Episode 2: Engaging Patients in Diabetes Self-Management Through Health Coaching

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Midwestern Public Health Training Center
PUBLIC HEALTH LEARNING NETWORK
Educating Professionals, Elevating Practice.
Engaging Patients in Diabetes Self-Management through Health Coaching

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Presentation Objectives

• Define health coaching within diabetes care
• Explore the opportunity for health coaches to impact diabetes health management
• Describe the importance of building relationship with patients through the “Spirit of Motivational Interviewing”
• Discuss the need for health coach training opportunities
Sizing Up the Facts

- 1 in 11 Americans have diabetes (29.1 million or 9.3%)
- 21 million are diagnosed, and 8.1 million are undiagnosed
- 1 in 3 Americans have pre-diabetes and most don’t know they have it
- Type 2 diabetes can be prevented or delayed with healthy lifestyle interventions
- Well controlled diabetes management can greatly reduce the occurrence of co-morbid conditions/complications

Source: American Diabetes Association
Age-adjusted* percentage of people aged 20 years or older with diagnosed diabetes, by race/ethnicity, United States, 2010–2012

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Non-Hispanic whites</td>
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<tr>
<td>Asian Americans</td>
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<td>American Indians/Alaska Natives</td>
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*Based on the 2000 U.S. standard population.
What We’ve Been Doing Isn’t Working

- 40%-80% of the medical information patients receive is forgotten immediately.
- 30 – 50% of patients leave their provider visits without understanding their treatment plan.
- Nearly half of the information retained is incorrect.
- Hospitalized patients retain only 10% of their discharge teaching instructions.
- 20-30% don’t fill prescriptions (NEJM, 2005)
- 50% of medications are not taken as prescribed (NEJM, 2005)

J Gen Int Med, online February 4, 2010
Institute of Medicine (IOM)
Core Competencies of 21st Century Health Care Professionals

1. Deliver patient-centered care
2. Work as part of interdisciplinary teams
3. Practice evidence-based medicine
4. Focus on quality improvement
5. Use information technology
Promise of Healthcare Reform

- Expand access to a greater number of people
- Prompt health insurance reform
- Implement new strategies of payment reform (outcomes versus services)
- Achieve overall health care system reform
- Reduce individual and overall cost of health care
Team-Based Care is Still Evolving!

Many innovative models and programs

• Patient-Centered Medical Homes
• Care Transitions Teams
• Accountable Care Organizations
• Community-Based Care Teams
Focus on High Risk: Multiple Chronic Conditions

86% Health care dollars are spent on chronic illness (Partnership to Fight Chronic Disease, 2015)

75% of these dollars are spent on high cost (and often preventable) services, i.e., hospitalizations, readmissions, ED visits. (AHRQ 2014)

96% of care is self care (American Diabetes Association)
What this looks like in the Diabetic Population

• Complications from diabetes includes hospitalization for heart attack (1.8 times higher than those without diabetes) and stroke (1.5 times higher)
• In 2011 282,000 adults (18 and older) were seen in the ER for hypoglycemia (and diabetes as a second diagnosis)
• Source: American Diabetes Association
Goals and Outcomes of Best Practice Care

- High quality care that is truly patient centered
- Measureable health improvement of an entire population
- Coordinated care that is seamless through the medical neighborhood
- Patients “feel” the benefit of care coordination
Informed, Activated Patient
Productive Interactions
Prepared, Proactive Practice Team
Improved Outcomes
Improving Chronic Illness Care (E. Wagner)
Essential Elements of Effective Chronic Illness Care

Informed, Activated Patient → Productive Interactions → Prepared Practice Team

What is a productive interaction?

Patient needs are met!
We are in an era looking at all of the underutilized resources in healthcare. And, **the greatest underutilized resource is the patient** and their family.

Farsad Mostashari
Concept of the Clinical Health Coach

• Team member working closely with physician lead in PCMH or clinical healthcare setting.
• Engages and partners with patients to improve health behaviors, build self-care skills, inspire personal accountability.
• Part behavior change specialist; part care management facilitator.
Outcomes = Measured Success

Health
1. Morbidity
2. Mortality
3. HRQOL

Clinical
1. BP
2. Lipids
3. Weight
4. A1c

Behavior (Actions)
1. Adherence to treatment regimens
2. Health related lifestyle changes

Behavior Change Specialist
Health Consulting/Coaching

Quality Cost Experience

To impact

Triple Aim
Expert Approach - Coach Approach
Determinants of Health

Factors Contributing to Health (CDC 2009)
- Heredity: 20%
- Medical Care: 10%
- Environment: 20%
- Personal Lifestyle Choices: 50%

