

Population Health Improvement Learning Collaborative



Becoming a Registered Health Coach: A Pathway to Proficiency & National Recognition

Susan Butterworth, PhD, MS
*Associate Professor, School of Medicine,
Oregon Health & Science University;
HealthSciences Institute; MINT Member*



Population Health Improvement Learning Collaborative

- A learning and networking community for all professionals serving people at risk of, or affected, by chronic conditions.
- Supporting health coaching and chronic care improvement practices that deliver best value to patients and purchasers.
- Offering free, noncommercial skill-building webinars through the not-for-profit **PartnersinImprovement** alliance.
- Facilitated by HealthSciences Institute and sustained by individual members and partner organizations.

Population Health Improvement Learning Collaborative

Agenda

- 10:30 to 11:30 (CT) Learning Presentation & Discussion
- 11:30 to 11:45 (CT) Learning Collaborative Community Call

Population Health Improvement Learning Collaborative



Becoming a Registered Health Coach: A Pathway to Proficiency & National Recognition

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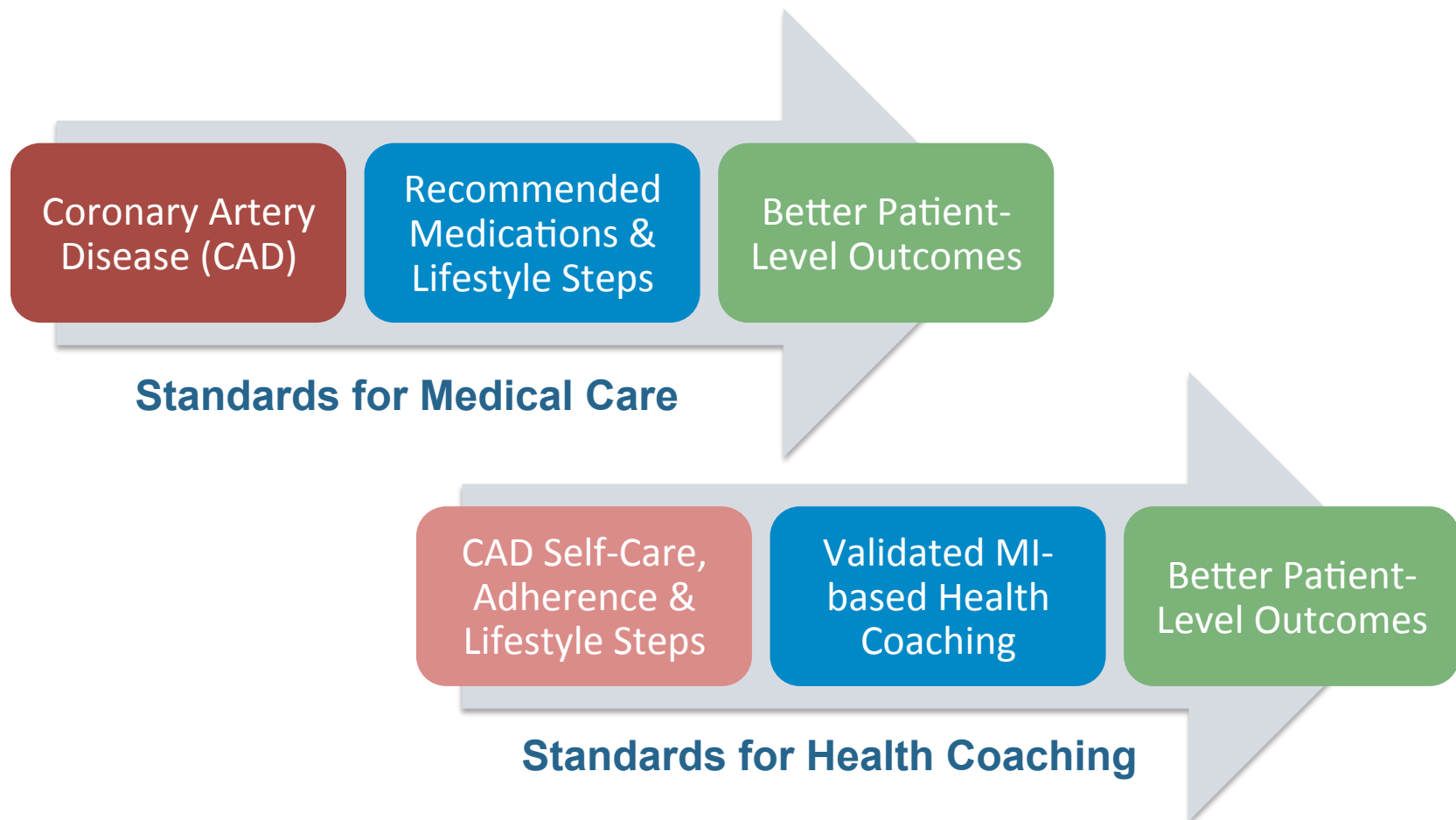


Why are Health Coaching Training & Competency Standards Needed?

