

# Team-based Care for Health Behavior Change: A Primary Care-Embedded Health Coach Pilot

Amy Locke, MD<sup>1</sup>, Maribel Cedillo, RD, MS<sup>2</sup>, Dana Gershenoff, RD MS<sup>3</sup>, Robin L. Marcus, PT, PhD<sup>3</sup>, Molly Conroy, MD, MPH<sup>2</sup>

<sup>1</sup>Family Medicine, <sup>2</sup>Division of General Internal Medicine, <sup>3</sup>University of Utah Health, Wellness and Integrative Health  
University of Utah, Salt Lake, UT

## Background

- Poor lifestyle and lifestyle-related medical conditions such as diabetes, hypertension and hyperlipidemia are major problems in primary care.
- These medical issues can be mitigated by lifestyle changes, however, cost-effective methods for lifestyle counseling are seldom available.
- Health coaching is becoming a well-recognized method by which individuals can obtain assistance in achieving and maintaining healthy lifestyles.
- In an effort to develop sustainable effective models of care to treat these conditions, a health coach was added to primary care teams to assist in health behavior change in December 2017.

## Specific Aims

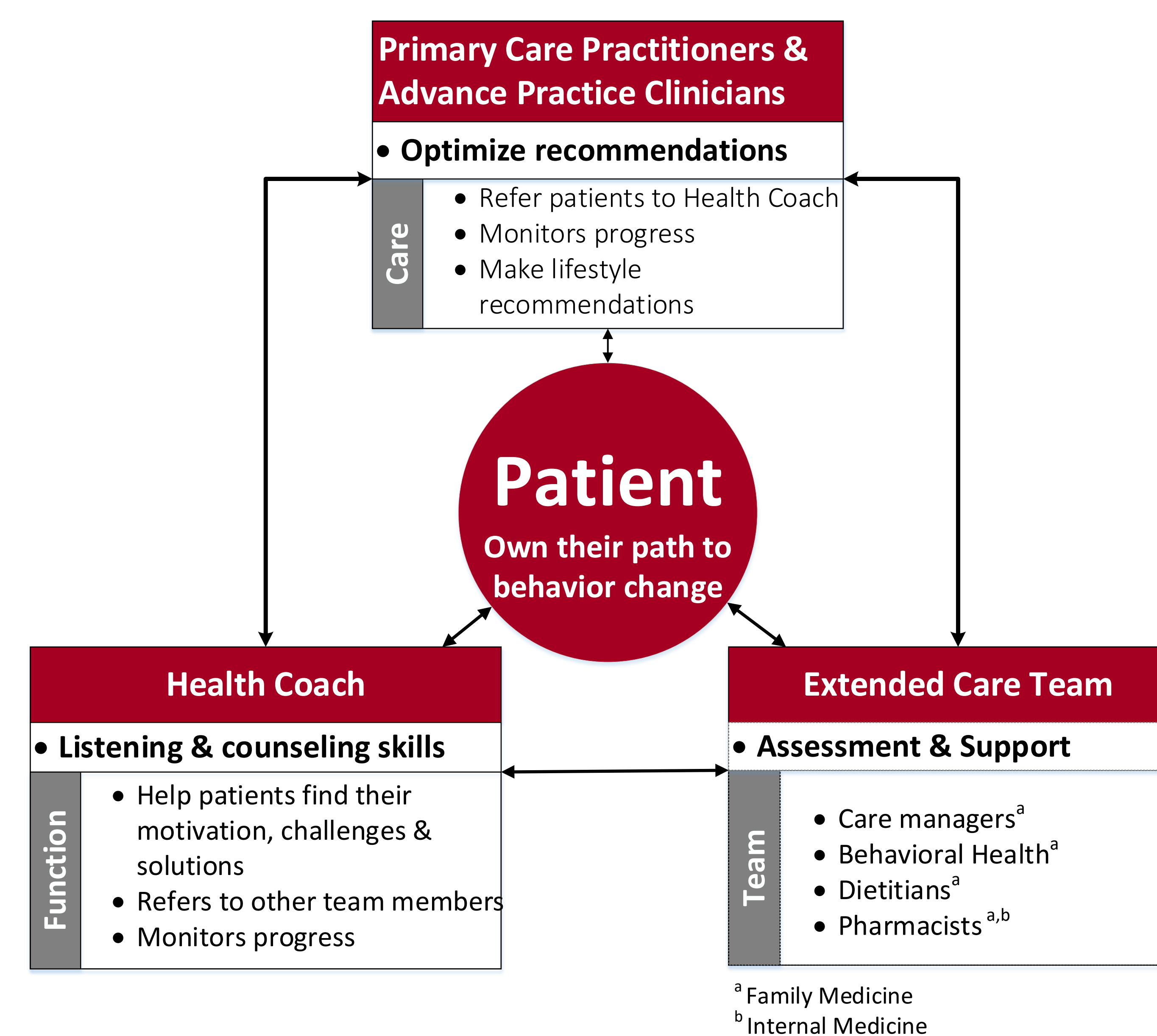
1. The aims of the primary care-embedded Health Coach Pilot are to:
  - Determine how to best incorporate health coaching into existing primary care teams in Family Medicine (FM) comprised of physicians, advance practice clinicians, care managers, social workers, dietitians and pharmacists.
  - Determine if coach integration was supported in environments without Internal medicine (IM) an extended care team.
  - Evaluate the best counseling structure with regard to types of contacts with patients (in person, digital portal, telephone, telehealth).
  - Evaluate patient health-related outcomes in participating patients.
2. The aim of this study is to describe health coaching patient's initial measures of self reported primary goals, health status, activity levels, eating habits and perceived barriers to success.

