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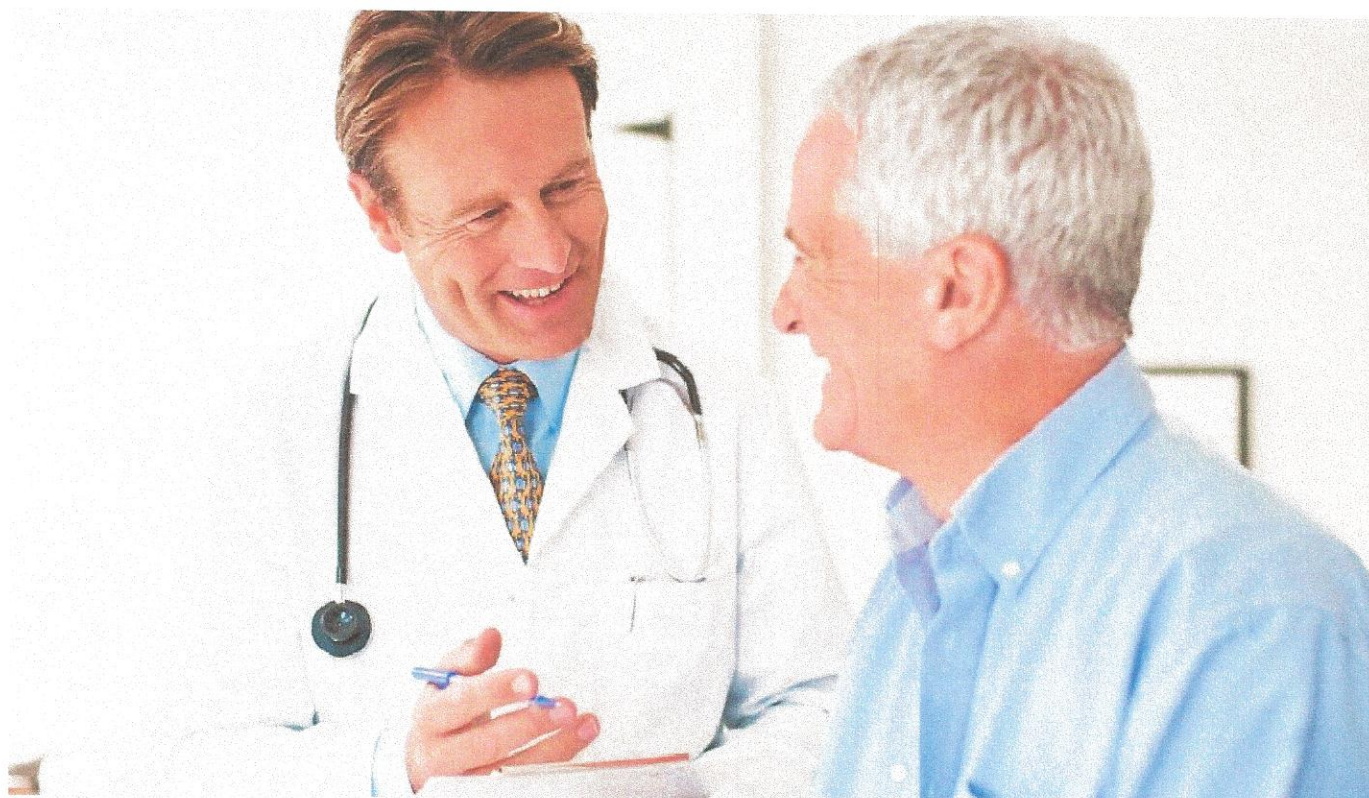


You're fired!

Tread cautiously when terminating treatment

Thanks, coach

Patient-centered approach boosts adherence, retention



How health coaching can help your patients—and your practice

PATIENT-CENTERED APPROACH CAN IMPROVE RETENTION, ADHERENCE [By **CEZANNE ALLEN, MD, LISA DUGGAN, MD, AND DEBORAH MUNHOZ, MS**]

Feeling powerless to motivate your patients to save their own lives? It may sound dramatic, but physicians know that lifestyle choices have a life-or-death impact on a patient's health.