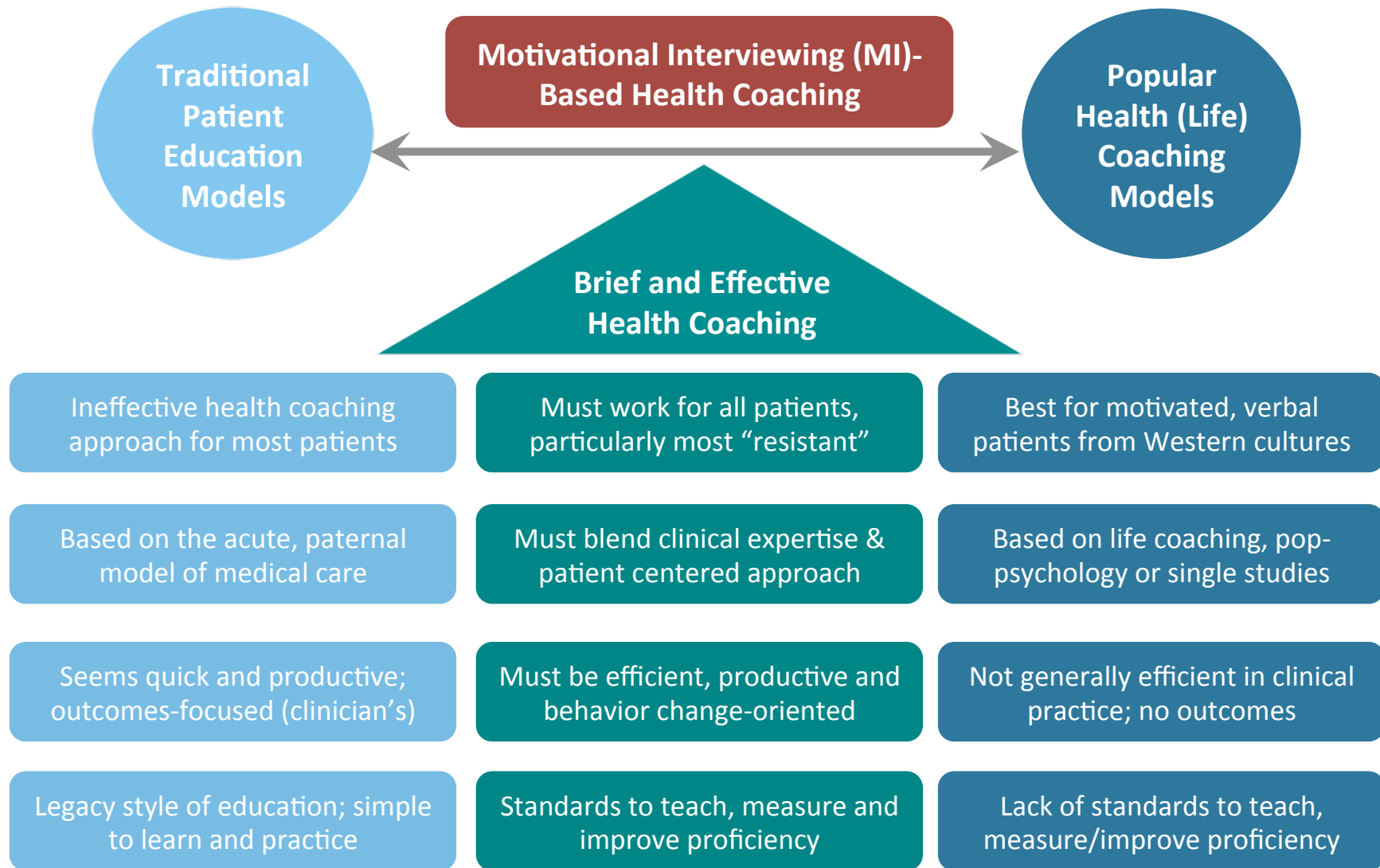
- Questions persist about the **value and ROI** of wellness, disease/care management and PCHM programs.
- Like any health care service, health coaching should **reflect best practice and deliver measurable results**.
- Though **patient education approaches** are widely used for coaching, researchers find that they often evoke patient resistance and are frequently counterproductive.
- Alternatively, **popular health coach certifications** have not demonstrated outcomes—nor is proficiency measured in any standardized manner.
- Most popular certification have been developed by **nonclinicians** or those with no formal training/credentials in **health psychology, behavioral medicine, or even MI**.
- We know that health coaching is a complex skill—similar to learning a language or a musical instrument. **Effective health coaching is not “easy” or “innate.”**
- There are **clear standards for training and proficiency** in brief, effective health coaching—yet, often not applied.



Like Medical Care, There are Validated Standards for Effective Health Coaching



Health Coaching: Best Practice Standards



Misconceptions About Motivational Interviewing Persist: The “Fidelity” Problem

- Familiarity with the “MI spirit,” MI concepts or jargon does not equate to MI proficiency.
- Self-assessed proficiency in MI is statistically unrelated to actual proficiency in MI when measured via a validated, standardized tool.
- In the 300+ studies demonstrating the impact of MI, we know that MI was the intervention.
- Studies find that MI proficiency requires immersion training, application support and personal feedback using a validated, standardized tool.
- Measurement of fidelity to MI is required to realize outcomes shown in MI clinical trials.

Why Does MI Training Often Fail to Build Practitioner Proficiency or Deliver ROI?

What Was the Quality of the Training?

- Was a MINT trainer used?
- Was he/she a clinician or specialist in brief MI health coaching?
- Was the training focused on real world health coaching scenarios and concrete steps for engagement, adherence, self-care—and delivery of better clinical outcomes?
- Did the trainer use traditional CE/training OR competency development approaches?
- Did the trainer cite MI & behavior change research from the last two years?

What Steps Were Implemented After the Training?

