



INSTITUTE FOR
OPTIMIZING HEALTH OUTCOMES

Coaching Health Self-Management

Workshop for Healthcare Providers

Presented by:

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Case 1: What health problem?

- Greg: 54-year old finance manager for small municipality; high stress, long hours, two teenage children
- Diagnosed: moderate hypertension (150/90); weight (210 lbs.)/height (5'11") = BMI 29.2
- Lifestyle: sedentary and overweight as child; as young adult active runner and biker; now mostly sedentary
- Diet: prefers meat and potatoes; tries to include fish and vegetables; often fast food because of work schedule
- Family history of heart disease (father died of heart attack at age 54); cancer (both uncles); grandmother died at age 90



Rationale

- To achieve better health outcomes patients need to adhere to treatment recommendations and make lifestyle changes
- Self-managing patients know their conditions and treatment options, are committed to making healthy behaviour choices, have confidence that they can carry out desired actions, and know how to problem solve barriers
- Healthcare providers can “coach” patients to self-manage by providing information, motivation, and problem-solving
- Effective health coaching skills include reflective listening, motivational interviewing, goal-setting, action planning, and problem solving



What We Will Cover?

- Why patients don't follow treatment and lifestyle recommendations
- How health coaching engages patients in self-management
- Five-step “co-creating” health model
- Skills for helping patients increase readiness to change
- Tools for identifying health issues, SMART goals, and achievable action plans
- Skills for problem-solving barriers to success
- Tools for monitoring and follow-up



Why Health Coaching?

- About 50% of Canadians (16.5 million) have 1 or more chronic conditions
- Traditional provider-based acute care model not appropriate to managing chronic conditions
- Patient need to take an active, informed role in managing treatment and making lifestyle changes
- Patients who actively manage their own health feel better and have better health outcomes
- Research indicates that self-management is important but does not have lasting benefits without support from the healthcare professional, that is, health coaching.



Access to Health Providers

- Disease Management time over 1 year
 - GP visits per annum = 1 hour
 - Visits to specialists = 1 hour
 - PT, OT, Dietitian = 10 hours
 - Total = 12 hours
- 364.5 days managing on own or 8748 hours



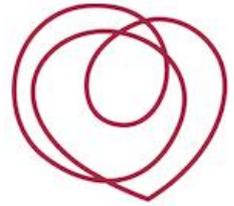
Barlow, J. Interdisciplinary Research Centre in Health, School of Health & Social Sciences, Coventry University, May 2003.



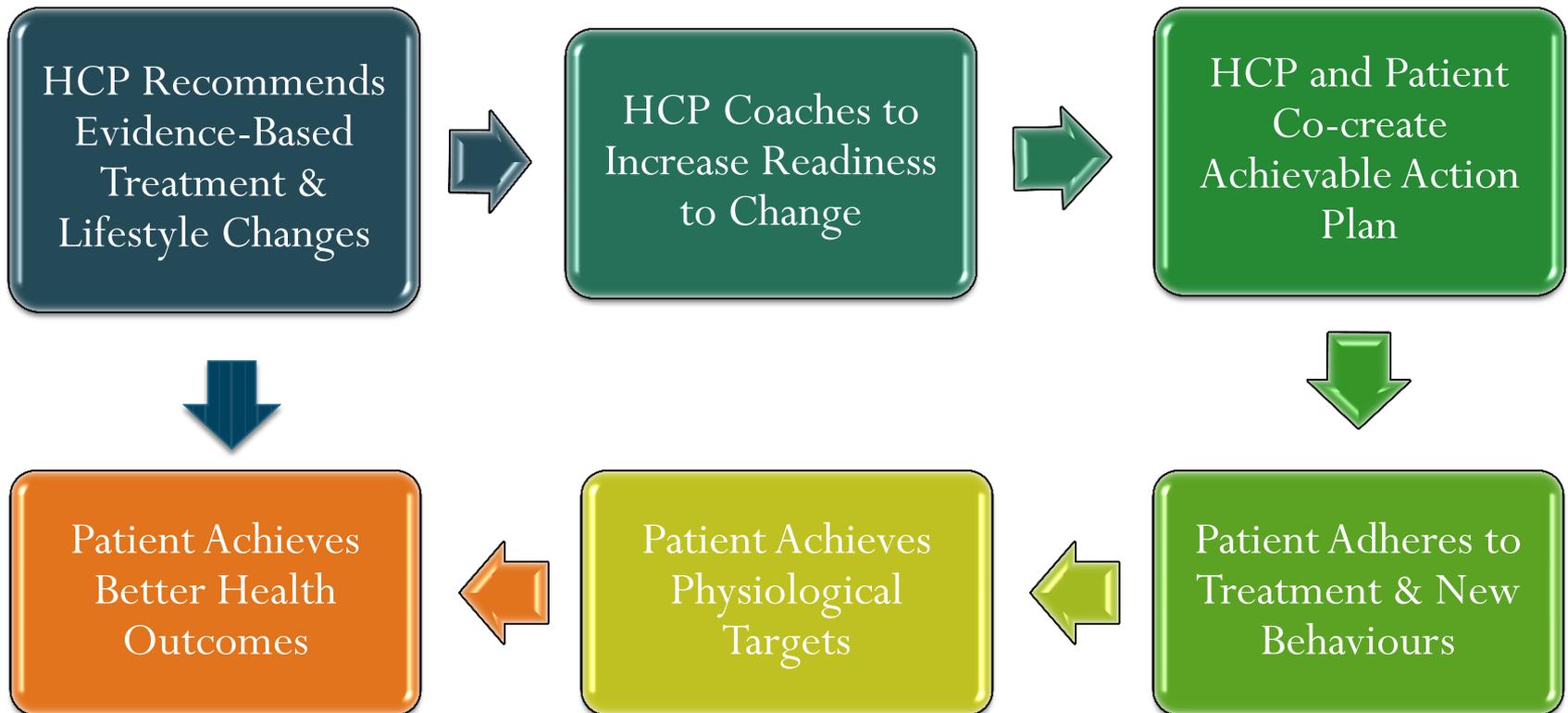
Are these Patients Ready to Self Manage?

