

Bright Spots

... in primary care

Making Health Coaching a Regular Feature of Primary Care

Monica Guillen, RMA, Audrey Lum, RN, MPA,
and Sharon Rimler, RN, MS

Union Health Center
August 2016

New York City's Union Health Center was founded in 1914 to serve low-wage immigrant garment workers. Today, we serve 12,000 patients, predominantly union members, and their families, working as janitors, security guards and doormen. More than 50% speak Spanish and the entire Health Center staff is bilingual.

Union Health Center is committed to health coaching. We know that many primary care practices have trained their staff to be health coaches, but provide little health coaching because the staff doesn't have sufficient time in their day. How did we succeed in creating a robust health coaching program and sustaining it for the past 10 years?

First, our patients, with high rates of diabetes and hypertension, needed health coaches. Our stressed clinicians did not have time to provide their patients with the knowledge, skills, and confidence needed to self-manage their chronic conditions – to get their A1cs and blood pressures in control. Second, we had two patient care assistants – Monica Guillen and Palmira Brown – who wanted to do more to help families from their own community. Training the patient care assistants (PCAs) to be health coaches would help patients and clinicians both.

Site Profile

Name: Union Health Center

Location: New York City, New York

Type of Practice: Not-for-profit ambulatory care center providing comprehensive primary and specialty care to low-wage, immigrant unionized workers in New York City

Payment Model: Mostly capitation with some fee-for-service

Electronic Health Record: GE Centricity CPS

Take Away Messages

- Health coaching to partner with patients in the management of their chronic conditions should be a regular feature of primary care.
- To provide health coaching on a regular basis, it is necessary to train team members and to give them ample time for coaching.
- Medical assistants are ideal team members to become health coaches; they should be offered a career ladder to become coaches.

But giving busy PCAs a major new responsibility was not possible. How could we make this work?

In 2005, the Health Center leadership made a business decision: to replace Monica and Palmira as patient care assistants, hire two new PCAs, and move the two coaches up a new career ladder to become health coaches, with an increase in salary and responsibility. Later on, a third rung of the career ladder, floor coordinator, was developed for PCAs to become the leaders of their care teams. Health coaches are available to perform routine PCA responsibilities when needed, but for most of each day, the health coaches are coaching patients.

How did we pay for the additional personnel? The majority of patients served by Union Health Center are insured by union health funds. Since health coaching services are typically non-reimbursable by traditional payment models, the unions and their health funds have created a system of capitation that covers all services provided on site. This financial arrangement allows the Health Center to pilot innovative projects and provide services such as health coaching. The health funds believe that their investment in health coaching ultimately impacts favorably on total medical costs. The Health Center also provides coaching to patients covered by Medicare, Medicaid and commercial insurance. For primary care practices paid fee-for-service, the additional personnel could be paid for by clinicians seeing two extra patients per day – a reasonable request since the health coaches save them a lot of time.

From 2005 to 2009, the number of patients with diabetes who had A1c levels less than 7%, blood pressures 130/80 or below, and LDL cholesterol values below 100 – all 3 metrics at goal – increased from 13 to 36%. Total health care costs and emergency department expenditures dropped significantly for patients with health coaches.

Palmira and Monica were trained by a nurse practitioner at the Health Center. Since then Palmira and Monica have trained other PCAs – with at least 2 years experience and good communication skills – to become health coaches. The initial training includes didactic and role playing sessions on motivational interviewing, hypertension and diabetes, teach back, goal setting and action planning for healthy behavior change and medication adherence. Then the trainees watch Palmira and Monica, after which they are observed coaching patients and given feedback. To become a health coach, they must pass competency exams for diabetes, hypertension, cholesterol, goal setting, and other coaching functions. A nurse and Monica, now promoted to Clinical Supervisor mentor health coaches and also provide periodic refresher training. Monica keeps up her skills by filling in as a Health Coach or Floor Coordinator when needed.

How is health coaching organized at Union Health Center? The Health Center has developed clinician/PCA teamlets, and each health coach is a member of the larger team that includes several teamlets. In the words of health coach and co-author Monica Guillen, “My morning starts by attending the morning huddle with a PCP and PCA (teamlet). I’m assigned to three teamlets and prepare the day before the huddle by reviewing the patients on their next day’s schedule. I identify patients I am working with and look for possible new patients that may benefit from health coaching. During the huddle I provide information on the patients that I’m working with and take on new cases. After the morning huddle I prepare for my face-to-face or telephone encounters with patients who are on my schedule. I work in a nice private space reserved for the coaches. Each patient encounter is documented in the electronic medical record using the customized health coach template.”

What have we learned from our 10 years of health coaching? It is necessary to have health coaches with many hours per week available for coaching. Coaches should work on a primary care team with a defined panel of patients so that the coaches get to know the patients and the patients get to know them – building trusting relationships over time. The leadership needs to make a commitment to health coaching, including making the funds available for the few additional personnel needed and reserving private space for coaching. Since most primary care practices employ medical assistants (we call them PCAs), coaching can start by identifying enthusiastic medical assistants and allowing them to move up a career ladder. Finally, training and mentoring are crucial to ensure quality, and trainees need to pass a rigorous competency exam to earn the title “health coach.”

The **Center for Excellence in Primary Care (CEPC)** identifies, develops, tests, and disseminates promising innovations in primary care to improve the patient experience, enhance population health and health equity, reduce the cost of care, and restore joy and satisfaction in the practice of primary care. To learn more or find tools for transformation, visit our website at cepc.ucsf.edu.