- Was there a plan to support learning transfer to the job?
- Was pre/post measurement of proficiency with validated/standardized tool used?
- Was personalized feedback provided to the learner?
- Were processes, assessments or scripts that staff use, reviewed and aligned with MI?

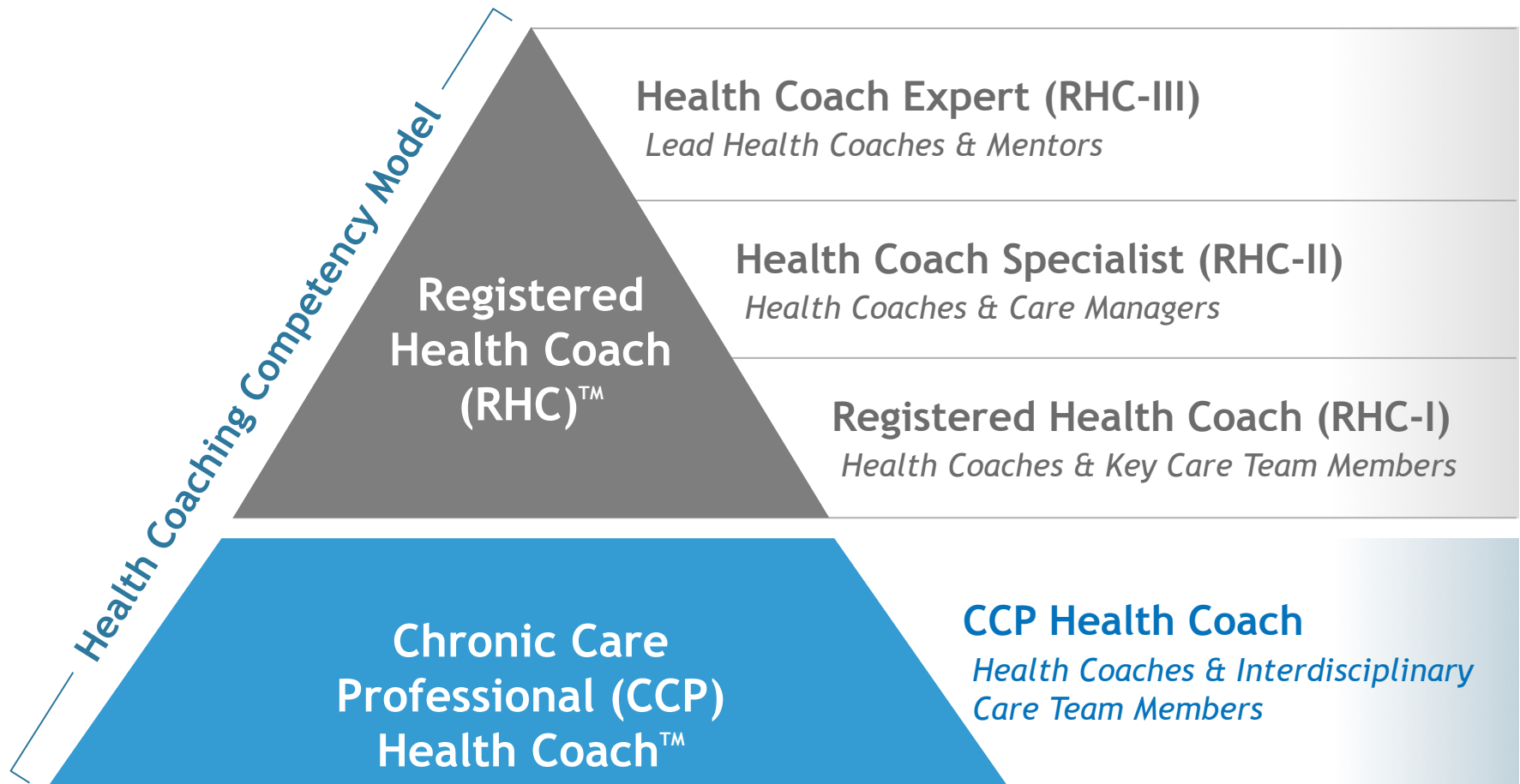
What Was the Impact or ROI of the Training?

- “We are proficient in MI” (Have we measured proficiency with a validated measure?)
- “We are not proficient” (Have we measured proficiency with a validated measure?)
- “MI doesn’t work or takes too time” (How proficient are staff? Was there fidelity to MI? Are staff using newer, brief MI health coaching approaches?)

Workforce Competencies for Population Health Improvement & Health Coaching



HealthSciences Institute's Validated Health Coaching Competency Model



Health Coach Proficiency Level

Skill-Building Activities

Demonstration of Proficiency

**Chronic Care
Professional (CCP)
Health Coach™**

Online CCP learning modules,
MI training resources, learning
collaborative and archive library

**CCP
Examination**

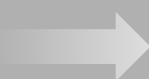
**Registered
Health Coach (RHC)™**

Complete CCP certification
and successive MI training
activities per level

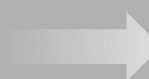
**HCPA
Proficiency Level**

RHC-I

**Registered
Health Coach**



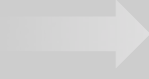
Two-day MI skill-building workshop,
five webinar skill-building sessions



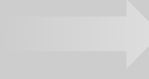
**Basic
Proficiency**

RHC-II

**Health Coach
Specialist**



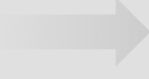
Three or more HCPA™ reports and
telephonic feedback sessions



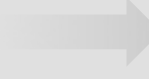
**Specialist
Proficiency**

RHC-III

**Health Coach
Expert**



Telephonic feedback & coaching
and mentor skill-building sessions



**Expert
Proficiency**

National Health Coach Registry™

An online national registry of professionals who have met evidence-based training requirements and demonstrated proficiency in health coaching best practice via a standardized, externally-validated measure.

