

Chapter 2

What is health coaching?

This chapter describes:

- What health coaching is and its applications
- How health coaching relates to wider systems and programmes of care
- How health coaching relates to other similar approaches

How is health coaching defined?

Health coaching has numerous definitions. It is:

- Helping patients gain the knowledge, skills, tools and confidence to become active participants in their care so that they can reach their self-identified health goals¹
- A goal-oriented, client-centred partnership that is health-focused and occurs through a process of client enlightenment and empowerment²
- A method of patient education that guides and prompts a patient to be an active participant in their care and behaviour change³
- A behavioural intervention that facilitates participants in establishing and attaining health-promoting goals in order to change lifestyle-related behaviours, with the intent of reducing health risks, improving self-management of chronic conditions, and increasing health-quality of life⁴
- Based on strong provider communication and negotiation skills, informed, patient-defined goals, conscious patient choices, exploration of the consequences of decisions, and patient acceptance of accountability for decisions made⁵

At a glance

Health coaching is a patient-centred process that entails goal setting determined by the patient, encourages self-discovery in addition to content education, and incorporates mechanisms for developing accountability in health behaviours

The evidence is that there are many benefits associated with health coaching. In order for it to be fully effective health coaching may need to be implemented as part of a wider programme supporting education and behaviour change

A health coaching approach is synonymous with person-centered care and the skills are central to many related approaches including care and support planning and shared decision making (Chapters 9 and 10)

Useful resources

Teaching patients to fish
<http://www.aafp.org/fpm/2013/0500/p40.html>

A consensus definition was created in 2013 from 284 research studies which highlights the changing roles of clinician and patient⁶ (Figure 2).

Figure 2: Consensus definition of Health Coaching (Wolever, 2013)

ROLE OF PATIENT	ROLE OF CLINICIAN
<p>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.</p>	<p>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.</p>

What are the key principles and skills of health coaching?

The common characteristics of health coaching (taken from two rapid reviews of 275 and 210 articles respectively^{2,7}) are summarised in Figure 3.

Figure 3. The principles and skills of health coaching

KEY HEALTH COACHING PRINCIPLES (ADAPTED FROM OLSEN, 2014)		
Principles or mindset	Purpose Belief Partnership Focus on benefit for the person	<ul style="list-style-type: none"> to improve the health and wellness of patients that people are resourceful and have potential to self-manage the active participation of both patient and clinician thereby providing a tailored or personalised approach
Behaviour change skills	Goal setting Movement Creating insight Empowerment	<ul style="list-style-type: none"> and goal clarification, based on a person's preferences rather than professionals helping people assess where they are and how they would like to move forward, a recurring process where action is taken through health education, reflective inquiry, client identification of barriers and strategies and self-awareness is perceived as a consequence of health coaching
Clinical skills	Integration	<ul style="list-style-type: none"> builds on the skills of the coach, eg. clinical skills or lived experience if a lay person or peer

How is health coaching used and by whom?

Health coaching is applicable to a broad range of conditions, can be used by all professional groups and is delivered through multiple routes⁷.

1. Purpose: Health coaching can be used to improve health-related behaviours, increase medication compliance, in care and support planning (Chapter 9) and shared decision making (Chapter 10), and to support people with single and multiple long term conditions to self-manage⁸.

2. Application: Health coaching has been used effectively in smoking cessation, weight reduction, reduction in cardiovascular risk factors, diabetes control, asthma management, readmission, management of depression and for medication compliance⁷.

3. Clinical and non-clinical coaches: Studies suggest that nurses, doctors and allied health professionals may be equally effective as coaches. People with long-term conditions who have received training in health coaching can be just as effective as health professionals⁷.

4. Access: Health coaching can be a standalone intervention, integrated into clinical practice or part of a system of care; carried out by telephone, on line, face to face or in groups⁷.

5. Skill level: Health coaching skills can be applied by a wide range of professionals, either in routine practice or as part of bespoke health coaching consultations. Professionals require increasing levels of skill from basic to more specialist and ultimately accredited skill sets.

How can health coaching enhance long term condition delivery systems?

Health coaching is best delivered as part of a programme of care, rather than in isolation. Examples are given below.