- 42-yr-old male, auto worker, recent diagnosis of hypertension, 25% overweight, no longer active in sports, enjoys fast food diet
- 55-yr-old male, VP marketing, divorced, high stress, recent angioplasty, family history of heart disease, scared
- 30-yr-old female, biochemist, history of depression and bulimia, noncompliant with medication, dropped out of rehab program
- 70-yr-old female,, lives alone, has diabetes, arrhythmia, arthritis; enrolled in Heart Smart cooking, exercise program at community center

Do Evidence-Based Recommendations Lead to Better Health Outcomes?



From Evidence-Based Recommendations to Health Outcomes



Why is Health Coaching Important?



- To achieve better health outcomes, patients must adhere to treatment recommendations and lifestyle changes
- To self manage, patients need to know their conditions and treatment options, commit to making healthy behaviour choices, have confidence that they can carry out desired actions, and can problem solve barriers
- To sustain self-management (behaviour change), patients need support from health providers (and the system)
- Health providers who use health coaching support patients with knowledge, motivation, and problem-solving skills



Chronic Condition Self-management

- Self-management involves [the person with the chronic health condition] engaging in activities that protect & promote health, monitoring and managing symptoms & signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships and adhering to treatment regimes
- Gruman & Von Korff (1996), *Indexed bibliography on self-management for people with chronic disease*. Centre for Advancement in Health, Washington DC.

What Works to Manage Chronic Disease?



Most Impact	Potential Impact	Less Impact
<p>Delivery System Redesign</p> <ul style="list-style-type: none"> • advanced access • multidisciplinary teams • non-physician providers 	<p>Delivery System Redesign</p> <ul style="list-style-type: none"> • case management 	<p>Decision Support</p>
<p>Self-Management Support</p> <ul style="list-style-type: none"> • well-designed, targeted • integrated into pri. care 	<p>Self-Management Support</p> <ul style="list-style-type: none"> • lay-led programs 	<p>Clinical Info. Systems</p> <ul style="list-style-type: none"> • in the absence of delivery system redesign
<p>Community Partnerships</p> <ul style="list-style-type: none"> • linkages between health & social services 	<p>Community Partnerships</p> <ul style="list-style-type: none"> • links to specific programs 	

Demonstration: Health Coaching Session



- What was issue as identified by referring HCP? How important and confident was patient to addressing?
- What is important to patient? How important and confident to address?
- How was importance and/or confidence increased?
- What factors “shifted the balance?”
- What did patient decide to do?
- What was role of HCP?

5 Steps of Health Coaching



1. Facilitate client identification of health issue



2. Increase client readiness to change health behaviour (choose behaviours that are important)



3. Increase client confidence (set SMART goals)



4. Facilitate client action plan



5. Assist in developing strategies to address barriers to maintain change

Theoretical Bases of Health Coaching



- Self-Efficacy (Bandura)
 - Goal-directed behaviour, personal belief in capacity to perform, and role modeling
- Stages of Change (Prochaska)
 - Change occurs through stages that include “not thinking”, “planning” and “maintaining”
- Motivational Interviewing (Miller and Rollnick)
 - Increase “readiness” to change by creating discrepancy between what one wants and what one is doing
- Cognitive Behaviour Therapy (Ellis)
 - Unblock negative thinking and emotions to change behaviour

Keys to Effective Health Coaching

Patient Role

- Choose health goals and make behaviour changes
- Identify barriers to change (benefits/risks, thinking, feelings, circumstances)
- Adopt “trial and error” approach
- Track and monitor progress against action plan.

Health Professional Role

- Give recommendations and support change
- Surface discrepancies and underlying causes; explore options
- Facilitate problem-solving and identify alternatives
- Provide feedback; support successes