- Promotes transparency, as well as, consensus regarding training and proficiency standards
- For clinician and non-clinician health coaches in direct care and wellness, disease management and care management settings
- Lists individuals at four levels from CCP through Registered Health Coach (RHC-III)
- In 2012, this registry will be promoted to brokers, government and employer health care buyers, health plans, and consumers through HealthSciences and the not-for-profit **PartnersinImprovement** Alliance
- Recognizes programs that require staff in health and health coaching roles be Registered Health Coaches (RHC – I, II, III)

**Population Health Improvement
Learning Collaborative**

**Chronic Care Professional
(CCP) Learning
& Certification Program**

Chronic Care Professional (CCP) Health Coach

Achieve beginning proficiency in brief, evidence-based chronic care, health improvement and motivational interviewing (MI)-based strategies—to improve patient engagement, self-care, adherence, lifestyle management outcomes—and reduce chronic disease risk, disease complications and avoidable health care costs.

Online CCP Learning Program & Examination (40-hours)

- Population health improvement (wellness, disease management and care management)
- Recommended medical care and self-care of chronic conditions
- MI-based health coaching skills for engagement, adherence, self-care and lifestyle management

Population Health Learning Collaborative (Ongoing)

- A not-for-profit learning community offering free, noncommercial monthly skill-building events to the national CCP community
- Offering on demand, online access to a comprehensive library of past events led by presenters from Mayo, Cleveland Clinic, Harvard, Johns Hopkins among others

About the Chronic Care Professional (CCP) Learning & Certification Program



Since 2004, CCP remains the only award-winning, nationally recognized and accredited learning and certification program in chronic care and health coaching.

When adopted by integrated chronic care and health coaching teams, CCP is linked with better clinical results and improvement in outcomes including rehospitalization in evaluations with organizations such as Kaiser Permanente.

Chronic Care Professional Program

Today CCP is recommended or required for staff by many health management programs.

CCP has been widely used to prepare integrated wellness and chronic care management teams in primary care and other direct care settings.

- State health care collaboratives in Minnesota (pilot), Wisconsin (pilot), Montana, Vermont and; provinces of Alberta and Ontario, Canada
- 100+ health plan wellness, disease and care management teams; 20+ BCBS affiliates
- Health systems including Kaiser Permanente
- Patient-centered medical homes and accountable care organizations
- Home health and long-term care organizations
- Air Force, Army and Veterans Administration
- Care Continuum Alliance, Case Management Society of America, and many State & professionals association partnerships

CCP Curriculum Overview

Module 1: Evaluating Health Care Performance	Module 2: Population Health Improvement Solutions	Module 3: Chronic Diseases & Age-Related Conditions
<ul style="list-style-type: none"> • US & International Health Care Quality • Health Care Improvement Solutions • Chronic Care Improvement 	<ul style="list-style-type: none"> • Wellness and Disease Prevention • Disease Management • Case Management • Health Improvement Foundations • Outcomes Measures and Standards 	<ul style="list-style-type: none"> • The Big Five Chronic Diseases • Key Chronic Diseases and Conditions • Age-Related Conditions • Issues of Late-Life
Module 4: The Partnership Model of Care	Module 5: Motivational Interviewing-Based Health Behavior Change Facilitation	Module 6: Health Promotion and Coaching
<ul style="list-style-type: none"> • Self-Care and Adherence Support • Whole Person Care • Health Literacy Improvement • Cultural Competence 	<ul style="list-style-type: none"> • Orientation to Health Behavior Change • Models of Behavior Change Facilitation • MI-Based Health Coaching Approaches • MI-Based Five-Step Brief Coaching Model 	<ul style="list-style-type: none"> • Orientation to Health Coaching • Diet and Nutrition • Obesity and Weight Management • Physical Activity and Fitness • Self-Care for Caregivers

CCP: Training, Certification & Ongoing CE Updates

The CCP Program is a best practice, learning and competency development program. Additional resources are included to support continuous learning and transfer of learning to the job.

Core CCP Program & Examination

- CCP online learning modules (40 hours)
- Pre-approved CE for nurses, physicians and case managers
- 400+ page learning and reference text
- CCP online examination and CCP certification

Additional Learning Resources

- The largest MI health coaching video skill-building library (10 hours)
- Monthly and archived webinars from the Population Health Improvement Learning Collaborative (50+ hours)

**Population Health Improvement
Learning Collaborative**

**MI Health Coaching
Proficiency Development
Programs**

MI Skill-Building Components and Features

1

Two-day MI Workshop

- Inhouse or regional delivery
- Action-learning focus
- Brief MI-based health coaching focus
- Facilitated by MINT health care specialists

2

Webinar MI Skill-Building

- Support learning transfer and application
- Five-session series
- Archived for replay
- Facilitated by MINT health care specialists

3

HCPA Reports

- Benchmark individual skill & proficiency in best practice health coaching
- Standardized & validated
- Provide specific skill-building recommendations

4

Individual Coaching

- Phone-based
- Provide review of HCPA results and personal skill-building feedback
- Facilitated by MINT health care specialists

**Population Health Improvement
Learning Collaborative**

**Motivational Interviewing
Health Coaching
Skill-Building Workshop**

MI Health Coaching Skill-Building Workshop

- ✓ **Compelling Content**
- ✓ **Interactive Format**
- ✓ **Validated Methods**
- ✓ **Current Research**

“The best workshop I have ever attended in my nursing career. I am excited to go back and practice my new skills!”

