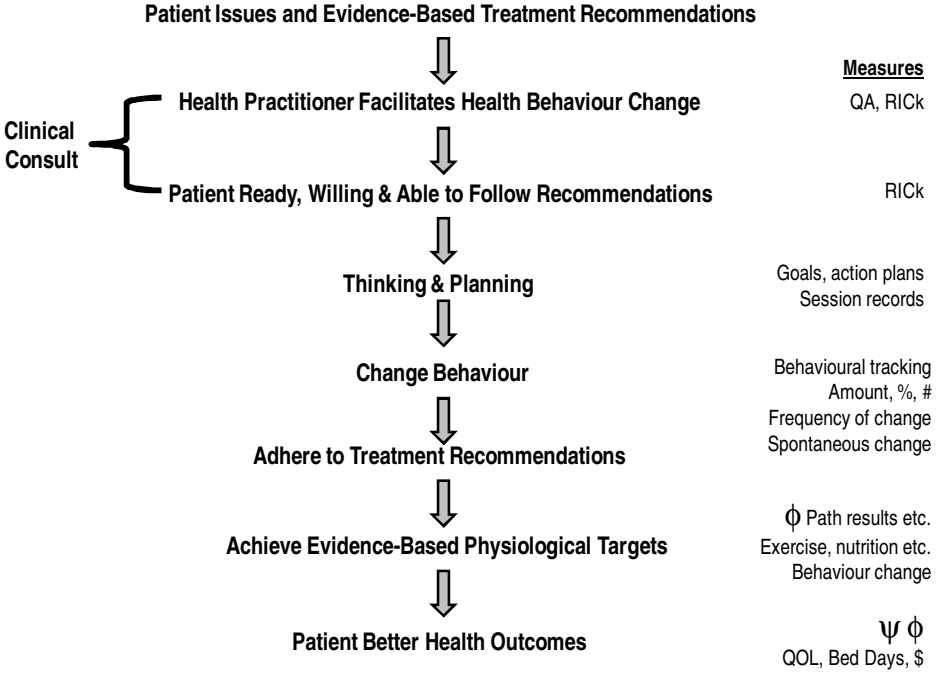
- Janette Gale: The HCA Model of Health Change
- Paul van den Dolder: Health Coaching in South Eastern Sydney & Illawarra Regions – The start of a journey
- Mel Hibbins & Tracey Forster: Implementing Health Coaching under the Victorian Integrated Chronic Disease Management Initiative
- Philip Vita: The Role of Health Coaching in Helping People to Prevent Diabetes
- Discussion

The HCA Health Change Spectrum

Where Does Health Coaching Fit?

Traditional medical and allied health clinical consultations	Clinical medical and allied health consultations using health coaching	Health coaching-based programs and services	Wellness counselling and coaching interventions	General counselling and coaching interventions
Focus on individualised treatment advice and/or education for specific conditions (conducted by health practitioners)	Focus on individualised treatment advice and/or education for specific conditions + health behaviour change assistance (conducted by health practitioners)	Focus on general recommendations and education for disease management, rehabilitation and/or lifestyle change for better health outcomes + health behaviour change assistance (conducted by health practitioners)	Focus on general recommendations and education for general health and wellbeing + health behaviour change assistance (not necessarily conducted by health practitioners)	Focus on improving general wellbeing and mental health + behaviour change assistance (not necessarily specific to health or conducted by health practitioners)





What is Health Coaching?