Skills for Health Coaching



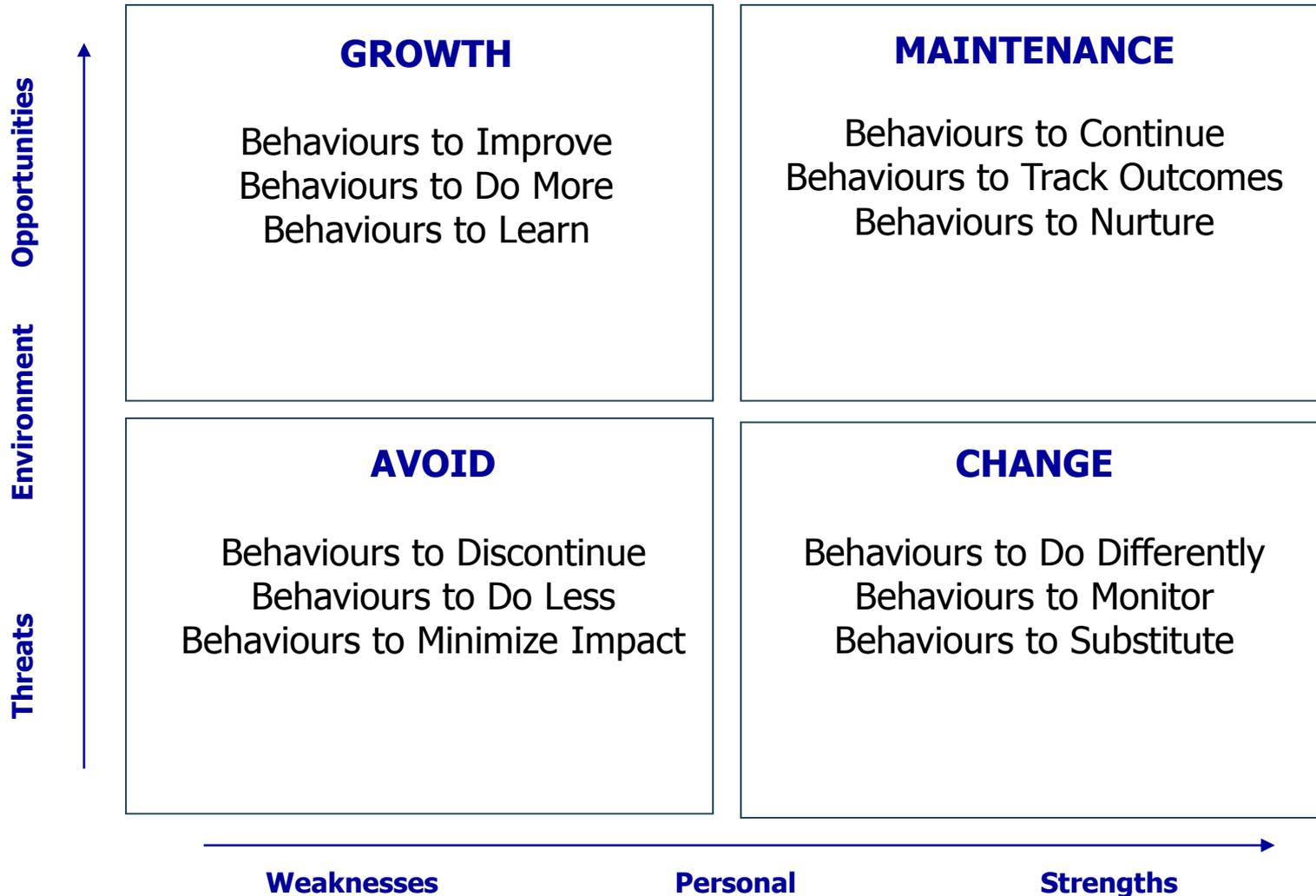
- Open-ended questioning
 - Develop rapport and understanding of client perspective
- Reflective listening
 - (aka active listening, effective listening, empathetic listening, authentic listening)
- Motivational interviewing
 - Reduce resistance and increase readiness
- Ask-tell-ask
 - Provide desired information and offer options
- Problem solving
 - Identify barriers and developing strategies to address these

Health Coaching Techniques & Tools



- Personal SWOT
- Bubble diagram
- Importance/confidence ruler
- Stages of Change Map
- Decisional Balance Tool
- Smart Goals
- Action Plan

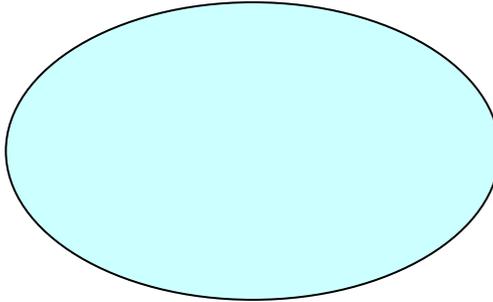
Personal Health Management SWOT



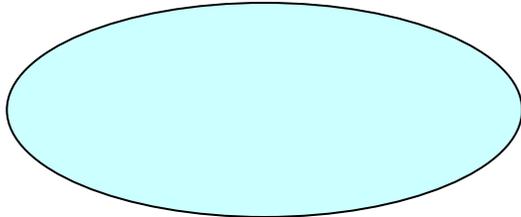
If you have **DIABETES**, here are some things you can talk about with your health care provider

→ **Choose to talk about changing any of these and add other concerns in the blank circles.**

