

## Who is a health coach?

Anyone on the health care team can be a health coach and should be a health coach at least part of the time:

- Physicians
- Nurse practitioners
- Physician assistants
- RNs
- Pharmacists
- Social workers
- Health educators
- Nutritionists
- Medical assistants
- Community health workers
- Promotores
- Peer coaches

It is helpful for as many people as possible in a primary care practice to be trained as health coaches. The implementation of health coaching in a practice transforms the 15-minute visit and shifts how members of the health care team work with patients. As such, everyone on the care team needs some training in health coaching.



## Why train everyone on the team?

If only some members of the health care team receive the training while others do not, there can be serious differences in patient care – with non-trained team members telling patients what to do while trained coaches work collaboratively with patients.

Take for example, a patient whose doctor tells them to exercise 30 minutes a day. The patient agrees in front of the doctor. When the doctor leaves the room, the patient tells the coach “I can only do 15

minutes at a time, 3 times a week.” Then, the health coach says, “Fifteen minutes, 3 times a week is a great start.” It is confusing for patients to hear one message ordering them to do something, and another message, from a health coach, that is collaborative.

Even though every member of the health care team should receive training to be a health coach, primary care clinics need people serving as health coaches either full-time or as a significant part of their job. **Without health coaches, there will continue to be wasted visits and patients will not receive the support they need to improve their health.**

### How does health coaching fit into the practice?

#### Teamlet Model

In the stable Teamlet Model, one coach and one clinician are paired and always work together. The clinician and a health coach work as teamlet to provide care for all of the patients in a clinician’s panel. Expanding the teamlet – two health coaches working with one clinician – allows for extended visits.



The patient benefits from an extended visit:

- a pre-visit with the coach
- the visit with clinician plus the coach
- a post-visit with the coach
- between-visit telephone call/visits with coach

#### Modified-Teamlet Model

In the modified-Teamlet Model, only some of a clinician’s patients receive coaching. The health coach provides coaching for mainly high-

risk patients (e.g. patients whose diabetes or blood pressure is in very poor control). In addition, the coach may work with several clinicians, and a clinician may work with several coaches. Typically, this model is implemented where there are more clinicians than there are health coaches.

### **Exercise 1: Identify Key Concepts**

Match the key concepts with the correct descriptions.

Key Concepts:

- A. Traditional 15-minute visit
- B. Health coaching
- C. Teamlet model
- D. Health Coach
- E. Modified-teamlet model
- F. Clinicians

Descriptions:

1. Physicians, nurse practitioners, and physician assistants
2. A clinician sees a patient with uncontrolled high blood pressure. The clinician increases medication dosage and adds new medication, tells the patient to eat less salt, and then leaves the room. The patient is sent home.
3. A health coach provides coaching for one clinician's panel.
4. Anyone on the healthcare team that works collaboratively with a patient
5. A patient who has diabetes with an HbA1c of 10.2 is seen by clinician who adds new medications. The health coach is in the room during the visit. The clinician leaves the room. The health coach stays with the patient to provide self-management tools and medication education.
6. A health coach works with several clinicians, coaching only some of their patients who are at highest risk.



## Collaborative Care: Ask-Tell-Ask

### Why Ask?

We ask questions to find out what patients:

- feel and think about their health
- are ready or not ready to do about their health
- know and want to know about their health
- experience as barriers and challenges

If we want patients to participate in their own care - which we do - then we have to ask questions. By asking patients about their thoughts and feelings, we are asking them to participate in their care plan. In this way, patients become engaged and are more likely to take action to improve their health.



Asking helps reveal obstacles patients encounter when trying to work on their health. Why is the patient not active? What are the difficulties with taking medications? If we don't ask, we can't identify the barriers that patients are struggling to overcome. Once we know what the barriers are, we can help the patient identify solutions to overcome obstacles to wellness.

### What to Ask?

Coaches can ask patients:

- Right now, how important is it to improve your health?
- What is your number one health concern?
- What makes it difficult for you to take care of your health?
- What do you believe you can do to improve your health?
- How can I help you improve your health?