Even a serious health scare may not be enough to motivate a change of habits. After a myocardial infarction, overweight patients in one study were only able to decrease their weight by 0.2% after 1 year. (Fadl YY, Krumholz HM, Kosiborod M, et. al. Predictors of weight change in overweight patients with myocardial infarction. *Am Heart J* 2007;154(4):711-7).

Most of us have experience in nearly begging patients to exercise more and eat healthful foods, only to give up in frustration. Here is a scenario that may sound familiar:

Michael is 55, a married father of two boys, runs a financially successful small business, and enjoys coaching Little League. He sees you regularly for management of multiple medical problems, including hypertension, diabetes, and obesity.

He is compliant with his medications, but over the past 2 years, his blood sugars have been out of the normal range, and he has gained 15 pounds. You have counseled him on diet and exercise guidelines,

sent him to a nutritionist, and explained the probable health consequences if his sugars stay elevated. He says he is motivated and promises to start watching his diet yet continues to return for regular appointments without making progress.

You become frustrated with Michael and concerned about the probability of diabetic sequelae. At his next visit you say, "Every time I see you, Michael, you have an excuse for why you're not taking care of yourself. You don't want to have a heart attack, do you? You've got to do a better job of following through with the diet and exercise plan," you say.

Michael promises to do better. The next week, he transfers his medical care to another physician.

The truth is, change is hard. It's so hard for your patients that they might do anything to avoid it, including switching to a different provider, and continuing behaviors that they know are harmful to their health.

But what if there were another approach? One that was:

- more effective;
- took the burden off of you;
- built trust and rapport with your patient;
- increased patient accountability.



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Would you try it?

THE POWER OF COACHING

When your patients know what to do and why it is important, yet struggle to make the changes, you could consider a coaching approach. Coaching empowers patients to change ingrained lifestyle patterns and is consistent with patient-centered communication.

Coaching has been used widely in business over the last 10 years to enhance individual performance. It synthesizes knowledge from a broad range of fields, including psychology, change management, and learning theory, to create behavior change. With coaching, in contrast to providing advice, patients are encouraged to discover their own solutions and action.

The practice of coaching is built upon three interconnecting principles that distinguish it from therapy, teaching, or consulting:

- the patient is the expert of his or her own life;
- the patient is responsible for his or her choices;
- the focus is on desired outcomes.

Let's examine what these mean in more detail:

The patient is the expert of his own life: Physicians are experts on health. The patient, however, is the expert on what will work best in his life. In coaching, the conversation focuses on what goals the patient defines as most important.

The patient is responsible for his choices: Patients are responsible for their own lives. Your role in coaching is to keep the focus on constructive action and allow the patient to learn in the process.

Focus on desired outcomes: Conversations naturally drift toward problems, roadblocks, and what doesn't work. In coaching, the focus is on what the patient wants, and what is possible.

THE BASIC TOOLS OF COACHING

If you're ready to see the results that coaching can bring to your practice, here are a few key tools that you'll rely on and use regularly.

1. Active listening searches for the values, commitments, and purpose in your patients' words and demeanor—being attentive to all the data available in their words, feelings, and body language. Active listening includes:

- *Clarifying what you heard.* ("Here is what I am sensing is important. Is that right?")
- *Giving a name to feelings.* ("I see that you are really angry about this.")
- *Giving the patient your full attention.*
- *Being aware of your own body language.*

2. Open-ended questions. Open-ended questions encourage patient clarity, learning, and commitment to choices—questions that can't be answered with yes or no responses. Open-ended questions might include:

- What do you make of this? Clarifying what you heard.
- What is important to you about this?
- How will things be different when you reach this goal?
- What's a first step?
- When will you start?

Notice the difference between these questions and, "Why aren't you making these changes?" or, "Why haven't you done it yet?" Avoid "why" questions, because they tend to evoke a defensive response that can create feelings of shame or an impulse to blame others.

THE ACTION MODEL OF PATIENT ACCOUNTABILITY COACHING

The basic coaching tools outlined above are used in the ACTION model. ACTION is an acronym to help you remember the flow of a coaching conversation.

Acknowledge: Acknowledge the patient's current feelings, accomplishments, and challenges. Accept the patient where they currently are without judgment. This creates a safe and trusting environment.

