This is what we mean when we talk about health coaching

This article looks at the skills and responsibilities of the health coach, using a case study to illustrate a typical consultation

▶ **AJ Voykovich and Vaishali Sumbly**

When we speak about health coaching, we are referring to a process that uses a specific set of skills that are powerful competencies for everyone on a medical team. When we speak about health coaches, we are referring to peers who have language and cultural similarities to our at-risk population, and who have mastered these skills and continue to be supervised to improve their practice. They have trained in the Center for Excellence in Primary Care health coaching curriculum (cepc.ucsf.edu), which has been adapted to the New Zealand setting.

Health coaches work directly with patients, receptionists, nurses, doctors and the mental health clinicians within the clinic. Ideally, they always work within a clinical "teamlet". The purpose of health coaching is to:

- help people understand their clinic team's advice
- find out how the person feels about that advice
- find out what the person wants to do about improving their health with this advice.

As we say, "nothing about me without me".

What do we do?

From 8am, when I sign into the patient management system, until 4.30pm, my focus is on supporting patients with their long-term health conditions and wellbeing. Ideally, this is face to face in the clinic or via a phone call.

Health coaching supports people to gain the knowledge, skills and, most importantly, the *confidence* to become informed, active participants in their own healthcare.

The funded addition of health coaches to a general practice team has been found to maximise the effectiveness of the 15-minute GP consult when caring for patients with diabetes (see panel) and other long-term conditions.

> "It's about giving agency to, or empowering, the tangata whaiora to make their own changes"

What don't we do? We don't rescue people, and we don't tell people what to do! We don't make goals either – we work together to make one small, achievable, weekly behaviour change (known as an action plan) that the tangata whaiora (person seeking wellbeing) wants to do. I will repeat that – what the tangata whaiora wants to do – not the health coach, the doctor or the tangata whaiora's whānau.

We introduce the four keys to good health, with one action plan chosen from physical activity, healthy eating, taking medications (if prescribed) or managing stress. The health coach regularly follows up with the tangata whaiora on their action plan and supports them to work on another small plan for the coming week.

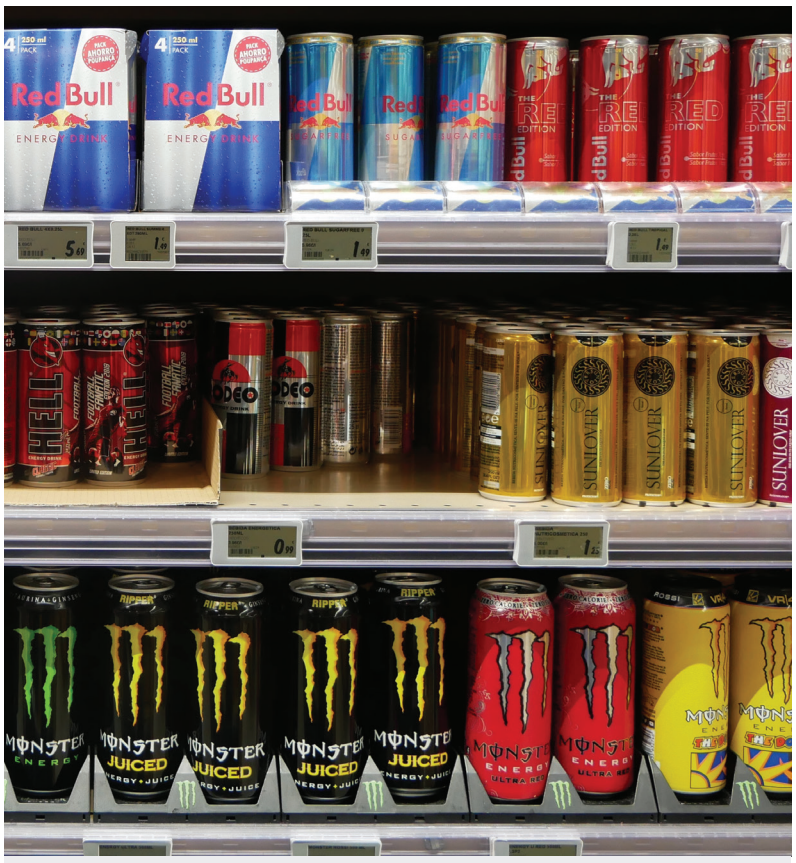
It's all about *process* over information. The health coach does not "tell" or educate the tangata whaiora for 20 to 30 minutes or give clinical advice. As part of a non-registered workforce, the health coach works within a clearly defined scope of practice and defers any clinical issues, including risk, back to the clinicians. It's about giving agency to, or empowering, the tangata whaiora to make their own changes – "patient voice, patient choice".

We support people to self-manage, improve connection with their clinic, and navigate our complicated healthcare system. We provide continuity of care throughout their journey, and we show empathy through active listening and the power of silence. This collaborative role of "sitting beside" a tangata whaiora (not being the expert), and possessing our own *lived* experience and the ability to "be in the moment", is unique and life changing.

Every morning, I individually greet reception, the nurse's station, the student doctor, the locum and the long-serving stalwart doctors, to emphasise that the health coach is available. This is continually done to underline the fact that the role is not an optional add-on for the clinic, but a funded role within a model of wrap-around care, which includes a health coach, health improvement practitioner (HIP) and community support worker (called Awhi Ora in Auckland).

Diabetes case study

John is 59 years old and has been a builder for 40 years. He has type 2 diabetes. I initially phone John, introduce my role and discuss how the clinic would like to provide him with more support for his diabetes. John agrees to come in for an appointment with me.



