

A person in a dark shirt is shown from the back, performing a yoga or stretching pose. Their right arm is raised and bent at the elbow, with the hand near their head. The background is a bright, hazy landscape, possibly a sunset or sunrise, with a lens flare effect. The overall tone is warm and serene.

# Integrating Health Coaches into Clinical Care: Strategies, Challenges, and Future Directions

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# Learning Objectives

A teacher with dark hair, wearing a green long-sleeved shirt, is holding a globe in a classroom. She is looking down at the globe. In the foreground, several children are sitting on the floor, looking towards the teacher. The classroom has bookshelves with books and a bulletin board with letters 'S' and 'F' on the wall.

1. Understand the concept and principles of health coaching in the context of clinical care
2. Identify key opportunities for integrating health coaches into clinical care settings
3. Identify key challenges to integrating health coaches into clinical care settings
4. Discuss the potential benefits and outcomes of integrating health coaches in clinical care

# Agenda



- Introduction to Health Coaching
  - How it works & key theories
  - Demonstration & Game: Is this coaching?
- Model 1: Bundled Services (University of Vermont)
- Model 2: Using Clinicians to Coach (Vanderbilt)
- Model 3: Using Clinicians to Coach/Self Select (Univ of MN)

# New Models of Care

- Roughly three-fourths of disease is preventable through lifestyle change
- For prevention and effective management of chronic disease, informed, and activated patients are essential
- Self-care for most prevalent chronic diseases largely center on diet, exercise, stress reduction, medication adherence and home disease monitoring
- Growing science on how to better engage patients in own health



## **Biomedical Model (Disease)**

**Diagnosable illness in paradigm of pathology**

**Focus on fixing a problem (motivated by fear)**

**Professional as expert**

**“Why” questions with present and past focus**

**Restore client’s level of functioning**



## **Learning/development Model (Health)**

**Desirable goals & achievement in paradigm of possibility**

**Focus on optimal performance (by happiness & growth)**

**Coach as non-judgmental partner/ally of equal stature**

**“How” questions with present and future focus**

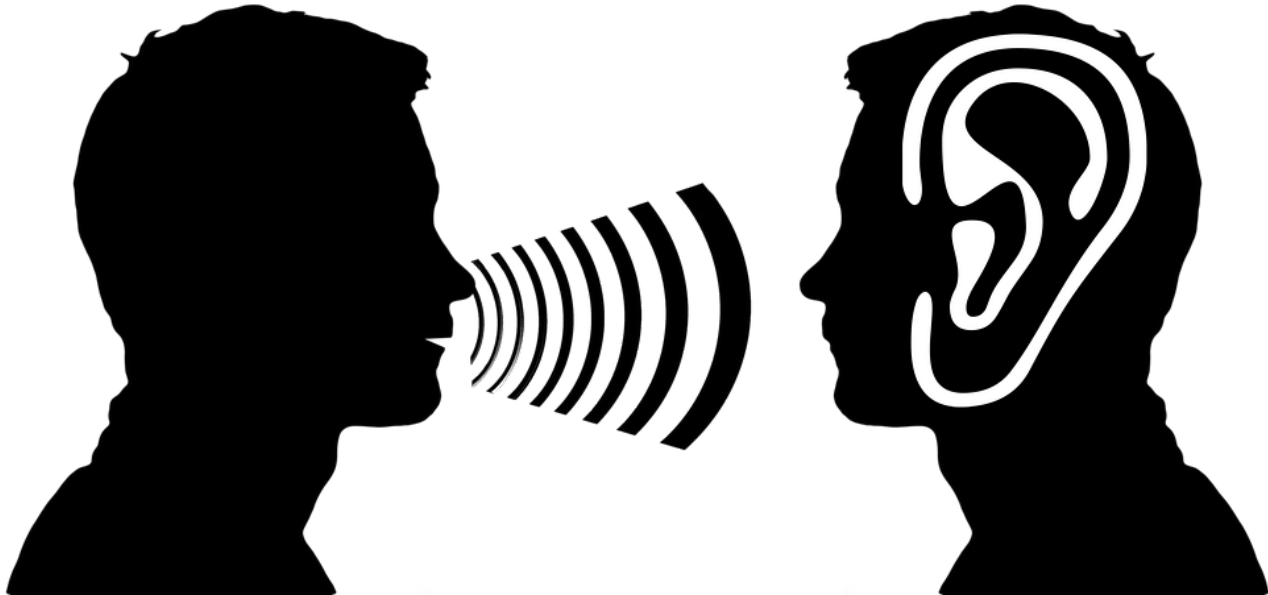
**Move client to personal fulfillment or optimal performance**