Current situation: Briefly review the data and purpose for the visit to assess the patient's current situation. Ask open-ended questions to elicit more information from her. For example, "How are you feeling about these results?"

Target: Explore the patient's target outcome as specifically as possible. Don't assume that your goal is the patient's goal. Solicit your patient's perspective to get a picture of what she actually wants. For example, you can ask, "What would success look like to you?"

Inquire: Help your patient visualize the intended outcome. The goal is to deepen the patient's emotional

ADDITIONAL READING:

- Rock, D. *Coaching with the Brain in Mind: Foundations of Practice.* Hoboken, NJ: Wiley and Sons; 2009
- Schwartz, J. and Gladding, R. *You Are Not Your Brain: The 4 Step Solution for Changing Bad Habits, Ending Unhealthy Thinking and Taking Control of Your Life.* New York, NY: Avery division of Penguin Group USA; 2011
- Whitworth, L., Kimsey-House, K., Kimsey-House H., et al. *Co-Active Coaching: New Skills for Coaching People Toward Success in Work and Life.* Boston, Massachusetts: Nicholas Brealey; 2007

commitment to change. Ask, "What is important to you about this target?" "How would your life be different if you were to reach this goal?"

Options: Ask the patient which options are possible. Ask about times she has successfully changed behavior and what has worked for her. Ask, "What could you start/stop/change/do more of in order to move toward your goal?" "What have you done before that worked in similar situations?"

Next steps: Small, actionable steps are more likely to be successful and build the patient's confidence and forward momentum. Having the patient decide on the next steps will make it more likely that she will follow through. Ask, "What are a couple of small actions you are willing to take to move forward by when?" or, "How do you expect to feel when you have done this?"

PHYSICIAN COACHING IN ACTION

This example demonstrates how using active listening and open-ended questions within the ACTION model might have led to a different outcome for Michael:

On a busy afternoon, Michael is next on your schedule and you feel your stomach tighten in anticipation. You take a moment to get focused. Greeting Michael warmly, you ask him about Little League and how his business is going (Acknowledge).

You review the data together. It's bad. You ask, "How do you think things are going?"

"Well, I know I've gained weight," he responds.

"I bet it is frustrating to see your weight and your labs take a turn for the worse," you say.

"I'm beyond frustrated. I'm putting in 12-hour days and going home exhausted, so how can I possibly get any exercise in?" he responds (Current situation).

"Sounds like you have more than your share of stress right now. You want to be able to attend to your business, relax when you get home, and enjoy meals with your family," you respond. You are practicing active listening by paraphrasing Michael's statements to show that you understand his concerns.

"Would you mind if we tried something different this appointment?"

"Sure, what?"

"First I want to ask whether you have any questions about why it's important to lose weight," you say.

"I know what to do, I just can't seem to do it," he says.

"Change isn't easy. I am curious to hear more about what is most important to you about getting healthier?" (Target).

"I want to be able to play with my kids and feel good, and not be embarrassed by the weight I am lugging around. I wish I had more energy," Michael says.

"So you want to feel good, have energy, and feel

good about how your body looks?"

"Yeah, I want to be able to live a long, healthy life and be there for my kids."

"If you had the energy you want, what could your family life look like? (Inquiry).

"Weekends of family activity, and having the good times together I never got with my folks."

"To make that happen, what could you start, stop, or change in your life to become that energetic person? What comes to mind?" you ask (Options).

"I could start walking at lunch with my business partner, Fred," he offers. "I could get up a few minutes earlier and have time to pack some lunch and snacks. My dog would love a walk in the morning. My wife keeps after me to get to the gym."

"This sounds good. Let's create a specific and measurable plan. OK—how many days a week will you walk with Fred? How many days per week will you bring a healthful lunch to work?" (Next steps).

Michael commits to doing the above 4 days per workweek.

It takes practice to get comfortable with using a coaching approach. Luckily, each patient you see brings an opportunity to try these skills.

Start with curiosity about what is important to your patient, and try on a few of the ACTION framework ideas. It's likely you will find that by changing your own focus and letting your patient become the expert, he will uncover workable solutions. You will strengthen the patient relationship and increase your professional satisfaction. **ME**



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