1. Chronic Care model

Elements of an effective approach to chronic disease management (as described by Wagner) include;

- a proactive health care system focused on keeping a person as healthy as possible
- empowering patients to look after their health and
- enabling clinicians to provide continuous self-management support⁹.

2. The House of Care

The House of Care is the long term condition delivery system recommended for the NHS¹⁰. At its heart is a co-ordinated patient consultation, which is supported by activated professionals and patients, system change and commissioning^{11,12}. Health coaching contributes to the co-ordinated patient consultation (Chapter 9) and activating professionals and patients (Figure 4).

Figure 4. House of care delivery system for long term conditions



3. Co-production

Another model to which health coaching aligns is co-production. Here authors argue that health care is not a “product” manufactured by the health care system and given to patients, rather a “service” on which the outcome is equally dependent on the end user. Therefore the service needs to be co-created by healthcare professionals in relationship with one another and with people seeking help. The co-production continuum starts at the clinician patient relationship - a health coaching conversation - and extends into co-creating services with the wider community and society¹³.

4. Behaviour change programmes

Most people know they need to adopt more healthy behaviours, but can find putting this into practice difficult. Behavioural science offers a number of reasons why this is the case and suggests ways to address barriers to change at an individual and system level^{14,15}.

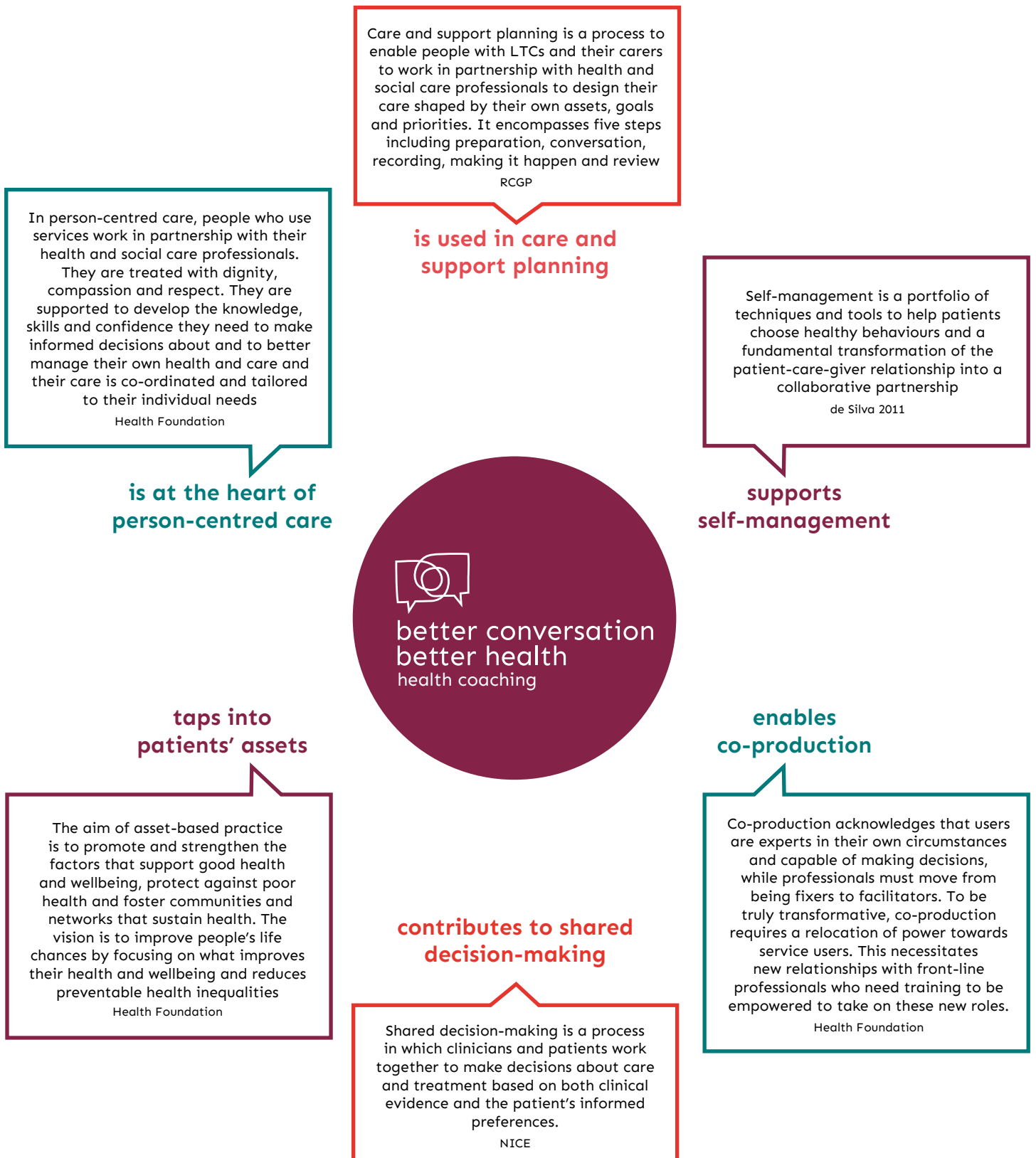
Health coaching includes behaviour change techniques at an individual level, for example, creating a “growth mindset” where change is possible, and goal setting and feedback to tap into internal motivation and reinforce success (Chapter 3).