# Self-Perception Theory

- “talking about”  “believing in”
- let the client voice the argument for change

“People are more persuaded by what they hear themselves say than by what someone tells them.” - D. Bem 1972



# Importance & Meaning





“People say that motivation doesn’t last. Well, neither does bathing....that’s why we recommend it daily.”

- Zig Ziglar



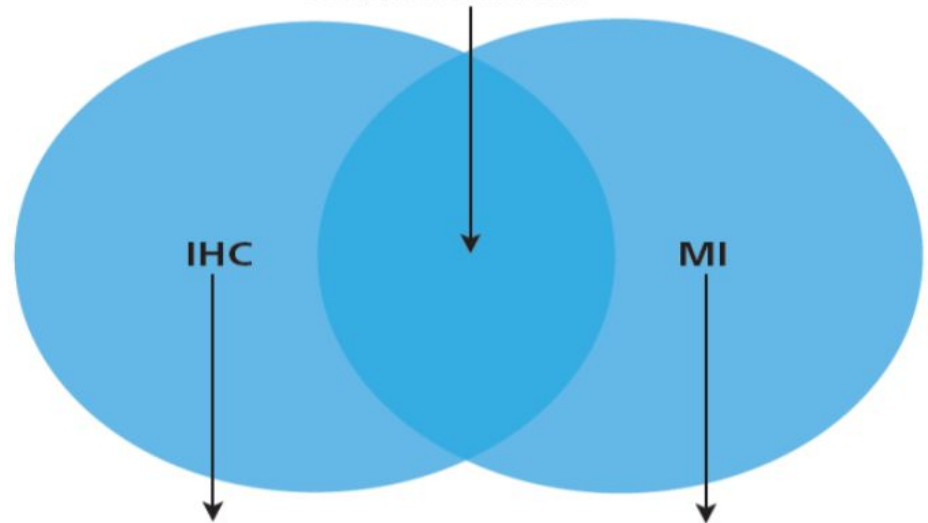
# Motivational Interviewing

“ . . . a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

- **A particular kind of conversation about change** (strengthen change talk; soften sustain talk)
- **It's collaborative** (person-centered, partnership, honors autonomy)
- **It's evocative** (evokes the client's own motivation and commitment)

# Integrative Health Coaching and Motivational Interviewing

- Theoretical foundations in behavior change and motivation
- Client autonomy to choose goals and act
- Empathy, acceptance, human relationship
- Resolve ambivalence
- OARS, change talk, scaling questions
- Explore attitudes/beliefs around behaviors
- Develop plan for behavior change



- Comprehensive, time-sensitive, standalone approach
- Whole person model of health
- Vision and values anchored to behavior change
- Support clients across behavior change continuum

- 1-2 session approach that is integrated or followed with other methods
- Method of communication to increase motivation and commitment to change
- Focused on a primary behavioral issue

# Demo & Game

- No flag when Cherie is coaching
- Raise red flag when demonstrates a **non-coaching** interaction



# Model 1 Setting: Bundled Payments

- The UVM Medical Center Comprehensive Pain Program, an Osher Center for Integrative Health Program
  - 16-week outpatient cohort program
  - An integrative and transdisciplinary approach to chronic pain
  - Participants have access to medical providers, acupuncture, massage, yoga, mindfulness, nutrition, OT, PT, Reiki, support groups and health coaching