Blood glucose monitoring



Taking medications to help control blood sugar



Taking insulin



Physical Activity



Diet



Losing weight



Depression



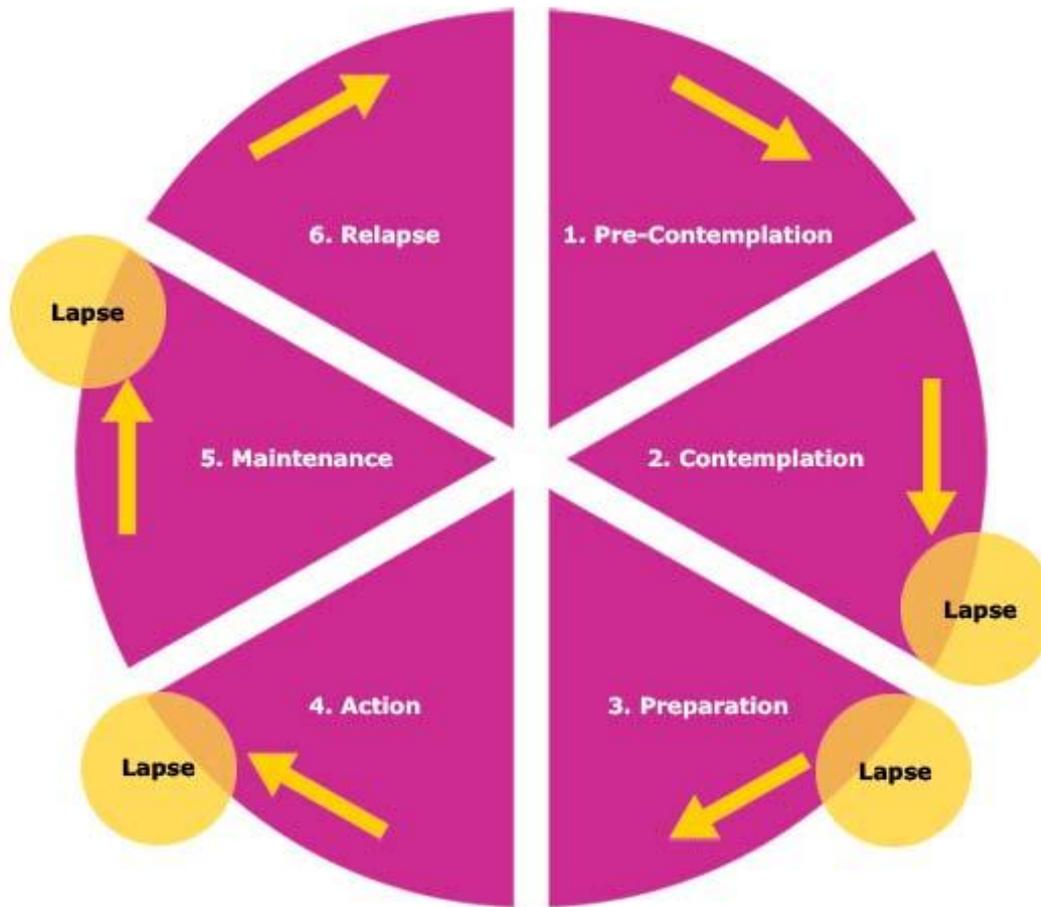
Daily foot care



Smoking



Stages of Change Model



Patient Label Here

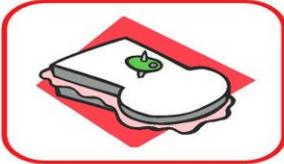
PATIENTS and PROVIDERS: Managing Diabetes Together



Smoking
Quit Date: _____ []



KEEP IT REALISTIC
SMALL CHANGES ARE
OK!



Food and Diet
Start Date: _____ []



Check My Blood Sugar Regularly
Start Date: _____ []



Medications
Start Date: _____ []



Exercise
Start Date: _____ []

Other Lifestyle Change?
What: _____
Start Date: _____ []



1. What would you like to do to improve your health? (Please choose one of the objects above, checking the box located next to the object.)
2. When would you like to begin addressing your personal goal? _____
3. Where / How would you do it? _____
4. How Often Would you do it? _____
5. What would prevent you from changing your lifestyle? _____
6. How will you go about overcoming those barriers? _____
7. How confident are you that you can accomplish your personal goal? (Rate your confidence level on a scale of 1 to 10 with 10 being completely confident) 1 2 3 4 5 6 7 8 9 10

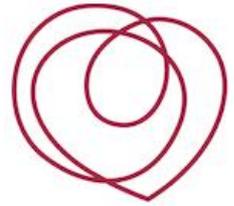
GOAL SETTING WORKSHEET

Name:

Date:

GOALS					
INTENTION	SPECIFIC	MEASURABLE	ATTAINABLE	RELEVANT	TIME-BASED
What do you want to achieve?	Who? What? Why? Where? When?	How much? How often? How many?	Achievable?	How relevant is it to what you want to achieve ultimately?	By when?

Step 1: What is the Problem?



- Principles
 - Person are experts about their own lives
 - People experience benefits from current behaviour
 - *People experience or anticipate negatives from new behaviour*
 - *Doing what one has always done is easier than learning new*
 - *People are “more ready” to change some behaviours than others*
- Goals of Step 1
 - Increase awareness of health issue(s)
 - Identify a health issue that person wants to work on
 - Increase readiness to address issue (change)



What Health Issue to Work On?