Proportional Contribution to Premature Death (S. Schroeder NEIM 2007)
- Behavioral Patterns: 40%
- Health Care: 10%
- Genetic Predisposition: 30%
- Social Circumstances: 15%
- Environment: 5%
Common Questions From Those With (Type 2) Diabetes

• What can I eat (that tastes good)
• When will I have more energy?
• Will this change my relationships?
• How can I feel less stressed?
• I’m supposed to lose weight-how?
• How can I afford my health care?
The Diabetes Police

• “Should you be eating that?”
• “You seem upset; maybe you should check your blood sugars.”
• “Your blood sugars are high again! What did you do wrong this time?”

~Slide used with permission from Dr. William Polonsky
What is the Role of the Health Coach?

- Partner
- Collaborate
- Facilitate
- Explore and Provide Resources
- Support self-empowerment
- Guide Population Health Processes
The Importance of Relationship

- The therapeutic relationship between a patient and a provider is the most important predictor of good outcomes and lasting change.

- Expressing empathy is the key to the establishment of a good therapeutic relationship. Without it, the patient is unlikely to engage in the process.
Prevalence of Tough Feelings

- Worrying about complications: 82%
- Hopeless about complications: 69%
- Diabetes takes too much energy: 66%
- Feel angry, scared or depressed: 58%

% indicating at least a minor problem (>2)

- TCOYD, Dr. William Polonsky
Relationship

• Being Skills
• Doing Skills
Being Skills

Doing Skills

- Active listening
- Strengths-based approach
- Affirmations
- Powerful questions
- Perceptive reflections
- Clarifying
- Silence
- Summarizing
- Develop discrepancy
- Resist the ‘righting reflex’
- Change talk
What gets in the way of empathy?
The Righting Reflex

Seeing your patients go down the wrong path stimulates a natural desire to get Out in front of them and say “Stop! Go Back! Don’t you see? There is a better way over here!”

This can lead us to advise, prescribe, educate, make suggestions, give warnings, try to fix it, solve the problem...
Engaging the Client and Creating the Atmosphere with the MI Spirit

- Partnership with the patient; MI is done “for” and “with” a person and not “to” a person. It is a collaborative effort.
- Acceptance, including accurate empathy, affirmation, absolute worth of the person, and support of the person’s autonomy.
- Compassion, active promotion of the patient’s welfare and needs.
- Evocation of patient’s motivation, hopes, dreams, desires, values, goals, and abilities.
Head to Toe

Your healthy choice today is good for your whole body.

Take care of your diabetes to protect all your parts.

You are worth it!
Diabetes is the leading cause of adult blindness, amputation and kidney failure. True or false?

Well-controlled diabetes is the leading cause of... NOTHING!
Motivational Interviewing  
(What’s it for?)

Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.
Motivational Interviewing (MI) as a Base for Health Coaching

- MI has a substantial evidence base supporting it’s effectiveness in facilitating change in behaviors that are hard to change
- MI is a brief intervention; effective in small doses
- MI can be used by anyone willing to learn it
- MI focuses the responsibility for change on the patient; encourages self-management and self-determination
Health Coaching
Conversation
Flow

- Planning
- Evoking
- Focusing
- Engaging
Health Coaching and Diabetes Education

• Health Coaches may BE diabetes educators or they may REFER to diabetic education programs
• Health coaching is a skill that increases the likelihood that education can be absorbed and retained
• Health coaching builds strong relationships that increase treatment adherence and improve coordination of care
Recognized Diabetes Education Programs

http://professional.diabetes.org/erp_list_zip
The National Diabetes Prevention Program (NDPP) Overview

- Year-long, group-based program. Classes are usually an hour.
- Meets weekly at first 16 times, then transitions to bi-weekly or monthly classes at least 6 times.
- Trained lifestyle coaches.
- It’s evidence-based. It has been shown to be effective at preventing or delaying type 2 diabetes and to be cost-effective. In many cases, it is cost-saving.
- Delivered in a variety of settings, including community-based organizations, worksites, and healthcare organizations. There are also online programs.

