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IMPROVING HEALTH OUTCOMES THROUGH HEALTH COACHING IN FAMILY MEDICINE

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Presentation handouts to complete and enrich the session.

Clinical Trials and Images of Patient Compliance, 2011

Adherence describes the act of taking medications exactly as prescribed by a doctor. This involves sticking to the prescribed medication regimens.

Over 2,000,000 sites which concentrate at the variety aspects of compliance/adherence/concordance, and the efforts that are done in purpose to improve it, implies its’ meaningful and complexity. Here are few examples:

- Lack of medical adherence leads to 125,000 deaths per year.
- 75% of adults are non-adherent in one or more ways.
- 32 million Americans use 2 or more medications per day.
- Non-adherent diabetics have a 30% yearly risk of hospitalization.
- Medication regimen adherence:
  - NOT FILLED: -12%
  - NOT STARTED: -12%
  - NOT FINISHED: -29%

The consequences of poor adherence:
- Poor adherence:
  - Excess risk relative to health outcomes
  - Loss of functional achievements
  - Loss of self-esteem
  - Substance abuse
  - Poor insight
  - Poor response to treatment
  - Neurological sequelae
  - Re-hospitalisation
  - Treatment resistance

Medication Adherence Program ROI:
- Source: HIN Medication Adherence Survey - September 2011
The issue of adherence including its diverse aspects and the determination to improve health outcomes through health coaching were the core goals of the discussed study.

For decades physicians and other professionals from the health and behavior arena have been challenged by the issue of adherence. Meaning, finding the way to motivate their patients to accept and maintain the clinical recommendations. Despite this, they had partial success and sever accumulate consequences such as: poor health outcomes, decreasing quality of occupational performance, frustration among health professionals, increasing health costs etc’.

Moreover, the dynamic medical milieu, characterized by a rapid range of changes along the patient’s adoption of an assertive approach, their readiness to execute it especially that of physicians, has led family medicine to consider the patient as a committed active partner in his or her health management. This is a dramatic conceptual and practical change for both physicians and patients that has concrete influences that require preparations. Those preparations intend to empower physicians and enriching them with knowledge and skills based on positive psychology, specifically health coaching so they will be able to implement it in their clinics supporting and empowering their patients in their health change process, focusing on achieving better health outcomes, balanced life style and improving their quality of life.

Actually, this is a parallel process in which physicians and patients are simultaneously empowered through coaching processes. In other words, based on their inner resources, wisdom and will, physicians were empowered to empower their patients.

For this purpose grounded on positive psychology and health coaching the present program was developed for physicians.

The program is presented in the following table:
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<th>Stage</th>
<th>Goal</th>
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<td>Introductory event</td>
<td>Initial studies</td>
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<td>Combined studies in plenum, working in small groups</td>
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| 1 Learning          | Acquisition of knowledge & skills | 3 months - 6 meeting x 5 hours, every 2<sup>th</sup> week | Combined studies in plenum, working in small groups + practice | Coaching +HC  
Com’ style assertiveness - approach TTM, HBM… |
| 2 Personal coaching experience | Re-experience … empathy | ~ 3 months | 8 personal meetings | Variety of personal goals |
| 3 Learning          | Focus & individual studies    | 1.5 months    | small groups                                      | bio-psychological model, MI, AI                  |
| 4 Integrated implement-ation | Implementation In clinic | 6-9 months    | Implementation with 6 defined patients + supervision | All the above                                    |
The main results of the program were:

- A significant positive change in the professional self-efficacy of the physicians.
  - Based on the General Self Efficacy - GSE questionnaire (Matthias & Schwarzer, 1981) regarding professional aspects.
  - The result was:
    \[ t(24)=1.83, \ p<0.05. \] Before study: \( M=3.35 \) After study \( M=3.63 \)

- Systematic lowering tendency of markers for blood glucose based on laboratory tests.

- The participants who systematically appeared to each appointment (meaning, closing their clinics for half a day every other week!) became a significant peer group that supported each other professionally and emotionally as well.

- The participants reported:
  - An Improvement in relationships with patients and less sense of anger towards them.

### HBA1C - BEFORE & AFTER THE STUDY

The change after 6 months
\begin{itemize}
  \item Appreciation to the organization which facilitates the unique and useful program.
  \item A lower sense of loneliness and alienation and a higher sense of commitment to the organization.
\end{itemize}

**Conclusions:**
The goal of this study was to examine the effectiveness of health coaching implementation in family medicine with unstable patients to improve health outcomes.

The main results were:

- Better health outcomes.
- Higher sense of professional self-efficacy.

Results of the study suggest that the use of health coaching is beneficial for both physicians and their patients. Adopting positive health behaviors and improving health outcomes by empowering relationships and creating partnerships between patients and physicians allowing patient-center principle represents a new hope for them both. However, additional comprehensive research is needed regarding diverse health and socio-demographic factors for the best application of health coaching.
References:

23. World Health Organization, Europe, 2006. What is the evidence on effectiveness of empowerment to improve health?