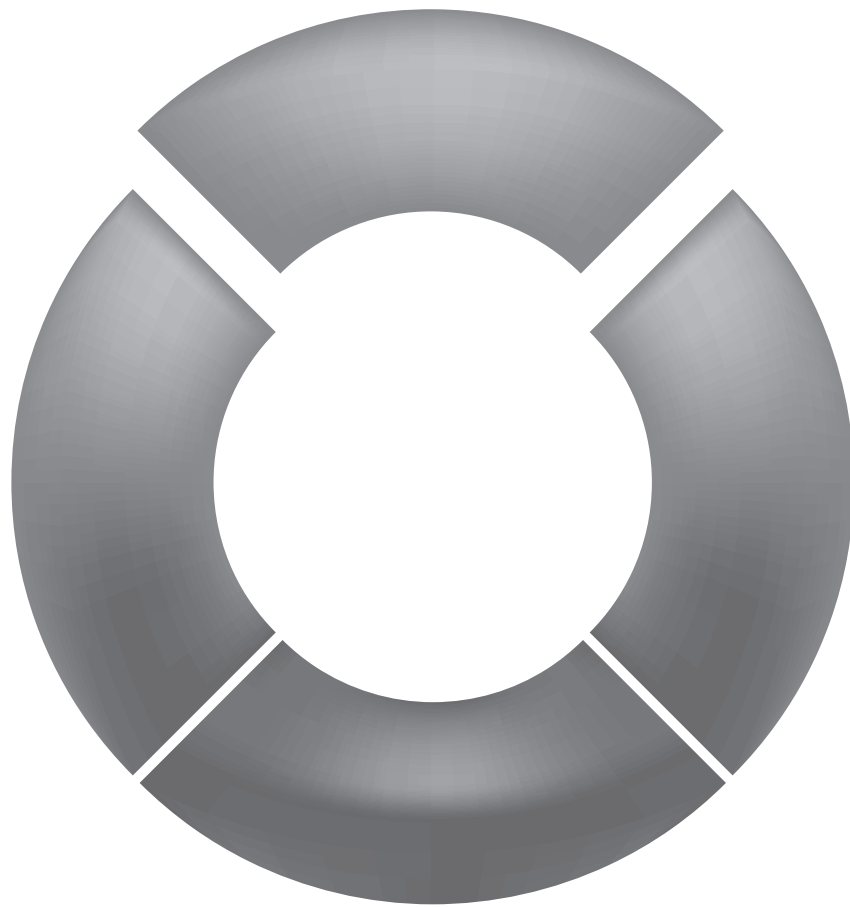


Health Coaching Performance Assessment™ (HCPA)

A New Tool for Benchmarking & Improving Effectiveness

Frequently Asked Questions (FAQs)



Frequently Asked Questions

Why was the HCPA developed?	3
What are the benefits of measuring health coaching effectiveness?.....	3
How is the HCPA different from traditional quality assurance methods or other health coaching assessment tools such as the MITI?.....	4
What does the HCPA measure?.....	4
How does the HCPA process work?.....	5
How are recordings obtained and provided for evaluation?	5
How can the HCPA be used to build health coaching proficiency?.....	6
Our program does not use MI, would the HCPA still be an appropriate measure of our program quality?	6
Can individuals or organizations license the HCPA?	7
What about HIPAA requirements?.....	7
What are the costs of the HCPA?.....	7
More information.....	8

Why was the HCPA developed?

Chronic diseases account for 75% of health care costs, while health-related behaviors drive 85% of avoidable health care costs—and most premature death and disability. Health coaching, wellness, disease management and care management services are now widely used to reduce these costs by supporting treatment adherence, shared decision-making, self-care or lifestyle management. However the “health coaching” service delivered by today’s programs is often not well defined—nor is adherence with best practice health coaching routinely measured. As a result, many program leaders lack a systematic process for benchmarking, tracking or improving program performance. The HCPA has been developed to improve staff and program adherence with effective health coaching approaches linked with better patient-level health outcomes.

What are the benefits of measuring health coaching effectiveness?

Health care purchasers expect health care services to be effective. For example, we measure physician adherence with effective heart disease treatment such as beta-blockers, ACE inhibitors or statins. We know that patients who receive these treatments fare better. We have ample evidence that best practice health coaching methods (300+ rigorous clinical studies in the case of motivational interviewing) result in better health coaching outcomes. Yet, despite this evidence, best practice approaches remain underutilized in many health care settings. A standardized, validated tool for measuring fidelity to health coaching best practice can help program leaders objectively assess service quality, build staff proficiency, and deliver better clinical or outcomes to patients and purchasers.

How is the HCPA different from traditional quality assurance methods or other health coaching assessment tools such as the MITI?

Most wellness, disease management and care management programs use some type of quality assurance (QA) process to assess service quality. However, many traditional QA approaches are retrospective and focused largely on staff compliance with minimum standards or assessment protocols—rather than adherence to best practice or effectiveness. As a result, traditional QA strategies may have limited value for improving patient or purchaser outcomes. Some organizations use validated tools including the Motivational Interviewing Treatment Integrity (MITI) to measure staff proficiency in best practice health coaching. Like the MITI, the HCPA is a standardized, validated tool (criterion validity of .91 with MITI Global Rating of MI Spirit). However, the HCPA is a more comprehensive health coaching performance measure that was specifically designed to assess brief health coaching encounters. The HCPA is unique in that it also incorporates the latest research on key practitioner and patient behaviors linked with better patient-level outcomes—and provides benchmark data and actionable improvement feedback to practitioners and program leaders. Unlike traditional coding tools, the HCPA is an advanced performance management system (patent pending) that includes online data entry, analytics, automated individual reports and group summary reporting.