- A practice style used by health practitioners
- Used in clinical consultations and in programs
- Focus on prevention or self-management of chronic conditions or rehabilitation from injury or illness
- Includes targeted health education and health behaviour change assistance
- A variety of health behaviour change models drive interventions

The HCA Model of Health Change

- The HCA Model is a system of *evidence-based principles and techniques* that have been built into a *framework that guides* health professionals in how to *facilitate health behaviour change* in their patients or clients, for better health outcomes
- The processes actively identify and address behavioural, emotional, situational and cognitive *barriers to change* and *build patient skills* in decision making, problem solving and planning

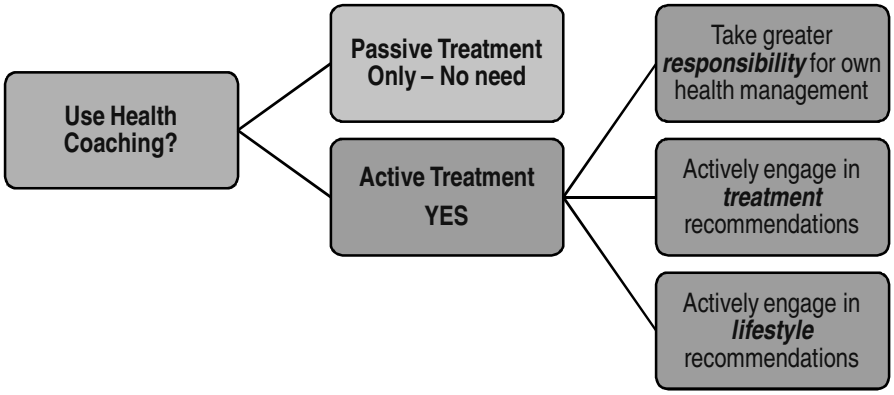
Health Change Goals

Chronic Condition Management ~ Disability ~ Rehabilitation ~ Disease Prevention ~ Health/Wellness

Generic Health Behaviour Change Processes
Applicable across the spectrum of health goals and clinical contexts
(HCA Model of Health Change)

6 Knowledge & Skill Sets	Theory Base (Health Behaviour Change)	Guiding Framework (10 Step Process)
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	• Collaborative Working Alliance (patient-centred) • Biopsychosocial Model • Readiness to Change • Autonomy & Choice • Self-efficacy • Solution Focus • Barriers to Change • Trial & Error, Learning & Reinforcement • Hope theory • Motivation, Volition • Self-regulation • Positive Psychology • Etc.	Set the Scene & Explain Your Role 1. Identify Health Issues, Lifestyle Change & Treatment Options 2. Set an Agenda 3. Explore Motivation (Ask RICk!) ® 4. Client Makes a Decision 5. Generate Specific Goal Options 6. Select & Refine a Specific Goal 7. Create an Action Plan 8. Identify & Address Barriers 9. Ask RICk! Again 10. Include a Review & Referral Plan

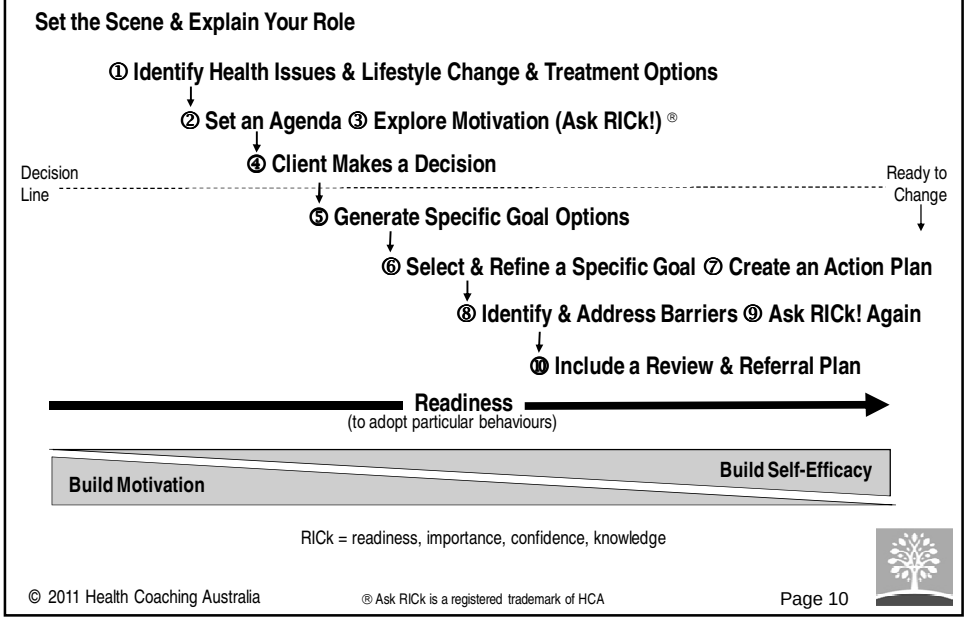
Which Patients Would You Use Health Change Techniques With?