Other aspects of recommended behaviour change programmes include behaviourally based segmentation (Case Study 9), peer support networks, reducing blocks that cause unnecessary effort e.g. social prescribing and new technologies (Chapter 8)¹⁴.

What is the contribution of health coaching to other self-management approaches?

The development of health coaching skills is one of a number of approaches that aim to share responsibility and/or decision making between clinicians, patients and communities. These are described in Figure 5 and chapters 9 and 10.

Figure 5. Health coaching and aligned approaches



Case study 4

Preventing medicines related readmissions

In 2012-2013 there were 5.3 million emergency admissions to hospital in England, costing about £12.5 billion¹⁶. About 5% of hospital admissions and readmissions are medication-related and preventable¹⁷. Improving evidence based, patient centred prescribing at discharge can increase adherence and thereby improve health outcomes¹⁸.

There is published data on predictive tools to identify and enable the targeting of patients at high risk of readmission, but currently no nationally accepted method. Integrated medicines management services (IMMS) are an alternative method of reducing preventable medicines related readmission.

IMMS was introduced in 2008 to Northwick Park Hospital, a 658 bedded district general hospital. The service is provided by 18 pharmacists who all attended two-day health coaching training and are supervised by a Consultant Pharmacist and health coaching trainer.

IMMS includes:

- **Medicines reconciliation and optimisation**
- **Patient-centred medicines consultations**
- **Medicines related discharge planning with patients, carers, health and social care teams**
- **Pre and post discharge communication to the GP and full documentation of changes**
- **Referral for community pharmacy follow up e.g. New Medicines Service or Medicines Use Review**
- **Post discharge telephone follow-up for patient and/or carers**

The IMMS pharmacists support patients and carers using a coaching approach to promote medicines optimisation. Patients are identified using the PREVENT© tool¹⁹ and supported with medicines adherence, which follows NICE guidance. Consultations are conducted face to face in hospital and by telephone following discharge.

At a glance

Pharmacy staff in the dispensary at London North West Healthcare NHS Trust offer a coaching approach to consultations about medicines:

- Studies show that about 5% of hospital admission and readmissions are medication related and preventable
- Up to 50 % medicines are not taken as intended
- A health coaching approach adopted by 18 pharmacists in an acute trust led to reduced preventable medicines related readmission within 30 days of discharge

“This is the first time anyone has asked me what I want from my medicines since I had my stroke. The pharmacist made me feel that my opinion of my medicines was important – and it is!”

Contact

Professor Nina Barnett - Consultant Pharmacist,
Care of Older People, London North West Healthcare
NHS Trust
nina.barnett@nhs.net

Useful resources

The benefits of this approach integrated within IMMS are:

- **Staff now address issues that are important to patients first**
- **Significantly reduced preventable medicines-related readmission within 30 days of discharge**
- **Improved patient safety through improved discharge communication**
- **Improved staff and patient satisfaction**

The full health coaching training course was re-commissioned for 2016 in order to up-skill pharmacy staff working with patients across the trust.