## Telling Can Hurt

Most of the time, telling patients what to do leads to frustration for both the patient and the care team. When patients are told what to do, they can feel powerless, stupid, or scared. They may resist or shut down and agree with a plan they may not be able to do or believe in. A patient, who doesn't follow the non-collaborative care plan, may be considered difficult or noncompliant. **Patients who collaborate in making their own care are more likely to adhere to the care plan.**

Imagine your patient, Mary, whose HbA1c is 11.5 tells you she is not taking her medication. You begin to tell-tell-tell Mary, "You have to take your medications, or you may have a heart attack or stroke..." If you had asked Mary, "What is the reason you are not taking your medications?" you would know she has lost her job and insurance, and can't afford food, much less paying for medication. Not only have you wasted time by telling but also you have missed a crucial moment to build trust with Mary.

## When do we tell?

*We tell after we ask.* The coach begins by asking a question. If the patient needs more information, the coach will tell the patient. To make sure the information was clear, the coach would close the loop – ask the patient to retell you the information. (You will learn how to do this in later sections.)



For example, the coach asks a patient with a high HbA1c who wants to work on lowering their sugar, "What is HbA1c?" If the patient does not know, the coach explains. After telling, the coach asks questions to find out if the patients understood the information. "Can you tell me what you learned about HbA1c?"

### Exercise 1: Be a Bad Coach

Let's practice Tell-Tell-Tell.

First, pick a personal health issue that you have want to improve. Perhaps, you want to get more sleep or you want to spend more time in your garden.

Directions: Pair up with a partner. You and your partner will practice the tell-tell-tell.

1. The bad coach will ask their partner, "What do you want to work on?"
2. The bad coach will then **ONLY** tell:
  - a. Why engaging (or not engaging) in this behavior is risky
  - b. The benefits of changing (or starting) the behavior
  - c. How to change (or start) the behavior
3. **You have 3 minutes to be a bad coach.** Remember, you may only ask the question, "What do you want to work on?" and then you must tell-tell-tell. *Three minutes may seem like a long time to tell – because it is! We want you to feel uncomfortable as you only tell for four minutes.*
4. Switch roles and repeat directions above.



## Exercise 2: Candid Conversations

Let's read some conversations between coaches and patients. We will have a discussion after each conversation.

### Controlling Coach

The coach is working with Senora Romero whose HbA1c levels are high.

<sub>1</sub>Coach: Senora Romero, this is a chart of your HbA1c.

<sub>2</sub>Senora Romero: Oh, OK.

<sub>3</sub>Coach: (points to chart) Your A1C is almost 10. It's supposed to be seven. You need to bring your A1C down from 10 to seven. It is very important for your health.

<sub>4</sub>Senora Romero: OK.

<sub>5</sub>Coach: That means you need to improve your diet, get more exercise, and take the extra pills that your doctor will prescribe. All of this will help you bring down your A1C.

<sub>6</sub>Senora Romero: OK.

<sub>7</sub>Coach: So, please put this graph up on your refrigerator to keep you motivated.

<sub>8</sub>Senora Romero: OK but I don't have a refrigerator.

The End

## Discussion

- What did the coach do well?
- What technique did the coach use?
- How did Senora Romero feel?
- What should the coach do differently?

## Key Messages

1. Using tell-tell-tell does not engage patients.
2. Make sure patients understand charts and health terminology by asking them to close the loop.
3. Ask patients about their goals and ask if they are motivated to work on their health.

## Cruel Coach

The coach is working with Senora Romero whose HbA1c levels are high.

<sub>1</sub> Coach: Senora Romero, this is a chart of your HbA1c.

<sub>2</sub> Senora Romero: Oh, OK.

<sub>3</sub> Coach: (points to chart). I am very worried. Your HbA1c is almost 10. Senora, that is too high! You know, it's supposed to be 7. You really need to bring your HbA1c down from 10 to 7. If it stays high for too long, you may have a heart attack or stroke!

<sub>4</sub> Senora Romero: Oh.

<sub>5</sub> Coach: Yes, a high A1C is very bad for your health and can be dangerous. You have to take the medications the doctor prescribed.



They will help you. This is very important. The medications can't do it all – you need to help by exercising more and eating better.

<sup>6</sup> Senora Romero: I will try. However, is it OK if I start eating better after my niece's party tomorrow? Also, I can't get my medications until I am paid next week.

<sup>7</sup> Coach: Senora Romero, it's up to you but we really have to get your diabetes under control.

<sup>8</sup> Senora Romero: What? I have diabetes?!

The End

### **Discussion**

- What did the coach do well?
- What technique did the coach use?
- How did Senora Romero feel?
- What should the coach do differently?

### **Key Messages**

1. Most of the time, scaring patients doesn't work.
2. Ask important questions up front, "What do you know about your diabetes?"