Use Open-ended Inquiry

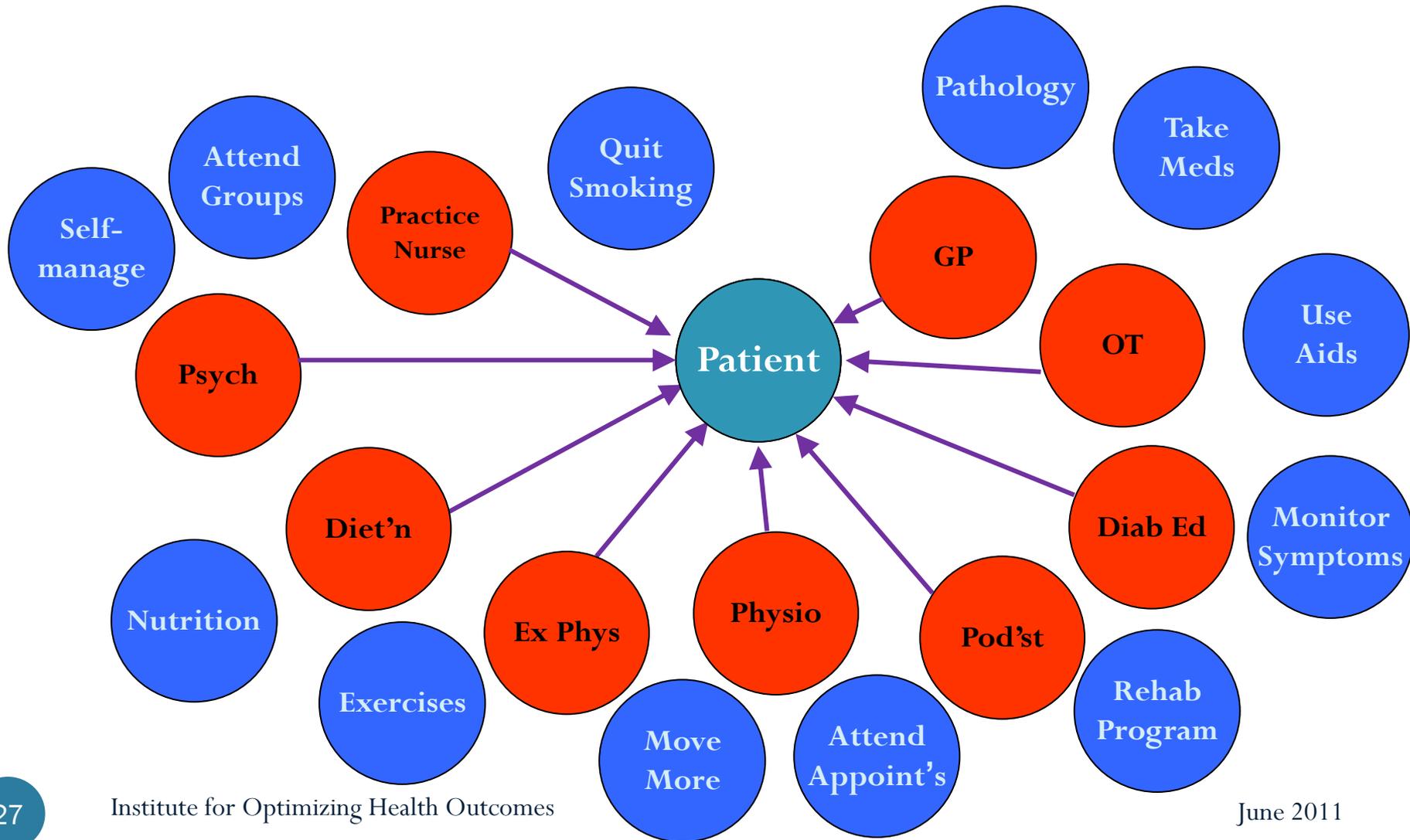
- Is there an issue?
- What do you know about your health condition?
- Why do you think are you here (what has your HCP said)?
- What are you doing (in terms of your health) that is going well? Is there anything you would want to do better?
- Is there anything you want to know about?
- Is there any any health goal you want to achieve?
- Is there anything you think worth working on (now)?



*Who Needs
More Information
About WHAT
to DO?*

Not Enough

Information?



Don't Just Give Information



Ask-Tell-Ask

- Purpose: Person decides what, when, and how much information to be given
- Ask: What do you already know (*about your health issue*)?
- Tell: Here is *new, additional, accurate, useful* information.
- Ask: What did you understand? *What do you think?* What more do you want to know? *Does this cause you to think differently about the issue?*

Case 2: Important to change?



- Kareem: 21-year old; at age 10 family immigrated from India to Canada; dropped out university to earn money to travel
- Diagnosed: thalassemia with moderate iron overload, arrhythmia, risk of diabetes; delayed growth and puberty
- Prescribed treatment: transfusions every 3 weeks; iron chelation daily (infusion overnight); diet and exercise
- Concerns: just wants to be normal
- Health behaviour: compliant with transfusions; irregular compliance with chelation; noncompliance with diet
- Health issue: recently hospitalized with heart attack

What Do Self-Managing Patients Do?



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

How Well do Patients Adhere to Treatment Recommendations?



14-21% of patients never fill prescription

30-50% don't take medications in recommended manner

66% with hypertension have poor BP control due to non-adherence

50% adherence to chronic conditions treatment incl. lifestyle changes

WHO, 2003

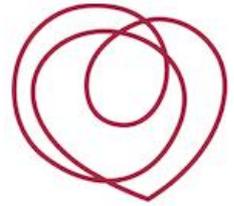
21% Type 1 diabetes patients NEVER check Blood glucose levels

Polonsky, 1999

36-39% non-adherence to MS disease-modifying injection therapies
(among patients who choose to engage in treatment)

Treadaway et al, 2009

Problems of Non-Adherence to Medications



Responsible for:

- Up to 10 % of hospital admissions
- 23% of nursing-home admissions
(McKenney and Harrison, 1976; Strandberg, 1984)
- 22% of drug reaction hospitalizations
(McKenney, 73)

Common Responses to Treatment Advice?

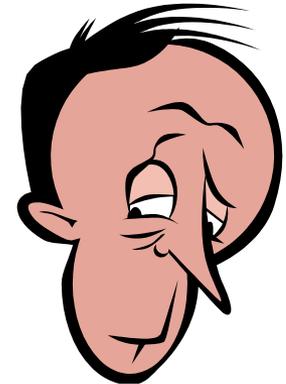
Hopelessness



Fear



Guilt



Resistance



Frustration

Anger



Despair

Shame



Confusion

Why is Behaviour Change Hard?



- Knowledge is not enough
 - Who here has perfect health (behaviour)?
 - Who knows what he/she needs to do to live more healthily?
- Behaviour change is hard
 - Who here prefers to do things that give pleasure rather than things that cause pain?
 - Why might you continue to do something that has “bad” consequences? Why might you stop doing something that is “good” for you?
- Readiness to change = importance X confidence
 - What is important enough to make you want to change?
 - Would you be willing to make a small change that would lead toward your goal?