# Model 1: Reasons for Referral to Coach

- The NBC-HWC is a member of the team from the beginning of the program
- During the first group meeting, the health coach presents the benefits and format of health coaching
- All participants are required to meet with the health coach at least twice, but can opt to meet up to once a week for 16 weeks
- A group coaching session is conducted in week four
- Colleagues can refer to the health coach from within the program at any time





# Model 1: Service Delivery & Financial Model

- Bundled payment model negotiated through both Blue Cross Blue Shield and DVHA (Medicaid)
- One fixed price for the 16 week program covers all services - including therapies not usually covered by traditional insurance
- Health coach is paid a contracted amount per head per cohort

# Model 1: Communication between Team Members

- The health coach has full access to the client's chart and adds in notes to the EHR
- The team of providers meet weekly to collaborate on participant care

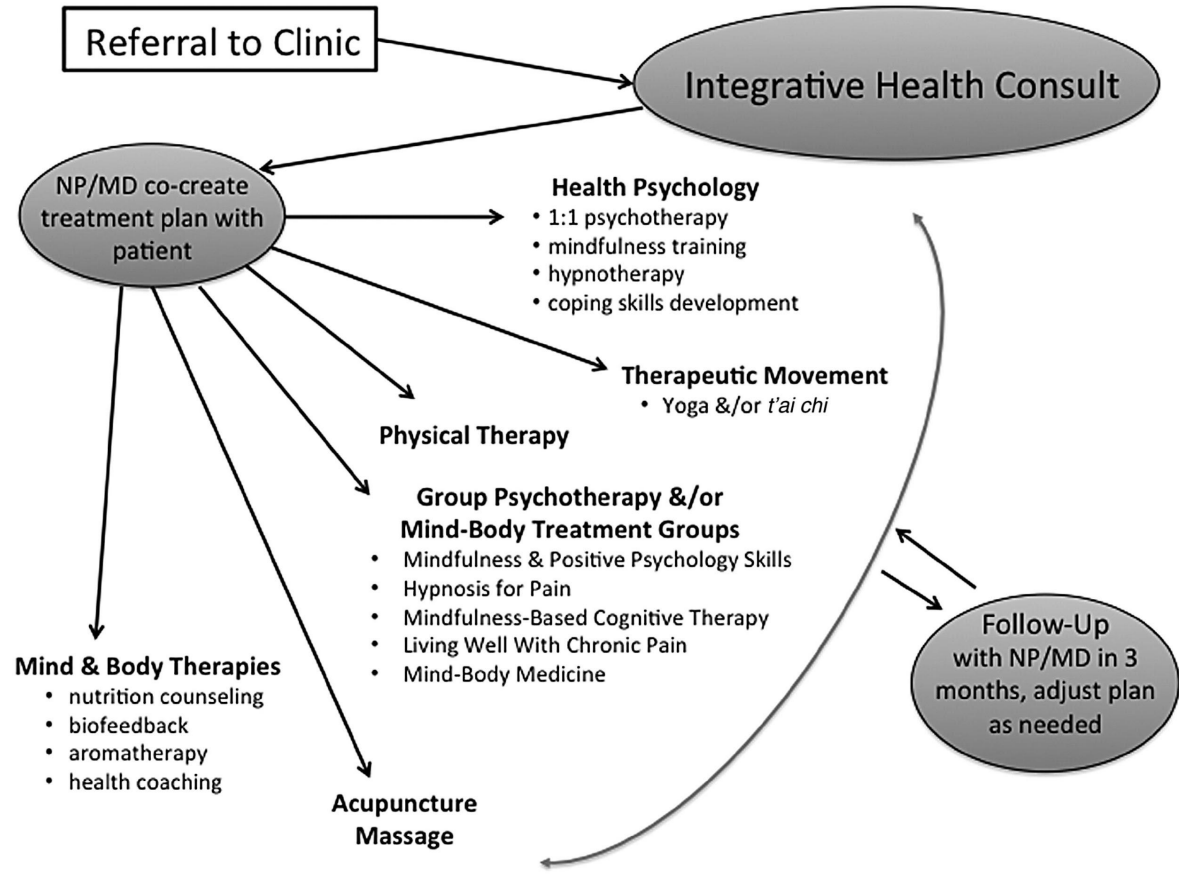


# Model 2 Setting: Clinicians Coaching

- Osher Center for Integrative Health at Vanderbilt provides **relationship-centered** care in a **healing environment**
- Use **inter-professional team-based model** to engage the **whole person** in accessing their natural capacity for health and healing
- Focus on supporting individuals in developing **skills** for **active self-management of chronic conditions**
- Outpatient Clinic with 17,664 visits in FY23; 85% from internal Vanderbilt referrals
- Focus is on individuals with chronic medical conditions; typically with high symptom burden of chronic pain, depression, anxiety, and/or reduced quality of life.
- Coaching has been provided over time by NPs or psychologists

