COLLABORATIVE AOTEAROA

Health Coaching in General Practice

GUIDANCE DOCUMENT

About this resource:

This resource has been created to support general practices understand the value of health coaching within general practice.

The concept of health coaching in general practice continues to grow and we need to support our coaches to continue to make a big impact on patients within our general practices.

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Acknowledgement

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Overview

The purpose of this document is to provide an overview of the critical success factors for implementing health coaching as it relates to supporting patients with Long-Term Conditions.
This document will consider a number of factors that make for success, as considered from multiple perspectives, including:

- Participant
- Clinical integration and uptake
- Coaches
- The role of technology in supporting the coach and participant

Critical success factors

Success factors in implementing Health Coaching for weight loss will be considered through the lens outlined above:

Participant CSFs:

- Participants that experience an introduction to weight management via a health professional have an increased motivation as a result of a GP (PCP) led introduction (i.e. that the introduction is supervised by a trusted clinician raises commitment to participating actively in coaching and behaviours agreed as a result of coaching). A 'warm handover' has been shown to provide optimal results.
- An effective initial consult, as outlined in Appendix A. The most critical success factors are:
  - Agreeing upon an action plan that will build self-efficacy and continued confidence
  - Anticipating challenges (implementation intentions) and developing strategies to overcome barriers. This includes recognising the context in which the agreed action plan/behaviours occur (family/work/transportation/other commitments)
  - Non-directive support from the coach (i.e. letting the participant develop their own solutions, with guidance and support)
- Demonstration that post initial consult, the coach is observing and taking an obvious interest in the execution of weight loss behaviours, supporting and encouraging good behaviours, and exploring barriers and difficulties when appropriate (while letting the participant lead the conversation in how to overcome barriers and difficulties). Key to this is short feedback loops, where technology (an App) is used to monitor execution of agreed behaviours (action plan).

Clinical integration:

- The likelihood of GPs / Nurse or already busy clinicians using a new tool is very low
- Therefore any new tooling should be provided to health coaches, with their buy in and comfort that the tooling works for them
- Health coaches ideally operate in the context of a primary care team, and have clear clinical and professional boundaries, having had accredited training in the role
- Health coaches should always be supervised by a clinical professional. Health coaches should receive 30 mins of professional supervision per fortnight, so as to share, download and receive counselling for challenging situations that are typically encountered in normal coaching. It is important that the supervisor has professional qualifications, ideally Psychological.

Coach Success Factors

- Coaches that are part of an integrated care team typically outperform those in isolation from an extended care team
- Coaches should ideally consider all goals/barriers, as well as weight loss goals, ensuring context for support, not support in isolation (i.e. not considering sleep, mindset, stress and other factors that may be in the way of implementing weight management behaviours)
- Coaches should be appropriately trained and accredited in health coaching, by a suitably accredited agency (Prekure for instance).
- Coaches should have key skills including: MI - active (reflective) listening, non-directive coaching, SMART goal setting, and others.

Technology:

- A significant determinant of the outcomes from health coaching relates to the functionality of the technology to support health coaches (as evidenced by the outcomes demonstrated in the MIT studies in Hypertension and Type 2 Diabetes Management, it is critical that coaches have available technology that creates short feedback loops between the participant and themselves. This enables the coach to recognise quickly when a participant is not executing their action plan successfully. In the case of the MIT trials, this related to medicines use, as well as self-management behaviours. In relation

to the Green Cross Health study, this related primarily to activity and food choices.

- The technology should support participants as it relates to executing their action plan(s). This includes:
  - Prompt to remember to execute the plan
  - Guidance on how to execute the plan
  - Strategies for overcoming barriers to executing the plan
  - Measures (passive and active) to measure either the execution of the plan/activity, or feedback relating to the activity
  - Allowing and encouraging self-monitoring
  - Nudges and prompts to:
  - Recognise achievement
  - Recognition for developing skills
  - Timely and personalised support to execute behaviours (in the context of goals / barriers / motivation / capabilities)
  - An understanding of the action plan in the context of its:
  - Domain (movement / eating / mindset / sleep …)
  - Activity (walking / running / weight bearing exercise …)
  - Measures (duration / weights / repetitions / scales …)

Appendix

Appendix A. The Participant Initial Consult

- An initial face to face or video consult is effective in building rapport
- The consults should focus on determining 'what matters' to the participant. Why do they want to make changes? Who for?
- The consult should move toward action planning, based on a small changes / self efficacy approach. I.e. what are the options for the participant (movement, exercise, diet, eating behaviours (which are very different to diet)) with a view to determining which behaviours they are most confident in being able to change
- Set up an action plan focused on 1-3 behaviours maximum for week 1, and then ask participants to self-monitor their progress. Similarly, coach will be monitoring too - and checking daily on progress.
- Implementation intentions conversation to plan for barriers on executing behaviours, and develop strategies to overcome like barriers
- Exploration of beliefs or cognitions that will likely impede execution of agreed upon behaviours