What “Power” is Needed to Change?

“What” power?

“Way” power?

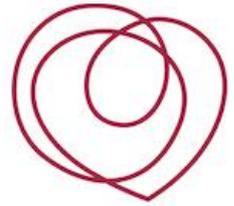
“Why” power?

“Will” power?

Overview of Health Coaching

Objective	Skills	Tools
Agenda Setting: Identify health goal or health outcome	Reflective listening Motivational Interviewing: Problem solving Brainstorming Generating Options	Rating Scales Decision Balance Oval Chart Mind map
Assure Importance Choose health behavior change or activity personally important	Reflective Listening Motivational interviewing Problem solving Root Cause Analysis	Rating scales Decisional balance
Assure Confidence: Choose goal that can be done	Reflective Listening Motivational Interviewing Stages of Change Brainstorming	Rating scales SMART goal (tips) Goal Hierarchies
Action Plan: Identify preparatory steps, Specify what, by whom, where, when, how often; Ensure confidence; Track success	Brainstorming Problem Solving Causal Analysis	SMART Goals Action Plan Chart
Barriers and Strategies: Identify potential barriers to success; Brainstorm strategies; Trial and error; reassess	Reflective Listening Problem Solving Brainstorming Behavior Modification Cognitive Behavior Therapy	Problem Solving Guide Decisional Balance Types of Barriers: Habits (behaviours); Emotions, Thinking

Theoretical Bases of Health Coaching for Behaviour Change



- Self-Efficacy (Bandura)
 - Goal-directed behaviour, personal belief in capacity to perform, and role modeling
- Stages of Change (Prochaska)
 - Change occurs through stages that include “not thinking”, “planning” and “maintaining”
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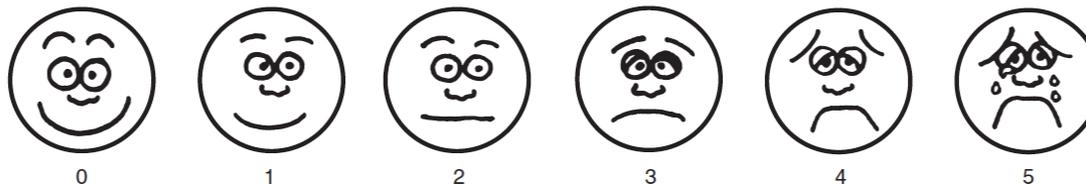
Case 3: Can I do it?

- Adele: 34-year old; weight 202 lbs.; BMI 33.3%; HA1C 7
- Diagnosed: pre-diabetes; obese, hypertension
- Lifestyle: limited exercise; cyclic dieter, usually for 3 months then reverts back and regains weight plus; married 3 years
- Work: works at health clinic as administrative assistant
- Prescribed: needs to lose weight to avoid going on insulin; lower blood glucose and HA1C
- Concerns: told losing weight would increase chance of getting pregnant (which husband has been pressing); afraid failing at another diet would only increase weight

Step 2: How Ready are You to Make Change?



- Readiness = importance and confidence
 - How important is “this behaviour” to you “given everything else that is going on in your life today?”
 - On a scale of “1 to 10”, how important is it to make this change, where “1 = no intention of doing this” and “10 = convinced I need to do this”
 - Which best represents how you feel about making this change?



0

1

2

3

4

5



To Advise or Not to Advise?

- Why do we resent being “told what to do?”
 - Implies doing something “wrong”
 - Experienced as judgmental (attacks self-esteem)
- How can you offer advice without creating resentment?
 - “What do you know about this issue?”
 - “What ideas do you have for addressing this issue?”
 - “Is it okay if I share some ideas that have worked for others?”
 - “Do you think any of these might be worth trying?”
 - “Do these options suggest any other ideas?”

Giving Advice: Ask-Listen-Ask



Ask: *Would you like some ideas or suggestions?*

Listen: *What is your understanding of the problem?*



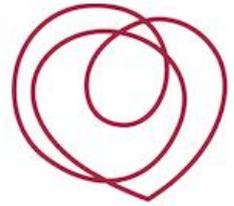
Empathize: *I understand why you would feel that way.*

Brainstorm: *What are your ideas?*

Offer Options: *Here are some suggestions you might want to consider.*



Four Principles of Motivational Interviewing



- Express Empathy (Acceptance)
- Develop Discrepancy (Present behaviour vs. Goals)
- Roll with Resistance (Non-argumentative)
- Support Self-Efficacy (Can-do)

EE-DD-RR-SS



Five Stages of Change

- **Pre-Contemplation:** No change needed
- **Contemplation:** Maybe a change would be helpful
- **Preparation:** Want to change, but not sure how
- **Action:** Making a change
- **Maintenance:** Part of my lifestyle

Health Coaching = Knowing Client Readiness and Facilitating Transition to Next Level

Using Motivational Interviewing to Facilitate Change



- **Ambivalence** – surface person's own pro's and con's about current behaviour
- **Resistance** – confronting increases; empathy and nonjudgmental acceptance decreases
- **Discrepancy** – raise awareness of gap between what person is doing and what he/she desires or values
- **Positive Change Talk** – facilitate person expressing benefits of change (doing something else)
- **Self-efficacy** – sense of confidence in being able to make change

Decisional Balance = MI Tool to Increase Readiness

What is Desired Health Outcome? What Behaviour Change is Related to Outcome?.