Health Coaching, Health Literacy and Cultural Competence
Health Literacy: Impact on Outcome

Ninety million people in the United States, nearly half the population, have difficulty understanding and using health information. As a result:

- Patients often take medicines on erratic schedules
- Miss follow-up appointments
- Misinterpret warnings on prescription labels
- Do not understand instructions like "take on an empty stomach"

http://nnlm.gov/outreach/consumer/hlthlit.html
Health Literacy: Vulnerable Populations

• **Elderly** (age 65+)
  – 2/3 of U.S. adults age 60+ have inadequate or marginal literacy skills, and
  – 81% of patients age 60+ at a public hospital could not read or understand basic materials such as prescription labels

• **Low general literacy**—the ability to read, write, and understand written text and numbers

• **Immigrant** populations

• **Minority** populations

• **Low income**

• Approximately ½ of Medicare/Medicaid recipients read below the fifth-grade level ([http://www.medicarerights.org/maincontentstatsdemographics.html](http://www.medicarerights.org/maincontentstatsdemographics.html))

• 75% of those with chronic disease have low literacy skills
How Does Culture Impact Health Literacy?

• Culture plays an important role in communication, thus health literacy

• Culture affects
  – How people communicate, understand, and respond to health information
  – Cultural competency of health professionals can contribute to health literacy
What is Cultural Competence?

• Health care professionals have their own culture and language
• Many adopt the “culture of medicine” and the language of their specialty
• In patient centered health care, the communication skills of health care providers becomes essential.
How does coaching help health literacy?

• Recognizes the whole person, not the hole in the person
• Respect, relationship, empathy
• Partnership/collaborative
• Uncovers and builds on patient’s internal motivation(s)
• Supports patient autonomy and empowers patient for self-management
• Supports self efficacy
  – A person’ belief in the possibility of change is an important motivator
  – The client, not the coach, is responsible for choosing and carrying out change
  – The coach’s belief in the client’s ability to change becomes a self-fulfilling prophecy.
  – “My confidence is greater than your doubt.”
Taking Control of Your Diabetes

www.tcoyd.org
Providing Patient-Centered Care Requires New Tools and Skills (Training)

- Coaching/Communications Skills
- Health Literacy
- Shared Decision-Making
- Cultural Competence
Many Health Coach Training Program Options

Sponsoring Organizations
• Academic/Degree
• Professional Associations
• Non-Profit Training
• For-Profit Training
• Corporate/Health Plan
• In-house training

Curriculum Focus:
• Health and Wellness
• Condition/Disease State Specific
• Business Acceleration
• Medical/Chronic Care Management
Many Health Coach Training Program Options

• Some have prerequisite education requirements
• Curriculum may be synchronous or asynchronous
• Materials may be from books/workbooks/videos/online/face to face learning
• Several offer Certificates/Certifications
  – Some are exam-based, some are skills (performance) based
• Some provide continuing education credits
• Pricing is variable
Clinical Health Coach® Trainings

• A very particular set of skills enabling health care professionals to partner with patients to build self-care skills, prompt better health behaviors and inspire accountability as a path to achieve the triple aim.

• Population health patient care strategies to align evidence based care with the patient centered resources of an effective healthcare team.
Core Competencies of Clinical Health Coach Training

• Health Coaching/Communications Skills Development
• Building Health Coaching into Care Management/Care Coordination
• Leadership Training
What it is and What it is Not

• Training is **highly performance oriented** with coaching practice and communications focus.
• Training is for **individual skill development**; it is not train the trainer.
• Training builds clinical health coaching skills for **care coordinators, care managers, care navigators, diabetes educators, health coaches**, etc.; it is not training for a specific position.
Clinical Health Coaching Functions

Transform the Care
1. Care Management (Internal)
2. Care Coordination (External)

Transform the Conversation
3. Patient Self-Care/Management (Patient/Family)
Clinical Health Coach® Training Options

1. Clinical Health Coach Training Onsite
2. Clinical Health Coach Training Online
3. Clinical Health Coach Training Fusion
   (Clinical Health Coach Online plus Two-Day Live Intensive)

Visit our website at www.clinicalhealthcoach.com
Registration/Availability

Clinical Health Coach Online Training:
Registration currently open

Clinical Health Coach Fusion Training
Registration currently open (through August 26, 2016) for fall class with Two-Day Live Intensive on September 28-29, 2016 in Des Moines, Iowa
Health Coaching: Architects for Health

- 98% of patient healthcare takes place outside the provider office – **reach them**
- Most care is self-care – **build them**
- Patient is greatest underutilized resource in healthcare – **tap them**
- 69% of healthcare costs are influenced by health behaviors – **inspire them**
Questions?

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Clinical Health Coach Training: www.clinicalhealthcoach.com
Questions??

PLEASE USE Q&A FUNCTION AT THE BOTTOM OF YOUR SCREEN
Thank you!

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