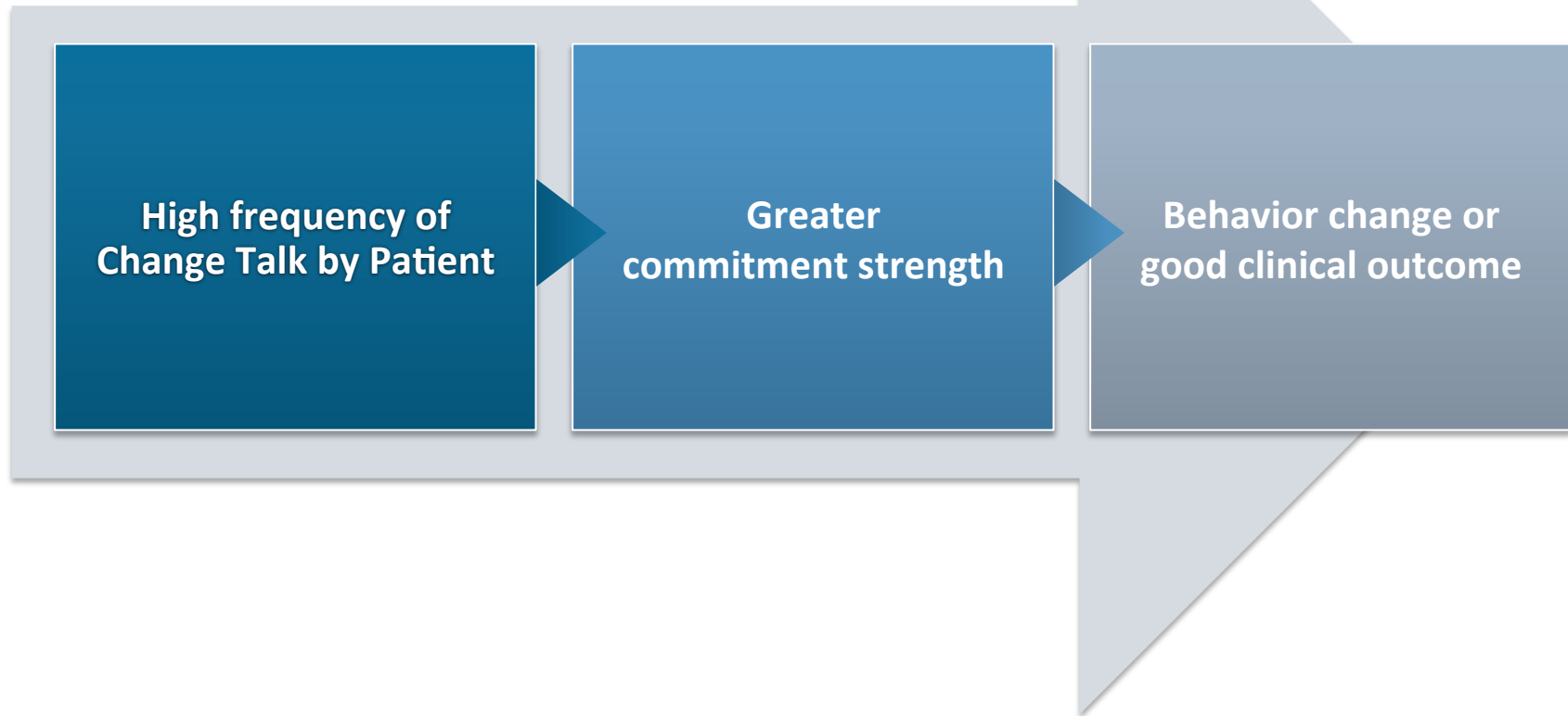
Blue Cross Blue Shield of Michigan workshop participant

A Two-Day Immersion Experience

- Core concepts and principles of MI-based health coaching
- Compare traditional medical and popular coaching with validated MI health coaching
- Worst and best case scenarios in behavior change facilitation that predict clinical outcome
- Practical MI health coaching techniques for better patient engagement, self-care, adherence, lifestyle—and clinical outcomes
- Structured framework for brief, evidence-based health coaching
- Concrete MI health coaching skills
- Plan for continued proficiency development

Sample of Content in MI Workshop

Change Talk Research



Amrhein, Miller, Yahne, Palmer & Fulcher, 2003; Martin & Moyers, 2007

Sample Activity in MI Workshop

Putting Skills Together: “Real Play” Activity

Get back into same groups of 3: coach, member and observer.
Switch places until all have played each role.

Member

- Think of a health habit you might like to change or improve.

Coach

- Use a guiding style to ask, listen, and understand.
- Try to use a reflection before defaulting to a question. Do not give advice unless asked.
- Your goal is to pull out the member’s motivations and solutions, as well as to demonstrate your understanding.

Observer

- Act as time keeper while taking notes of session
- On the one hand: barriers, challenges and reasons not to change
- On the other hand: reasons to change, motivating factors to change, things s/he is already doing, and plans

After 5 minutes, observer calls time and provides **SUMMARY** of the session by simply sharing his/her notes.