What does the HCPA measure?

The HCPA measures both practitioner and patient behaviors linked with better patient and program-level outcomes in rigorous, peer-reviewed clinical research studies. The HCPA compares the performance of the health coach with that of a health coach specialist (basic proficiency) and expert health coach (advanced proficiency) on domains including overall MI adherence, open-ended questions, reflections, listening, resisting the righting reflex, staying on task, etc. The level of patient Change Talk evoked is also assessed. (These “expert” and “advanced” performance levels were derived from past research studies and the HCPA validation study). To support proficiency improvement and measurable patient-level results, the HCPA also documents missed opportunities for supporting change motivation, readiness or behavior change. Strengths of the coaching session, along with recommended skill-building practice steps, are also provided.

How does the HCPA process work?

While the HCPA process can be adapted to meet the needs of both small and large health coaching, wellness, disease management and care management organizations—six basic steps are included: 1.) Sampling - extraction of recorded phone or face-to-face health coaching encounters; 2.) Coding - remote or on-site HCPA evaluation of the samples by an HCPA-certified professional; 3.) Analysis – data review, calculation of HCPA summary scores and individual/group report preparation; 4.) Reporting - electronic delivery of individual and group PDF assessment and improvement reports, 5.) Improvement – identification, prioritization and implementation of key staff and program-level performance improvement recommendations; 6.) Reassessment – monthly, quarterly or annual HCPA re-sampling and reporting to support staff proficiency development, improve program effectiveness, or assess the impact of program or staff development solutions.

How are recordings obtained and provided for evaluation?

Many large phone-based wellness, disease management or care management programs routinely record or audit patient or member encounters for quality assurance or improvement purposes. When recordings are available, the organization provides recordings per specifications to HealthSciences Institute (or to an HCPA-certified employee or contractor of the organization) in compliance with HIPAA guidelines. Alternately, HealthSciences staff can provide onsite coding of samples. If recordings are not available, HealthSciences Institute can help organizations develop a protocol for recording actual or simulated health coaching encounters. While most organizations provide samples of all staff that deliver health coaching, wellness, disease management, care management services, HealthSciences can assist organizations in designing a randomized sampling strategy to benchmark program performance and provide preliminary performance improvement recommendations.

How can the HCPA be used to build health coaching proficiency?

Many organizations have realized the limitations of traditional patient education or popular health coaching approaches; more are looking to validated approaches such as MI. Yet, to achieve the level of impact demonstrated in MI clinical studies, fidelity or adherence to the MI approach must be measured. Knowledge of MI principles or techniques does not equate to MI proficiency. In fact, researchers have found that self-rated proficiency in MI is unrelated to actual proficiency when measured by a validated tool such as the MITI. Researchers emphasize that developing proficiency in MI requires MI immersion training, support for the transfer and application of MI skills on-the-job, and ongoing performance feedback using a standardized, validated measurement. Developing proficiency in MI has been compared to learning to play a sport or a musical instrument—personal performance feedback is essential. The HCPA has been designed to assess and provide the practitioner with personalized feedback and improvement recommendations that support MI proficiency and better program outcomes.

Our program does not use MI, would the HCPA still be an appropriate measure of our program quality or effectiveness?

Although you or your staff may not be formally using MI, the HCPA assesses multiple coach and patient behaviors associated with better patient outcomes in health coaching clinical studies. (The HCPA Group Summary Report will provide you with an indication if MI training/further training is needed.) These components were included in the HCPA in light of the demonstrated link between specific practitioner behaviors and patient-level outcomes. As a health coaching approach or method, MI targets a number of patient and practitioners behaviors most strongly linked with patient behavior change. Therefore, if health coaches and patients are demonstrating the behaviors linked with health behavior change, the prospect for health behavior change is greater. A unique feature of the HCPA is the focus on evaluating Change Talk, which, according to recent studies, is one of the best predictors of actual patient behavior change. This focus on Change Talk is what separates MI from popular health coaching approaches.

Can individuals or organizations license the HCPA?

Organizations have the choice of either submitting samples to HealthSciences Institute for coding and reporting, or having coding and reporting fulfilled by internal staff or consultants. If HealthSciences Institute provides the coding, MINT-level trainers, with MITI coding experience and HCPA certification, complete the entire coding and reporting process off-site or on-site (for an additional fee). Alternatively, some organizations may have internal staff or contractors who meet the three qualifications for use of the HCPA: 1.) Documented proficiency in MI (demonstrated through a recent MITI, MISC or HCPA report); 2.) Completion of an MI coding training program; and, 3.) HCPA certification (a HealthSciences Institute webinar-based training and proficiency assessment program directed by Dr. Susan Butterworth). Upon fulfillment of these requirements, the individual could license the HCPA assessment and reporting system on behalf of their employer or independently provide HCPA services directly to a client organization(s) as a consultant.

What about HIPAA requirements?

Many health care organizations record member or patient health coaching encounters, just as they track the quality of other health care services. HealthSciences operates in full compliance with all HIPAA regulations. HealthSciences can provide consultation on implementing a recording system for health coaching encounters and options for submitting recorded calls or samples—while maintaining confidentiality of PHI (protected health information).

What are the costs of the HCPA?

The costs for the HCPA vary according to the number of evaluations/reports requested, whether or not coding is done off/onsite, and report customization requirements. Per use licensing fees are also available for individual consultant or organization coders who have completed HCPA certification. Please contact us with your requirements, specifications or questions.

More Information:

Learn how the HCPA can help your organization deliver best value to patients and purchasers: Contact us.

Access the Health Coaching Performance Assessment White Paper:
<http://www.healthsciences.org/HCPA-Whitepaper-Form>

Visit us at www.HealthSciences.org