The HCA Model Attributes

- Efficient practice model
- Flexible framework, not a structured program
- Consistency of practice across teams and professions
- Skills-based (integrating different methodologies & skills)
- Individualised (treatment advice & actions)
- Not paper-based
- Common language
- Consistent patient expectations
- Multiple delivery modes: telephone, face to face, groups
- The framework is like an ice cream cone

HCA 10 Steps to Health Change



RICk = readiness, importance, confidence, knowledge

What's the Evidence?

- The HCA Model draws on evidence-based health behaviour change principles and techniques
  - Health behaviour change literature
  - Brief motivational interviewing
  - Solution-focused counselling & coaching literature
  - Cognitive behavioural counselling techniques
  - Health coaching literature and CDSM programs
- The HCA Model bridges the gap from theory to practice. It adds guidance and efficiency
- The Model allows HBC processes to be measured within an intervention

Measurement & Evaluation

1. Motivational outcome measures: RICk
   - General goals RICk first session changes
   - Pre & post measures
   - Average change in RICk (motivation and self-efficacy) across clients
2. Behavioural outcome measures
   - Mean, median, mode specific goals pursued/attained per client & across clients
   - Types of specific goals pursued/attained across clients
   - Use goal hierarchy concept to group individual goals and report aggregate data, including spontaneous changes
3. Physiological outcome measures (as usual)

Australian Settings & Applications - 1

- Community Health (EICD, HARP, CDSM Teams, Chronic & Complex care, Home & Community Care)
- State-based CD risk reduction & CD management programs (NSW/ACT/TAS Get Healthy, NSW Live Life Well Diabetes Prevention, NSW Severe CDM Connecting Care Program, Victorian WorkHealth Coach)
- Corporate health insurers (pregnancy, CDSM, healthy lifestyle/CD prevention health coaching programs)
- Disability and Aged Care services

Australian Settings & Applications - 2

- Rehabilitation programs (injury, cardiac rehabilitation, workers compensation)
- Mental health services (community health)
- Corporate employee health programs
- Pharmaceutical industry (adherence & healthy lifestyle programs)
- GPs, PN & Allied health services (private & public physio, dietetics, exercise phys, OT, Diabetes educators etc.)
- NHMRC Deakin University/HCA collaboration (healthy pregnancy research program)

Client Case – 'Toxic Wasteland'

- Male, mid-30's, BMI = 34 (96 kg), elevated BP, BGLs & Chol., married, 2 children (a 3rd born within 12 months), in hospitality industry
- Told to change diet, lose weight, start exercising, reduce alcohol dramatically, quit smoking
  - Drinking espresso coffee (between 18-24 shots per day)
  - Drinking 1 bottle of wine per night, plus martinis
  - 15 cigarettes/day
  - Low energy, poor sleep, frequent waking, needed naps on days off
  - Very little water – doesn't like it
  - No exercise, poor diet, hardly any fruit and vegetables

Client Case – 'Toxic Wasteland'

Reaction to Dr's advice: "What can I do? I would have to quit my job!"