**Population Health Improvement
Learning Collaborative**

**Motivational Interviewing
Health Coaching Skill-Building
Webinar Series**

MI Health Coaching Skill-Building Webinar Series*

Session I – MI Spirit
Measurable and Linked
to Outcomes

Session II – Engaging
Laying the Foundation
for Change

Session III – Focusing
Setting the Agenda
for Change

Session IV – Evoking
Change Talk Makes
the Difference

Session V – Planning
Ensuring Follow-through

- **Interactive:** participants can ask questions, share challenging cases, engage in skill-building activities, share resources
- **Educational:** core concepts and principles of MI are highlighted
- **Relevant:** examples are used from real health care and chronic care settings
- **Practical:** skills practiced in the webinar can be directly applied to practice
- **Current:** most up-to-date content based on research and documentation that is constantly being updated

*Featuring Health Coaching Framework from Miller and Rollnick's Upcoming *Preparing People to Change (3rd Ed)*

Sample Webinar Skill-Building Activity

- 1) What would be the best response to Mr. Jones when he says:
"I check my sugars once in a while. But I can tell when they are out of whack."
 - a) It's really important to check these every day.
 - b) You'd be surprised by how they can change.
 - c) You're really in touch with your body.
 - d) That's probably why your A1c is so high.

- 2) What would be the best response when your patient says:
"Look - everybody has been lecturing me about quitting smoking. I'm not going to quit. End of story. It's my one pleasure in life."

I'll give you a minute of silence to write your response and then we'll share with each other.

**Population Health Improvement
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HCPA Report, Feedback & Coaching Session

Health Coaching Performance Assessment (HCPA)

A validated system for benchmarking the quality and effectiveness of wellness, disease management and chronic care management programs—and staff proficiency.

Measures the ROI of HealthSciences Institute's learning solutions.

- Developed following an expert panel review and analysis of peer-reviewed health behavior change clinical research
- System that measures staff proficiency in health coaching methods validated to improve patient engagement and facilitate health behavior change
- Features advanced web-based data entry, algorithms, and analytics
- Provides individual and program-level reports to benchmark/ improve staff and team proficiency
- Reports by department, division, region/over time
- Reliability and validity of the HCPA demonstrated in 2011 in a national evaluation study conducted by the one of top disease management evaluators in US: Dr. Ariel Linden (Linden Consulting Group)

HCPA: Assessing Health Coaching Proficiency

Practitioner: How you been doing since the last time we talked?

QQ

Patient: Oh, pretty good. Nothing really new to report.

Practitioner: Well I got your labs and I'd like us to talk about them.

MINA

Patient: Yeah, I saw them. Not so great but I think it's natural to go up and down, don't you?

Practitioner: The down isn't a problem. It's the up that you should be worried about. Any time your A1c gets over 7, there is damage being done to your body.

MINA

Patient: Yeah...

Practitioner: Do you want to go over the meds or anything again?

CQ

Patient: No, I don't think so. I'm taking my meds pretty good.

Change Talk

HCPA: Assessing Health Coaching Proficiency

Practitioner: Well, we need to fix something. You sticking to your diet?

**Missed Opp.
MIIN; CQ**

Patient: Yeah, pretty well.

Practitioner: Wait, let me back up a bit. First, I should have said that it's impressive that your A1c has been as good as it has. You have obviously worked hard in the past to keep it that way.

MINA

Patient: Thanks. Yes, I know how important it is to manage my diabetes. And I know the dangers of my A1c slipping up.

Change Talk

Practitioner: So sounds like we're both a little worried about this recent increase. If it's okay with you, could you tell me what you think is going on?

CR, OQ

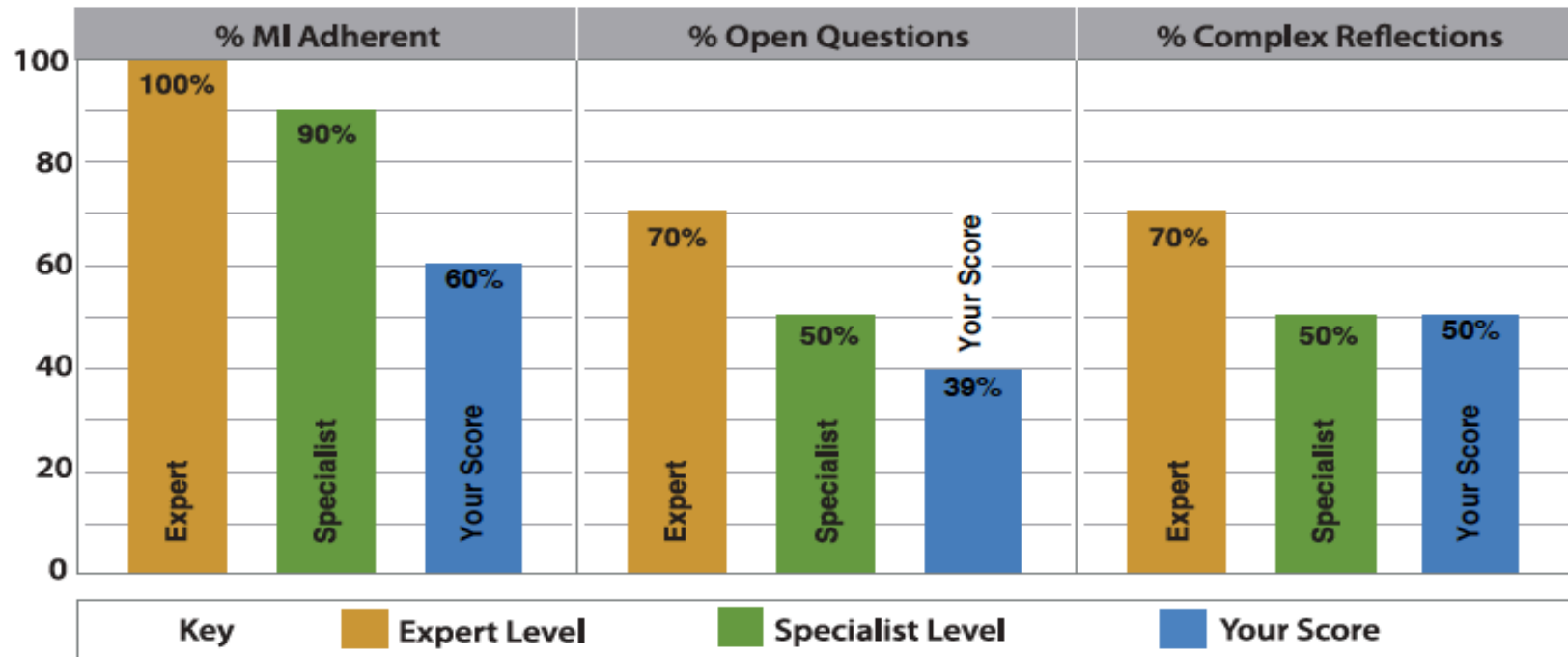
Patient: I think it's because I'm not checking my sugars as much. I'm pretty strapped of cash right now. But strips aren't that much—I didn't realize how much they help me.