	Don't Change Anything	Adopt New Behaviour
Pros	Barriers to Change	Benefits of new behaviours over time
Cons	Negative consequences of current behaviours over time	Barriers to Change

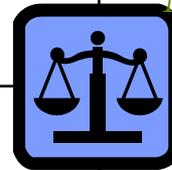
A square icon with a black border and a blue background, containing a black silhouette of a person standing on a scale with two pans, representing a balance or decision-making process.

Having considered the pro's and con's of old/new behaviour, does this change your thinking?

Decisional Balance: Increasing Importance to Change

What is Health Issue? What is Desired Outcome? What is Related Behaviour Change?

	Maintain Current Behaviour	Change Behaviour
Pro's	<p>What are pro's or benefits of current behaviour?</p> <p>BARRIERS TO CHANGE</p>	<p>What are pro's or benefits of new behaviours (over time)?</p> <p>MOTIVATIONS TO CHANGE</p>
Con's	<p>What are con's or downsides of current behaviour (over time)?</p> <p>MOTIVATIONS TO CHANGE</p>	<p>What are con's or downsides of changing to new behaviours</p> <p>BARRIERS TO CHANGE</p>



How do pro's and con's change if taking a long-term vs. short-term perspective?:

Explore Ambivalence



What are pro's and con's of current and changed behavior?

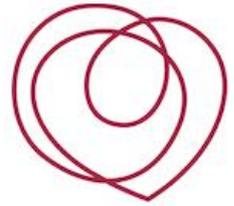
1. What are good things about current behavior OR not changing?
2. What are not-so-good things about new behavior or changing?
3. What are good things about new behaviour of changing?
4. What are not-so-good things about current behavior or not changing?

Short vs. Long-Term Perspective



- Short-term (emotional, autonomic reaction)
 - Current unhealthy behaviour is pleasurable, rewarding, easy
 - Changing behaviour requires effort, removes pleasure
 - Past failures with trying to change causes disincentive
- Long-term (cognitive, rational response)
 - Know long-term benefit of healthy behaviour
 - Have strategies for making change (overcome barriers)
 - Set up rewards and incentives for change (short-term)

Ask Importance Given Everything Else



- You seem to have a lot going on in your life at this time
- You say change is important but maybe not possible right now
- What do you think about the options?
 - *You can choose to change or not change.*
 - *What behavior do you want to change?*
 - *When do you want to start change?*
- *How important is to do this given everything else that is going on in your life right now?*

Exercise: Change or No Change



Work in Pairs: Client, Health Coach

Client: Select a behaviour related to the previously identified health issue that you are ambivalent about changing

- Health Coach: Ask client how to rate the importance of the behaviour change before doing decisional balance. Ask questions to help client consider the pro's and con's of change or no change (hint: order of questions). Ask importance again at end.

Switch roles: Health Coach becomes Client; Observer becomes Coach, and Client becomes Observer

Using Decisional Balance to Facilitate Change

What is Desired Health Outcome? What Behaviour Change is Related to Outcome?

	Don't Change Anything	Make Some Changes
Good Outcomes	<p>1. What's working for you now?</p> <ul style="list-style-type: none"> • Easier, less effort • Less stressful • Less time required • Can do what I like 	<p>3. What benefits would you expect from changing things?</p> <ul style="list-style-type: none"> • What's in it for me? • What short & long term benefits will I get? • ?
Not Good Outcomes	<p>4. What's the downside of what you are doing now?</p> <ul style="list-style-type: none"> • Short term negative consequences • Long term negative consequences • ? 	<p>2. What's the downside of changing things?</p> <ul style="list-style-type: none"> • Harder, more effort to break habits • More stressful • More time & planning required • ?

“Is anything you have mentioned *important* enough to make you want to work on this?”

Feedback on Exercise



- What worked?
- What were challenges?
- How did it feel to work through ambivalence?
- How did it feel to help someone through the process?
- What did you learn?

5 Steps of Health Coaching



1. Facilitate client identification of health issue/desired health outcome



2. Increase client readiness to change health behaviour (choose behaviours that are important)



3. Increase client confidence (set SMART goals)

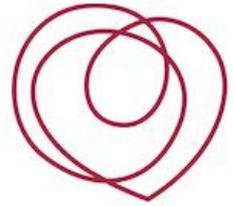


4. Facilitate client action plan



5. Assist in developing strategies to address barriers to maintain change

Why Goals?



Brainstorm: Why Set Goals?

- Long-term vision
- Short-term motivation
- Focuses acquisition of knowledge
- Organize time
- Acquire appropriate resources
- Assess ability and competence
- Measure progress
- Increase self-efficacy

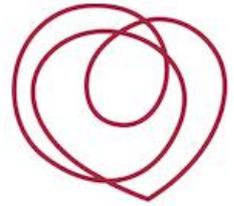
Why NOT Goals



Brainstorm: Why do people resist setting goals?

- Goals = too big to achieve
- Fear lack of competency or ability
- Lose flexibility, spontaneity, opportunities
- Previous experience of not achieving (failure)
- Lack of confidence; self-doubts
- Lack optimism; negative outlook; hopelessness

Helpful Goals?



- I need to lose 40 pounds
 - ... before the start of summer
 - ... because my doctor says I have to
 - ... or I will feel like a real loser
 - ... so I can buy a new wardrobe
- My goal is manage my diabetes by reducing my blood glucose levels, body mass index, and blood pressure to healthy levels.
- I will not eat chocolates or chips for the next month.
- This week my goal is to exercise more.
- My goal is to run in the Boston Marathon.