### **Collaborative Coach**

<sub>1</sub>Coach: Would it be OK if we talk about your sugars or A1C now?

<sub>2</sub>Senora Romero: Yes, it's OK.

<sub>3</sub>Coach: What do you know about HbA1c?

<sub>4</sub>Senora Romero: Not much.

<sub>5</sub>Coach: That's fine. Let's go over it together. HbA1c or A1C tells you how well you are controlling your diabetes. Think of your A1C like a photo album of your average sugar for the last three months. Each picture in the A1C album is your blood sugar in the moment, like the number, a glucometer would give you. Just to make sure I was clear, what does HbA1c measure?

<sub>6</sub>Senora Romero: I think A1C is an album of my sugar. Is that right?

<sub>7</sub>Coach: Yes. And how many months does your A1C cover?

<sub>8</sub>Senora Romero: I think you said 1.

<sub>9</sub>Coach: The A1c measures your average sugar for 3 months.

<sub>10</sub>Senora Romero: That's right; it was a 3-month album.

<sub>11</sub>Coach: Why do you think we care about your A1c number?

<sub>12</sub>Senora Romero: I am not sure. I think you said it shows something about my diabetes.

<sup>13</sup>Coach: Yes! Your HbA1c number is another way to measure how your diabetes is doing. What do you know about your A1C number?

<sup>14</sup>Senora Romero: I think it is fine. I feel fine.

<sup>15</sup>Coach: I am happy you feel fine! We hope that you continue to feel good. Sometimes, your sugar can be high and you still feel good. One way to keep feeling great is to keep your sugars low. Let's look at this chart of your A1C together. Can you find your most recent A1C on this chart?



<sup>16</sup>Senora Romero: It's here [points to chart]. Ten.

<sup>17</sup>Coach: (points to chart) Right in April it was a 10. Where is your goal?

<sup>18</sup>Senora Romero: The flat line? It says seven.

<sup>19</sup>Coach: Yes, your HbA1c is 10 now. You want your HbA1c to be 7 or below to keep feeling good. What do you think about that?

<sup>20</sup>Senora Romero: I was there in October. I don't know what happened.

<sup>21</sup>Coach: What do you think you were doing in last year to keep your A1C at your goal?

<sup>22</sup>Senora Romero: I was exercising more. I remember I used to go on walks every day. That was when I could walk far.



<sup>23</sup>Coach: That's great. Physical activity is one way to keep your A1C low. Is there anything else you were doing?

<sup>24</sup>Senora Romero: Not that I can think of.

<sup>25</sup>Coach: There are three things you can do to bring down your HbA1c – being active, healthy eating, and medications. Which one of those sounds like something you want to do to bring down your HbA1c from a 10 to a 7?

<sup>26</sup>Senora Romero: Maybe, I can start walking again. It was too cold to walk in the winter so I stopped walking. I did like walking.

<sup>27</sup>Coach: That sounds like a great idea. Maybe, we can make plan together to help you start walking.

The End



## **Discussion**

- Refer back to line 1, what was the coach asking for?
- What was the coaching doing in lines 3, 5, 7, and 9?
- Look back to line 11, why did the coach ask Senora Romero this question?
- In line 15, how did the coach handle Senora Romero's beliefs about feeling good?
- Look at line 21, why does the coach ask this question?
- What is the coach giving Senora Romero in line 25?
- If you were the coach, how would you continue this conversation?

## **Key Messages**

1. Ask permission to start a conversation
3. Ask what the patient thinks about their health
4. Ask questions to find out what the patient already knows
5. Tell the patient information in a way that is easy to understand
6. Gauge the patient's understanding by asking questions after you tell

### **Exercise 3: Practice Coaching**

First, watch us model a coaching session using ask-tell-ask. Are there any questions?

Now, it is your turn.

Directions: Pair up with a partner. Using the scenario below, you and your partner will practice the ask-tell-ask. Take turns playing the role of health coach and patient. You have 5 minutes to play each role.

Ms. Rojas, has diabetes and doesn't understand what high HbA1c means (HbA1c = 10). Her clinician has asked you, the health coach, to talk to Ms. Rojas after their appointment. Your role is to help her understand her diabetes and her HbA1c.

### **Exercise 4: More Practice Coaching**

Recall the personal health issue you choose in Exercise 1.

Now, find the partner you were with for Exercise 1.

Directions: Use ask-tell-ask to coach your partner about the issue discussed in Exercise 1. You have 3 minutes to complete the exercise. Then, switch roles.