Change Talk

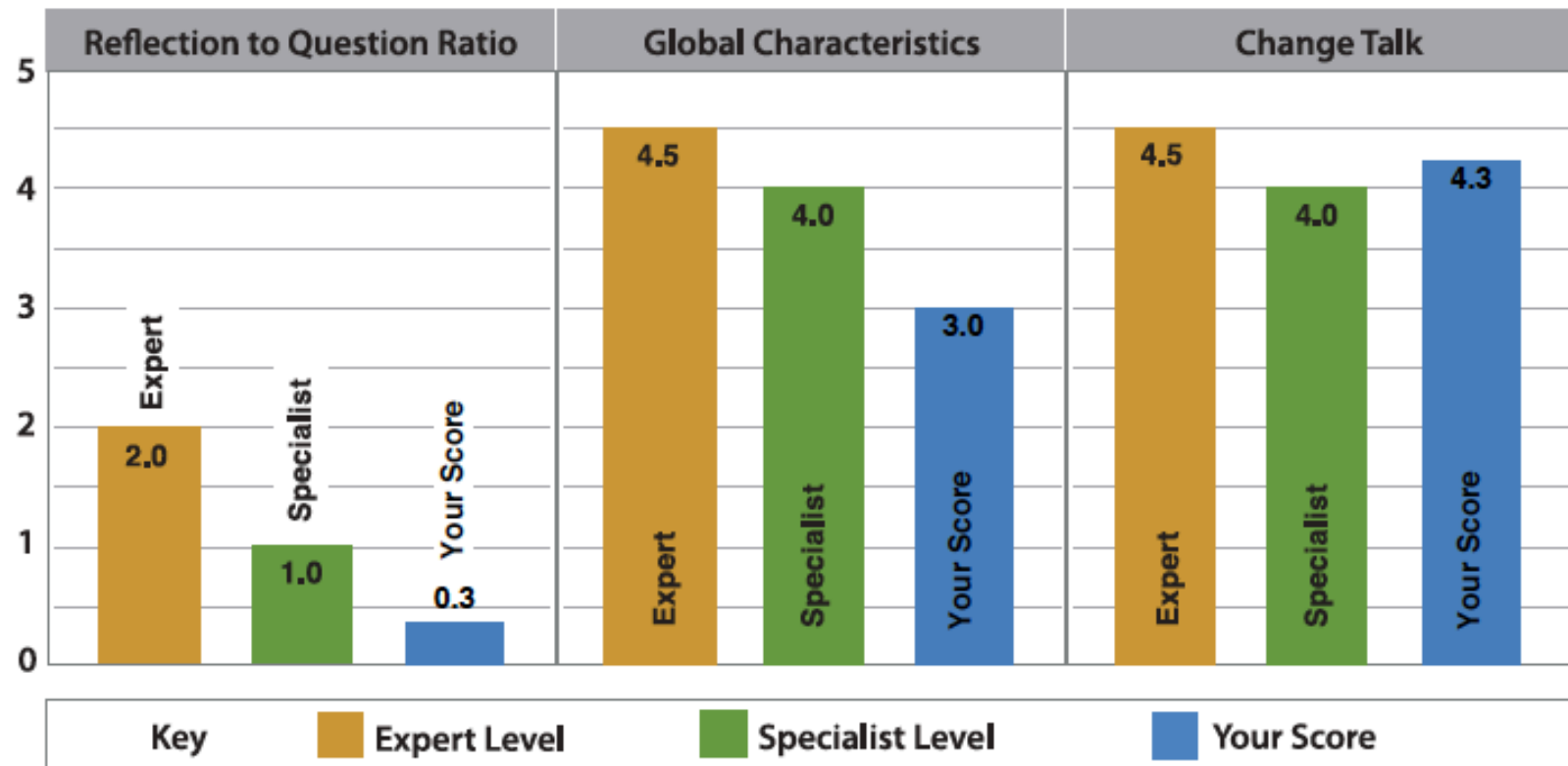
HCPA Feedback Report

Section 1: Summary Scores

In this section, we provide you an overview of multiple coach and patient behaviors linked with better patient outcomes in health coaching encounters. Your score is compared to Specialist Level (basic proficiency in MI) and Expert Level (advanced proficiency in MI).