Good Goal Guidance



- State long-term desired health outcomes
 - Choose short-term behavioural goals that lead to outcomes
- Choose behavioural goals rather than physiological targets
 - Exercise, reduce eating rather than “weight” target
- Choose “positive” rather than “negative” goals
 - NOT: avoid chips BUT: choose fruit snacks
- Generate as many goal options as possible
 - Don’t be limited by past experiences; create new, fun options
- Small successes are better than big failures
 - Avoid “all or nothing”; don’t try for everyday; life happens
 - Trade-off: intensity for quantity; frequency for duration, etc.

Step 3: From Health Outcomes to SMART Goals



- Choose Desired Health Outcome (long-term, important).
- Generate Behavioural Goal Options (short-term, many).
- Choose goal and set as SMART goal.
- Assess confidence in carrying out SMART goal.
- Identify barriers and potential threats to success.
- Problem solve solutions to barriers (start with person's own ideas).
- Re-set SMART goal until confident (7 or higher).

S.M.A.R.T. DIABETES GOALS

It's important to have diabetes goals....something you're working on for yourself. Here are some ideas. Don't do too much. Try one or two and when you've achieved them, set another.



MY GOAL IS:

EXERCISE



MY GOAL IS:

BLOOD SUGAR TESTING



MY GOAL IS:

DIET



MY GOAL IS:

DAILY FOOT CHECKS



MY GOAL IS:

MEDICATIONS



MY GOAL IS:

A GOAL OF MY OWN

WHAT ARE S.M.A.R.T. GOALS?



Specific

✘: "I'll exercise more."

✔: "I'll walk 20 minutes every other weekday and on weekends."

Measurable

👎: "I'll eat less bread"

👍: "I'll eat one servings of carbohydrates for dinner three days a week "

Action-oriented

✘: "I'll lower my blood sugar."

✔: " I'll test my blood sugar twice a day for a month."

Realistic (Relevant).

👎: "I'll lose 40 pounds by the end of the month."

👍: "I'll lose 4 pounds by the end of the month."

Time-limited

✘: "I'll try this for a while and see how it goes."

✔: "I'll keep track of how I'm doing at the end of each week for a month."

Exercise: Setting SMART Goal



Work in Pairs: Client & Health Coach,

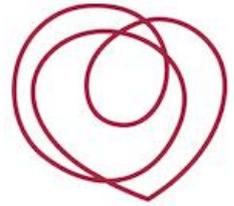
Client: Choose a behaviour change goal from the options generated. Develop into SMART goal using worksheet.

- Health Coach: Ask confidence in being able to carry out behaviour change. If less than “7”, ask whether goal can be reduced, e.g., less time, less frequent, shorter time frame.

Switch roles: Health Coach becomes Client; Observer becomes Coach, and Client becomes Observer

Observation: Did client set a SMART goal? If confidence was low, how did they attempt to reframe to increase confidence?

Feedback on Exercise



- Were you able set SMART goal that client was “confident” in being able to carry out?
- What worked well? What else could have been done?
- What worked to reframe goal to increase confidence?
- How did it feel to set SMART goal? How realistic was the exercise?
- How effective did Health Coaches feel in helping client arrive at a SMART goal that he/she was confident in carrying out?

5 Steps of Health Coaching



1. Facilitate client identification of health issue/desired health outcome



2. Increase client readiness to change health behaviour (choose behaviours that are important)



3. Increase client confidence (set SMART goals)



4. Facilitate client action plan



5. Assist in developing strategies to address barriers to maintain change

Role of HCP Depends on Patient Readiness (to Self-Manage)



Patient Knowledge (Risks, Benefits, Options, Resources)



Self-Manages (HiKnowHiMotiv)

“Patient Self-Directed”

Patient seeks information; makes plans, responsible for choice
HCP listens, informs, supports
Guidance: Patient peers, caregivers
Rely on family and peer support
Patient feels empowered

Patient MIA (HiKnowLoMotiv)

“Patient Missing In Action”

Patient seeks reassurance; hesitates, seeks more options
HCP challenges, supports
Guidance: Support group, counsellor
Rely on peers, HCPs, family
Patient can but won't

HCP Directs (LoKnowLoMotive)

“Doctor Knows Best”

HCP diagnoses, chooses, directs
Patient does not question; complies with prescribed treatment
Guidance: Healthcare professional
Rely totally on professional judgment
Patient trusts, follows orders

HCP Educates (LoKnow;HiMotive)

“HCP Educator”

HCP educates on disease and options
Patient learns what and how to do
HCP clarifies & recommends
Guidance: Healthcare professionals
Rely on professional advice
Patient learns tools and strategies

Patient Motivation (Problem Solving, Self-Confidence)



How Ready are These Patients to Self-Manage?



- 42-yr-old male, auto worker, diagnosis of hypertension, 25% overweight, no longer active in sports, fast food diet
 - (Lo Knowledge; Lo Motivation)
- 55-yr-old male, VP marketing, divorced, high stress, recent angioplasty, family history of heart disease, scared
 - (Lo Knowledge; Hi Motivation)
- 30-yr-old female, biochemist, history of depression and bulimia, noncompliant with medication, rehab program
 - (Hi Knowledge; Lo Motivation)
- 70-yr-old female, lives alone, has diabetes, arrhythmia, arthritis; Heart Smart cooking, exercise program
 - (Hi Knowledge; Hi Motivation)

Summary



- There are legitimate reasons why people don't adhere to treatment and lifestyle recommendations
- Patient-centered health coaching can increase adherence rates and improve patient self-management
- The health coaching approach can guide practitioners in applying patient-centered care in a time efficient manner, to address barriers to change and achieve better patient health outcomes



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