1 x 20 minute impromptu HC session in Nov 2009:

- High importance and readiness, very low confidence in making any changes
- Discussion and agenda setting used to normalise difficulty of changing too much at once. Chose alcohol reduction as general goal. Initially thought he had to quit/have many alcohol free nights and looked despondent. Menu of options was offered and decision reframed to cut down slowly instead
- Planned to eat dinner early with family (doesn't drink when children are up and drinks less if he eats first), and not keep any chilled wine in the house

Client Case – Results at 12 Months & Sustained at 18 Months

Physiological outcomes:

- BMI 29 (82 kg) - previously 34 (96 kg)
- BP, BGLs and Chol. in normal range – previously all elevated
- No longer gets daily headaches
- Sleeps through the night and reports increased energy

Client Case – Results at 18 Months

Adopted the idea of making manageable and sustainable changes instead of all or nothing changes

Behavioural changes:

- 5 alcohol free days/week, 1 bottle of wine over 2 nights, no martinis, goes out now without 'overdoing' alcohol
- Coffee down to no more than 2 x skinny latte's per day
- Cigarettes no more than 2-3 per day on work days only
- Drinking 1.9 lt jug of water/day (hot water + ice + touch of cordial)
- 1 x vegetarian meal per week, aims for 2 x fruit per day, generally more healthy
- 3 x per week on exercise bike, plus conscious use of (many) stairs at work
- No longer takes naps on days off

Client Case – Intrinsic Motivators

2 weeks after initial consultation with Dr the client had a dream that he had to watch his daughter's wedding on video (he couldn't attend due to ill health) – he used this mental imagery to motivate himself to maintain his changes

"I couldn't be there for her on her happiest day"

The client reported that he can feel and see the difference that his healthy choices have made in his life. He wants to maintain these benefits. Work colleagues have also commented on his changed demeanor.

He reports that he doesn't miss his old habits, since approx. 6 months after starting to make changes.

Client Case – Client Reflection

"What the Dr told me to do was impossible"

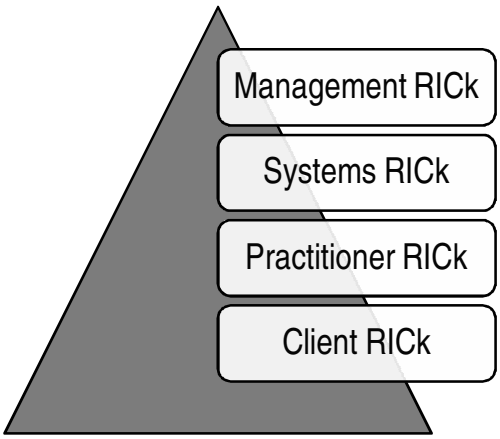
"I am thankful that she told me (about the critical nature of my health issues) but I expected more help with *how* to do it"

"The Dr doesn't know why I do what I do and why it is hard to change. Health professionals need to know why!"

"Unexpected" benefits noticed by the client:

- Better customer feedback (more available to them/around more)
- More available for wife and kids (not snoozing on days off) – improved relationships with wife and children

Levels of RICk Within Organisations
(Readiness, Importance, Confidence, knowledge)



Tips from Programs & Organisations - 1

1. Use simple, clear systems to integrate health behaviour change into current systems (align documentation)
2. Review the amount of assessment and education required for each patient at each consultation (targeted vs blanket)
3. Direct HP to follow a consistent and structured approach and communication expectations about use of approach
4. Provide guidance to HPs. Don't leave it up to clinician to figure out how to implement. Ask them what support they require
5. Identify and train Peer Leaders as mentors

Tips from Programs & Organisations - 2

6. Provide skills development support
7. Implement quality assurance processes to verify health behaviour change processes are being applied effectively
8. Document, measure, report motivational & behavioural process variables and physiological outcomes.
9. Change KPIs to reflect skill development and patient outcomes (in addition to throughput metrics)
10. Consider change management issues (management support, culture shift)
11. Inform referring practitioners/specialists of your methodology and persuade them of its benefits

Training Needs Hierarchy

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- Discussion – What would be useful to you?

Thank You

Final Questions or Comments?