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John's first action plan involved reducing his energy drink intake

On the appointment day, the receptionist walks with John to my room. I greet him and introduce my role again (which sets the expectations of the consult): "This consult is free and will take 15 to 20 minutes. I am part of the clinic team, and I will make notes in the system that your doctor will see. You will not lose your place in the queue as reception know you are with me (if applicable). Together, we will make a plan for the coming week, and if there are any significant concerns, I will get you the help you need in the clinic today."

I then ask permission to continue. John agrees and together we complete the Hua Oranga questionnaire – a one-page Māori health outcome measure based on Te Whare Tapa Whā that takes less than five minutes. There are no right or wrong answers, and we do this with everyone. The four areas measured are taha tinana (physical wellbeing), taha wairua (spiritual wellbeing), taha hinengaro (mental and emotional wellbeing) and taha whānau (social wellbeing).

The name Hua (to bear fruit or be abundant) Oranga (wellbeing) reflects the focus on developing, working towards and measuring wellbeing for tangata whaiora. This outcome measure will be used again to record improvements and enable a reflection on our work together, to adjust and improve the quality and effectiveness of the approaches to wellbeing. I thank John for completing this and ask if he would now like to talk about his diabetes. He smiles and agrees.

What happens next is the *collaborative* part of the model, which is based on the ask-tell-ask approach rather than the directive telling approach. This involves several questions.

1. "Tell me John, have you heard of the term HbA1c?"

"I've heard it mentioned a few times at the clinic but can't remember what it means," replies John.

"Yes, it's a tricky term not easily remembered. HbA1c is the blood test you have in the lab, and it measures how well your blood sugar has been controlled over the past three months. It's a number the doctor looks at."

"So that's what he keeps referring to!" exclaims John.

2. "Do you know, or has a doctor or nurse told you, what your HbA1c number is today?"

"All I know is that it's high," says John.

"Okay, John, let's look at it together on my screen. You can see here it was 86[mmol/mol] on your last blood test, and yes, you're right, your HbA1c is elevated."

3. "Now tell me, do you know, or has a doctor or nurse told you, what your HbA1c goal is?"

"No," John replies.

"No problem, John, let's look at this diabetes traffic light, and we can plot your recent HbA1c numbers – red means we need to stop and make a change, yellow means we are going well but need to slow down, and we aim to be in the green. Can you see that, ideally, your HbA1c should be below 55?"

"Got it," says John.

4. "Do you know what could bring down your HbA1c?"

There is a pause of five to 10 seconds, then John answers, "I could eat less pies and cut back on energy drinks."

"Excellent, John, can you think of anything else?"

"I'm on my feet every day but don't feel like I do any proper exercise, so that might help," he says.

"That's right. It's not easy fitting in another form of exercise when you are building all day. John, you've mentioned two of the four ways so far – healthy eating and physical activity. The others are taking medications, if prescribed, and managing stress.

"Now, as your health coach going forward, which one of the four would you like to make a small action plan about this week? An action plan is something realistic and achievable that you can see yourself doing."

John chooses healthy eating, so I ask, "What small change can I see you doing this week with regard to healthy eating?" This open question does two things: it allows the tangata whaiora to begin thinking about what they believe to be healthy eating, and it gauges their motivation.

John chooses to reduce his energy drink intake. I ask to saturation:

- "How many will you reduce by?" – "From two to one can."
- "What time of the day will you do this?" – "My afternoon can would be easiest to cut out."
- "How many days this week will you try this?" – "Four."
- "On what days?" – "Monday to Thursday."
- "What is your confidence level, between one and 10 (10 being the most confident), that you will achieve this?" – "Eight." (We aim for a minimum of seven, otherwise we problem solve together.)

I ask John if I can call him in a week's time to follow up with his action plan and support him more. He sounds excited, mentions that he needs accountability, and we organise a time for a phone call.

I thank John for his time today, recommend the Health Navigator website, and close the loop with his understanding of HbA1c – how would he explain it to a family member? John correctly mentions the blood test and the average of his blood sugar over a three-month period.

Finally, I ask how helpful the health coach session has been as it is a new service to primary healthcare. John says it's been very helpful (10/10) as he now has a visual understanding of his blood sugar level.

I wrap things up with John, then write the 18-minute health coach session into his notes. I see him a further four times over three months, and he works on his exercise as well as his medications. His HbA1c drops from 86mmol/mol to 59mmol/mol.

This is just one anonymised consult. There are countless examples of tangata whaiora learning self-management skills and being linked to community services.

In our experience, the health coach model has greatly improved our engagement rates with our most at-risk patient groups. Anyone already working as a community health worker or peer support would increase their scope with the two-day health coaching curriculum. Mental health workers who are training as HIPs also benefit from the training, as many do not have confidence or competencies in working with self-management of long-term conditions.

Trust the health coach model, trust the process, and by all means, please shadow a health coach. ■

Details have been changed to protect patient confidentiality

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Summary of health coach diabetes sessions

- 126 sessions were held between 8 June 2016 and 21 November 2017; each session had between one and 14 participants.
- 255 people had before and after HbA1c data and demographic details collected.
- 53.73 per cent of participants had a significant improvement in HbA1c level (≥5mmol/mol).
- Median improvement in HbA1c was 6.7mmol/mol (average improvement of 8.3 per cent).
- 21.2 per cent of participants lowered their HbA1c level below 75mmol/mol.
- 52.8 per cent of participants maintained a positive trend over time, sustaining the improvement.

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