Chapter 7

How do we evaluate the outcomes of health coaching?

This chapter aims to help health and care leaders, clinicians and others identify outcomes from health coaching activities.

Most organisations supporting health coaching monitor progress by tracking numbers of health professionals or teams trained and numbers of health coaching conversations taking place. These are the inputs. Evaluation is about outcomes and analysing the impacts of health coaching on patients and/or services.

The three prompts given below on early adopter organisations' experiences and coaching evaluation literature.

1. Why evaluate?

Executives and funders expect hard evidence of costs and outcomes to back up anecdotal claims of benefit. When a concept is not long established the call for a 'business case' is to be expected. It pays to be ready by building in evaluation from the start.

Evaluation can also help everyone involved in making health coaching sustainable learn from experience, record and share learning, keep focused on the ultimate goal, identify strengths and weakness in project management and inform future planning decisions.

2. What to evaluate?

Start by articulating the definition and expected outcomes from health coaching and how these are to be achieved. Try to be as precise as possible. Typical expected changes might be how clinicians react, behave or change practice, through to how patients might react, behave or change leading to the clinical and/or organisational improvements expected.

Clarity about who wants what from the evaluation is important. Pose an evaluation goal as a question to help narrow the scope. Consider what signs or 'indicators' will identify whether health coaching is on the right track. Health coaching outcomes for patients could be explored by identifying any changes in hard clinical outcomes (e.g. HbA1c) and/or patients' perceptions of how they are feeling or behaving e.g. from surveys or interviews.

At a glance

Not many organisations systematically evaluate training[1]. Spend on health coaching as an innovation is more likely to be scrutinised compared to a well established practice

Multiple approaches can be used to evaluate health coaching locally. More rigorous evaluation is required to demonstrate cost –effectiveness in teams and individuals

It is important to measure the use of new skills or evaluation efforts will be undermined[2]

"Our own personal experience of health coaching, the experiences of our patients and the feedback from the clinicians we have trained has been the most useful evidence of success over our first year of rolling out health coaching. We are now working with our organisation to provide more concrete outcome data."
Clinical Specialist Physiotherapist

Useful resources
Free to use Stanford self-efficacy instruments:
http://patienteducation.stanford.edu/research/

Measures to consider include self-efficacy (as in example 1), patient experience, quality of life, satisfaction, confidence, personalised advice, patient activation measure (PAM), goal attainment scores and medication compliance. These measures can provide evidence on whether health coaching has 'worked'.

Example 1 (case study 1): Increased patient self-efficacy[3]

One evaluation of 199 patients used the Stanford self-efficacy outcome measure, administered before and after the patients had received health coaching appointments from 13 general practice nurses across seven practices. It showed significant improvements in self-efficacy; very high or high patient satisfaction (98%); greater patient understanding of their conditions (74%); and greater understanding of tests and treatments (61%).

Health coaching outcomes include any changes in activity or costs. Key performance indicators (KPIs) are already collected for other purposes. There are many options, including post-discharge follow ups; clinical time; appointments per patient; length of stay; caseload; waiting times; prevention of acute (re)admissions; discharges, tests and medication; episodes of care; quality and consistency; and staff retention.

By assigning a monetary value to quantifiable activities, most hard measures can provide the "business case" on whether health coaching is cost-effective in local health economies. Focus on one important indicator to yield straightforward and compelling results (e.g. average number of GP appointments per patient per year).

Example 2 (case study 3): cost effectiveness[4]

One evaluation in an older persons rehabilitation ward found that, by using the techniques of health coaching, patients became more engaged in their recovery. The local service provider's data showed the resulting average length of hospital stay was reduced by 17 hours per patient whilst 8% of patients in the intervention group were discharged to residential care homes (compared to 27.3% in the control group[5]). Using these findings an economic evaluation found the intervention to have been very cost effective with a net benefit value per patient of £4,973. Not all of the benefits identified will be cash releasing. Some of the outcomes identified will produce a financial benefit, such as an avoided need for residential care; others, such as the reduction in the length of hospital stay, may serve to improve the flow of patients through the hospital and reduce delays in admissions and transfers.

3. How to evaluate?

Evaluation should capture credible evidence of impact within time and budget constraints. If the skills and budget for a Randomised Controlled Trial (RCT) are available this will be seen as a 'gold standard' of evidence. Other approaches include the use of a control group, comparing outcomes relevant to specific patient groups, or comparison of healthcare costs at a team level, ideally covering multiple comparable teams over a significant time.

Whilst waiting for the results of formal or independent evaluation research, measuring where it is easiest can still be persuasive e.g. a comparison between pairs of clinicians using and not using health coaching (as in Example 3 below), or comparing a single clinician's activity before and after commencing with health coaching is possible (as in Example 4 below).

Example 3 (case study 1): Cost saving from reduced clinical time[5]

One clinician found that use of health coaching enabled her to reduce total patient contact time because patients needed less follow up. Local management data were used to compare the cost of clinician time in a health coaching approach versus a non-coaching approach. By calculating the actual hours spent on both approaches, and calculating the monetary value of the time based on salary plus employment costs, a 63% indicative cost saving by health coaching was shown. This was equivalent to a potential annual saving of £12,438 per FTE (from assuming reduced clinical time was repeatable and sustainable over time).

"The potential cost saving in our modest team alone could be significant".
Physiotherapist

Example 4 (case study 1): Increase in personal productivity[6]

A part-time community physiotherapist attributed reductions in her caseload to health coaching because empowered patients were discharged quicker. Taking on more new referrals instead was helpful in reducing waiting times. As the first in her team to use health coaching, it was not possible to compare patient throughput, costs or other KPIs at a whole service level.

Instead, audited departmental activity records were used to compare her own appointments over 12 months, revealing 28 extra patient referrals between comparison periods: 55 new patients in the six months before using health coaching, and 83 afterwards (51% increase).

4. How to collect data?

Gathering evidence for evaluation is a key part of the process. Be as clear as possible about the starting point. This will make it easier to assess the distance travelled later on. Set up a system to gather data on a regular basis. Think about records that will be collected anyway. If possible integrate any additional data required specifically for the evaluation into existing data gathering mechanisms to minimize clinician time. Don't collect any more information than needed.

Working out what the data is saying is the next stage. Does it show goals have been achieved? Does it highlight achievements or problems to be tackled? Be alert to unexpected outcomes both desirable and undesirable. Allow plenty of time to pull the information together. Feed initial findings back to a wider group of stakeholders to add their insights.

Make use of what has been found. Think about why progress may have been slower than expected and what can be learnt from that. Share your experience with other organisations.

"The biggest enabler has been getting the Chief Executive on side...The story about my reduced caseload ticked his boxes."
Physiotherapist