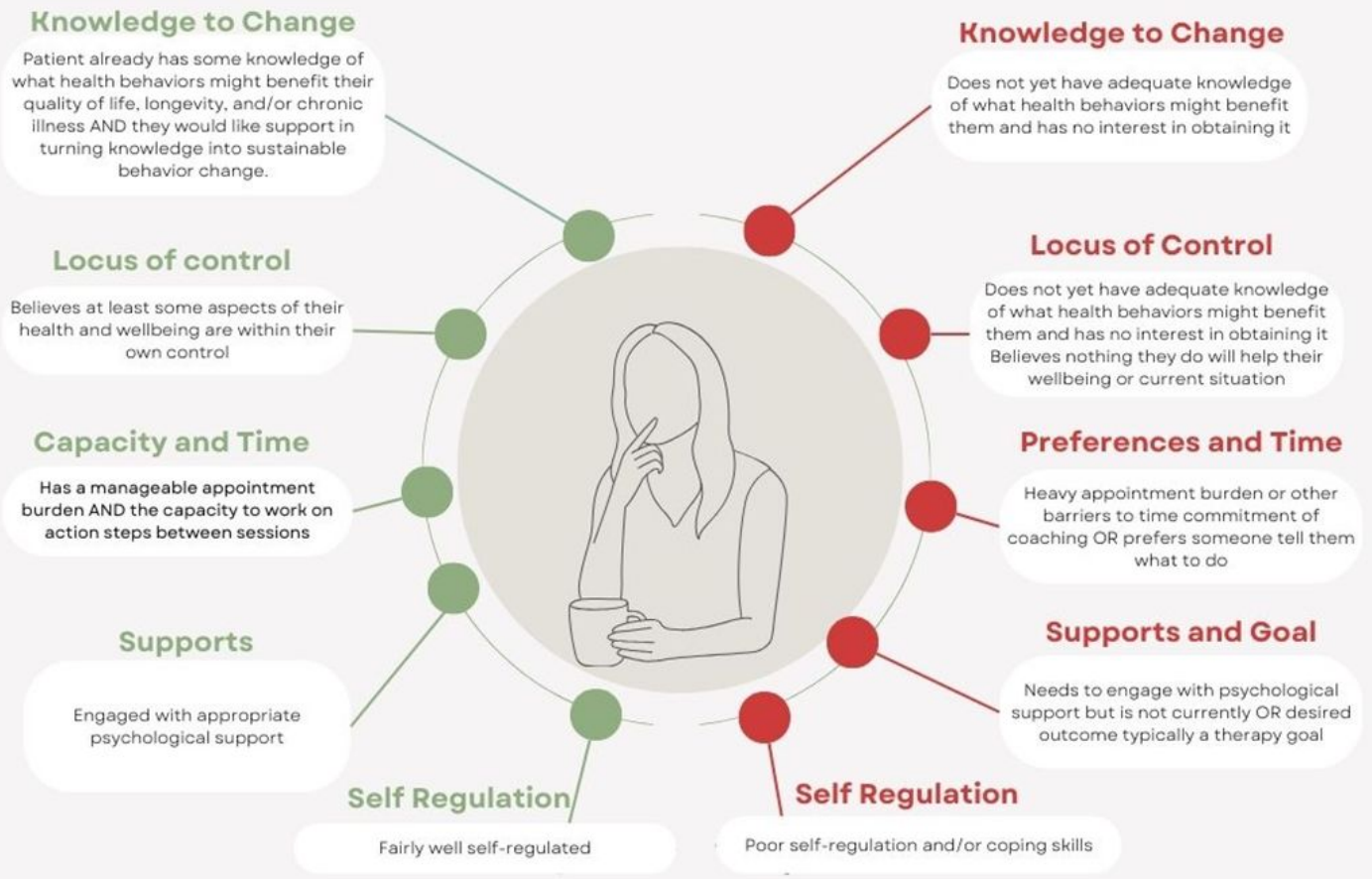






# Model 2 Setting: Clinicians Coaching

## Vanderbilt Health Coaching Program Referral






# Osher Clinical Modalities



- Acupuncture\*
- Biofeedback
- Health coaching
- Health psychology (supportive counseling, CBT, ACT, mindfulness, clinical hypnosis)
- Integrative health consults
- Integrative psychiatry
- Massage therapy\*
- Movement (yoga and Tai Chi)\*
- Nutrition consultation
- Physical therapy

*\* Self-pay/retail service*

## Model 2: Service Delivery & Financial Model

A path of smooth, dark stones leads from the foreground towards a bright sun on a calm, blue body of water at sunset or sunrise. The stones are arranged in a line that curves slightly to the right, receding into the distance. The water is very still, reflecting the sky and the stones. The sun is a bright, glowing orb on the horizon, creating a lens flare effect. The overall scene is peaceful and serene.

- Telehealth
- NPs use 99214 or 99215
- Psychologists use Health & Behavior Assessment & Intervention Codes for “physical disease” HBAI codes 96158/+96159) or Mental Health Codes (i.e. 90834, 90837)

# Communication between Team Members

- Team meetings
- Epic provider correspondence & service notes





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# Model 3 Setting

- University of Minnesota Community University Healthcare Center (CUHCC) is Minnesota's first and oldest community health center
- Community primary care clinic that primarily serves 10,000+ underserved patients per year
- Medical care, dental care, mental health care, legal, advocacy for domestic abuse and sexual assault, etc.
- Majority Medicaid insured or non-insured