HCPA Feedback Report



HCPA Feedback Report

Section 2: Missed Opportunities by Coach

Missed Opportunity	Comments
Assessing important and/or confidence or behavior	When assessing confidence, the most important question to ask first is what makes her a 7 (in this case) instead of a 4 or 5. This evokes change talk and gets the patient talking about strengths.
Evoking/responding to change talk for behavior change	When the patient mentioned reasons to change and what she was doing already, this would have been a great opportunity to ask her to elaborate, to reflect it and/or summarize it.
Seeking elaboration on patient values or goals	When the patient started shutting down a little, it was a good time to ask what she thought would be the most important goal for her health. Fluid management may not be her priority.

Section 3: Strengths of Coaching Session

You did evoke some change talk from your patient. You used some nice open-ended questions and complex reflections which helped move the discussion forward. Your intention to try and put her in the driver's seat was good.

Section 4: Recommended Skill-Building Practice

- | | |
|---|---|
| <ul style="list-style-type: none">• Collaborating and partnering• Evoking/exploring patient's motivation for change• Listening and expressing empathy | <ul style="list-style-type: none">• Resisting the righting reflex• Supporting autonomy and choice• Validating, supporting and affirming |
|---|---|

HCPA Report, Feedback & Coaching Process

1. Audio recording (mp3 or wav format) of session submitted, 8+ minutes with patient (no PHI), friend or colleague. Session should not be role play, but actual disease self-care, adherence or lifestyle issue
2. Sample evaluated by a HealthSciences Institute MINT, MITI, HCPA certified health coaching expert (Expert Proficiency in MI & MI Coding)
3. Within two weeks, confidential five-page PDF HCPA emailed to health coach and follow-up appointment scheduled with coder
4. 30-minute personal feedback and coaching session with coder to review the session, skills and steps to improve proficiency
5. If health coach is pursuing Registered Health Coach credential, and has completed training requirements for that level, evaluator will determine if health coach met the proficiency level for target level (I, II, III)

Population Health Improvement Learning Collaborative

Submit Your Questions Now

- Use the GoToWebinar control panel to submit your questions
- We will respond to as many questions as possible
- If we don't get to your question, submit your question to the LinkedIn group

Population Health Improvement Learning Collaborative

Keep in Touch & Share Between Meetings

Join your colleagues online. Visit HealthSciences Institute at **www.HealthSciences.org** for links to:



LinkedIn. Share what's top of mind, get answers to questions, respond to discussion items, post or view jobs.



Twitter. Follow HealthSciences Institute on Twitter for health care news and community updates.

Population Health Improvement Learning Collaborative

Obtain Your Certificate of Completion

- This event is preapproved for 1.0 contact hour for CCP recertification and may meet other certification or licensure CE requirements.
- All registered attendees may obtain a CE certificate now by completing an evaluation form at: http://healthsciences.org/ce_program_evaluation.php
- In the next two hours, registered attendees will receive a follow-up email with a link to the evaluation form that **must** be completed **prior** to next event.
- **Please help us** by checking your junk/spam folder AND add HealthSciences.org as a “safe sender” **before contacting us** about not receiving this email.
- All past LC replays and PDFs are provided at no cost **only** through the online CCP program or to current CCP professionals by request.

Upcoming Learning Collaborative Events

Date	Topic	Presenter
3/2/12	Review of the Management of the Stable COPD Patient	James Stoller, MD: Chair, Education Institute; Head, Dept of Respiratory Therapy, Cleveland Clinic
4/6/12	Care to Count on: Reforming Services for Frail Elders & End of Life	Joanne Lynn, MD, MA, MS; Director Center for Care & Advanced Illness, Altarum
5/4/12	Patient-Centered Care: A Cross-Cultural Approach	Joseph Betancourt, MD, MPH, Director, Disparities Solutions Center, Mass General; Harvard Medical School Faculty
6/1/12	Update on the Evaluation & Management of Asthma	Sumita Khatri, MD, MS, Co-Director, Asthma Center, Cleveland Clinic

**Population Health Improvement
Learning Collaborative**

Learning Collaborative Community Call

Population Health Improvement Learning Collaborative

MI Health Coaching Webinar Skill-Building Series

March 7, 21; April 4, 18; May 2 (11:00 am to Noon Central)

Tuition for Series: \$250

National MI Health Coaching Conference (Gaylord Palms, Orlando)

Oct 2 CCP Preconference, Program & Resources

Tuition by 7/31: \$647/\$895

Oct 2-5 Main MI Health Coaching Conference

Tuition by 7/31: \$647/\$895

Oct 2 5:30 – 7:00 Hosted Welcome & Networking

Oct 3-4 8:30 - 4:30 MI Health Coaching Workshop

Oct 5 8:30 – 9:00 Registered Health Coach Overview

9:00 to Noon Breakthroughs in Engagement & Quality

HCPA Report, MINT Feedback & Coaching Session

Combined Fee: \$250

Additional Details @ www.HealthSciences.org