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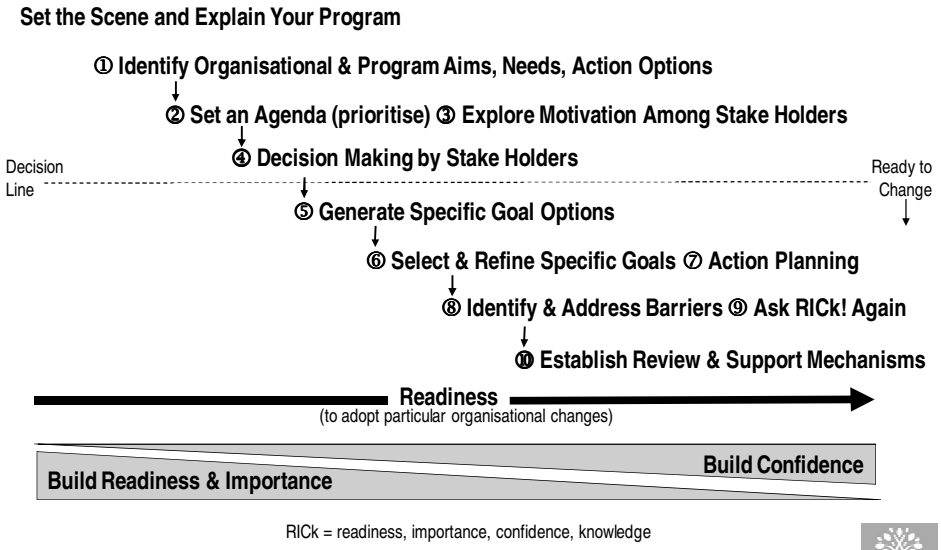
HCA 10 Steps to Organisational Change



RICk = readiness, importance, confidence, knowledge

Potential Benefits to Patients

(It's user friendly)

1. Provides professional assessment, advice and/or education as required and corrects misinformation without creating resistance (knowledge)
2. Helps patients to decide to follow health recommendations for personally meaningful reasons (motivation), and
3. Develops patient problem solving skills to increase their likelihood of success after deciding to make changes (self-efficacy)
4. Helps patients to gain better health outcomes

Potential Benefits to Clinicians

1. Better work satisfaction
2. Greater confidence in working with 'difficult' patients and those low in readiness
3. Greater time efficiency in consultations
4. Fewer 'fail to show' patients
5. Fewer "yes buts" and less resistance from patients
6. Less frustration with review patients that take no action
7. Transferable skills to be used in any context

Potential Benefits to Organisations - 1

1. Building in-house capacity and sustainability by up-skilling staff in transferable skills
2. Flexible application in any program or consultation context and for any health conditions
3. A consistent approach that reinforces patient actions and outcomes at every patient contact
4. Greater time efficiency in consultations and calls
5. Measureable processes to be used for QA and program evaluation

Potential Benefits to Organisations - 2

6. Flexible delivery methods: face to face, telephone, groups
7. Fewer 'fail to show' patients & fewer frequent presenters that take no action
8. Improved recruitment into programs
9. Improved program participant retention
10. Encourages a common language and purpose across program teams
11. Better clinician work satisfaction

HCA Consultancy Options

- Support with program design, development, implementation, quality assurance, data collection and reporting (re: HBC)
- Aligning HCA training with existing program systems
- Aligning existing program systems with the HBC
- Design and/or provision of program written materials (booklets, worksheets, tools etc.)
- Mentoring and support for Peer Leaders
- Specialised workshops (e.g., adapting existing group-based education programs to include health behaviour change)
- Skills audits & systems audits (for HBC capability)

Summary

- There are legitimate reasons why people don't adhere to treatment and lifestyle recommendations
- Patient-centred health coaching can increase adherence rates and improve patient self-management
- The HCA Model of Health Change can guide practitioners in applying patient-centred care in a time efficient manner, to address barriers to change and thus achieve better patient health outcomes
- The model can be used in clinical consultations and health coaching-based programs. It provides consistency among clinicians and bridges the gap between theory and practice