- Primary care providers are UofM Medical School Residents, APRN students, and medical students in their 4th year
  - Trains 170+ future health professionals to serve a culturally-ethnically diverse patient population



## Model 3: Reasons for Referral to Coach

- Patients can self-select
- Most are referred by the PCPs
- Top 3 reasons for referral
  - chronic pain management
  - diabetes management
  - blood pressure management

Self-select

PCP  
Referral



Health Coach



# Model 3: Service Delivery & Financial Model

- Currently, 40 minute appointments and can be in person or telehealth
- Coaching services are paid for by a grant
- Level 3 CPT codes: CMS recently approved for telehealth
  - 0591T Health and Well-being Coaching face-to-face; individual, initial assessment.
  - 0592T individual, follow-up session, at least 30 minutes.
  - 0593T group (two or more individuals), at least 30 minutes.
- Regional CMS meetings to get clarity on reimbursement rate



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## Model 3: Communication between Team Members

- In Epic, informatics specialists assisted the coach in creating a new “form” that integrates with the patient’s chart within primary care
- Health coach speaks with providers frequently to ensure continuity of care
- Health coach feels like a true team member across all the providers



# Resources to Support Stakeholder Engagement

Sforzo et al. Compendiums

[2019](#)

[2017](#)

[Making the Case](#)

[Tennessee Heart Health Network Reimbursement Codes](#) (used by health coaches)

[NBHWC Reimbursement Guide](#)

[NBHWC: Integrating Health & Wellness Coaches into Your Practice](#)

[NBHWC Scope of Practice](#)

[NBHWC Health Coach Definition](#)