Health Coaching

A Brief Review of Health Coaching Interventions for People with Chronic Conditions

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Introduction
Health coaching is increasingly being enthusiastically applied to modify lifestyle factors associated with chronic conditions. It is a relatively new field adopted initially by health psychologists working in the areas of health promotion and health education to facilitate the promotion of health behaviours [1].

The term ‘health coaching’ encompasses a diverse array of definitions, approaches and programs which draw on a range of theoretical models from the fields of health and behavioural psychology. The terms ‘coaching’ and ‘counseling’ are frequently used synonymously.

The purpose of this paper is to briefly review the Randomised Controlled Trial (RCT) evidence relating to health coaching interventions for adults with chronic conditions and identify key elements of interventions which have been shown to have a positive impact on health outcomes, health service utilisation and health care costs.

Theoretical models
Major theoretical models include the Transtheoretical Model of Change (TTM), Motivational Interviewing (MI) and Cognitive Behaviour Therapy (CBT). Whilst the research evidence for TTM remains inconclusive [2], good evidence is emerging for both MI (improvements in body mass index, blood cholesterol, systolic blood pressure, and alcohol consumption) [3], and CBT (depression, anxiety, smoking cessation and psychological interventions for overweight or obesity [4, 5].

Face-to-face coaching
A number of RCTs have been undertaken using face-to-face coaching sessions for a range of conditions including studies in cancer patients [4, 5], primary care patients with depression (delivered by community pharmacists) [6] and women with type 2 diabetes [7]. The number and frequency of sessions varied widely, ranging from a single 20 minute individualised session to a group session followed by six sessions over six months. The heterogeneity of approaches and patient populations targeted makes it difficult to draw any meaningful conclusions from the mixed results.

Telephone coaching
A systematic review of telehealth interventions for the secondary prevention of CHD [8] identified nine RCTs which delivered interventions primarily by the telephone (3010 patients). Patient contact time varied considerably ranging from 40 minutes to nine hours. Meta-analysis showed a non-significant lower all-cause mortality compared with controls (RR=0.70). Significantly lower levels of total cholesterol, low density lipoprotein, systolic blood pressure and smoking were reported. The authors concluded that the favourable reductions in CHD risk factors achieved by the telephone interventions had the potential to impact on CHD morbidity and mortality.

Two Australian RCTs have examined the role of telephone coaching for people with CHD. The COACH program [9] ‘coached’ patients to visit their physician to obtain measurement of risk factors and negotiate with their physician a plan to achieve risk factor targets. At six months the COACH program achieved a significantly greater change in total cholesterol in the intervention group as well as significant positive impacts on secondary outcomes including LDL, systolic and diastolic blood pressure and body weight, self-reported physical activity, and perceptions of health and mood.

In a second study, (CHOICE) [10] an initial face-to-face consultation and assessment session was followed by telephone follow-up over three months during which the patients progress towards achieving and maintaining risk factor target levels was continuously evaluated. At 12 month follow-up the CHOICE participants had significantly better risk factor levels than controls for total cholesterol, systolic blood pressure, body mass index and physical activity.

In a systematic review of telephone interventions for physical activity and dietary behavior change [11] 26 studies were reviewed. Positive outcomes were reported for 69% of physical activity studies, 83% of dietary behavior studies, and 75% of studies addressing both outcomes. Factors associated with positive outcomes appear to be the length of intervention and the number of calls, with interventions lasting six to 12 months and those including 12 or more calls producing the most favorable outcomes.
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A large, targeted telephone care-management program [12], which allocated each patient an individual coach to help achieve health goals and make informed decisions about health care, was successful in reducing medical costs and hospitalizations.

Internet-based coaching

The Internet is being increasingly recognized as a promising new health care delivery platform that may address issues such as the cost and time required of both patients and professionals to participate in and deliver health management programs and the limited reach, and availability of programs for those who work in rural areas, are homebound, or do not want or cannot afford participation in group education sessions.

However, the studies in this area demonstrate that much more work needs to be done to develop effective programs. A major limitation of internet based programs is the high attrition rate of potential participants.

Conclusions

Health coaching is the practical implementation of a number of underlying theories and models. It encompasses a diverse array of definitions, including 'counselling'.

There is good evidence that telephone-based health coaching has positive impact on health outcomes in people with chronic disease. With one exception, no health coaching studies have reported data on health service utilisation or health care costs

Elements of interventions having positive impact on health outcomes include:

- Closely linked program goals and targets with medical management and ongoing monitoring of risk factors
- Initiating program with face to face session around time of initial diagnosis
- More intensive (human) interventions appear to produce larger effects
- Inclusion of evidence-based theory, eg CBT and MI
- Delivered by health professionals with additional training

1. Palmer S, et al. Health coaching to facilitate the promotion of health behaviour and achievement of health-related goals. Internat J Health Promotion Educ 2003; 41:91-3