## Intervention

- Participants: Health coaching patients from Madsen Clinic, PCPs, Medical Care Team and health coach.
- Health Coaching Pilot design: Initial health coaching meeting in-person at the clinic with the option of in-person, telephone and/or email follow-up based on each patient's preference.

## Intervention (continued)

Figure 1. Team-based care model for health behavior change



## Study of Intervention

- Design: A prospective chart review was performed on all new health coaching patients. Descriptive statistics were generated for all variables. Categorical variables were summarized by frequency and percentage.

Table 1. Outcome measures for Health Coach Pilot

• Patient satisfaction	• Provider satisfaction
• Patient health outcomes (BMI, blood pressure, glucose, lipids)	• Self-reported measures of eating habits
• Self-reported sleep habits	• Self-reported stress
• Self-reported physical activity	• No. of referrals to health coach
• No. of completed health coach visits	• No. of referrals to medical care team

## Results to date

- A total of 479 new health coaching patients were seen from 12/4/2017-08/16/2018 at the Madsen Clinic.

## Results to date

Figure 2. Self reported primary goals (n=435)

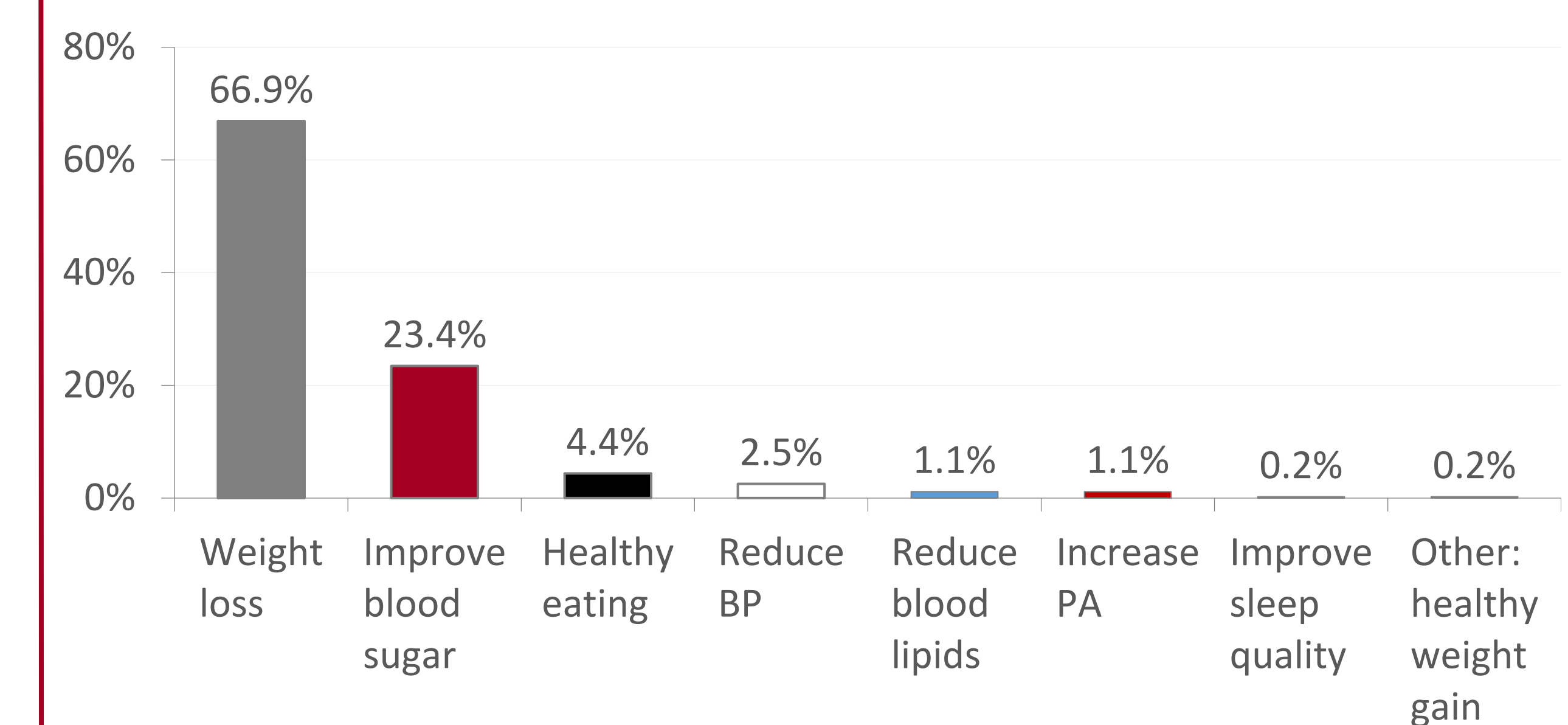
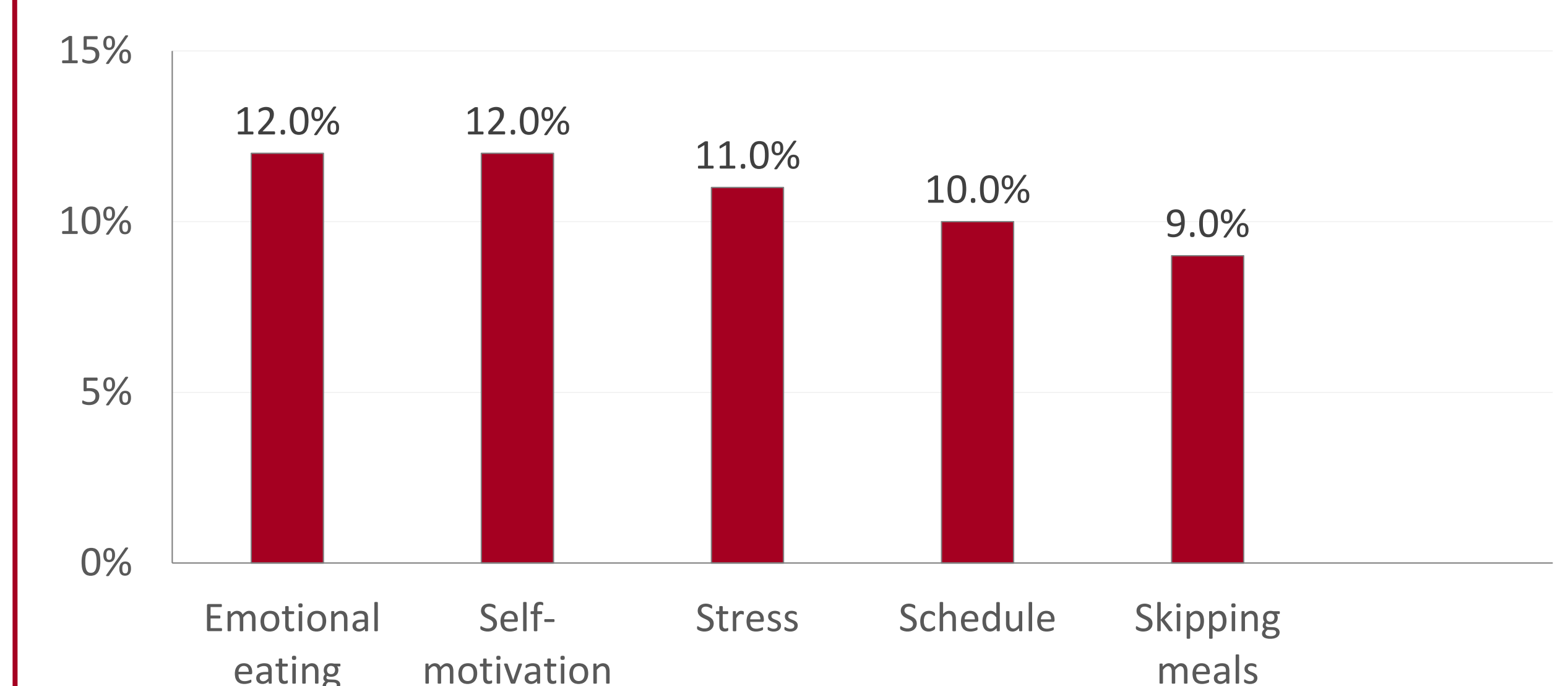


Table 2. Self-reported assessment responses

Good or excellent health, No. (%)	284 (69)
Minimal levels of PA<30 min, No. (%)	72 (17)
Ready or intended to increase PA, No. (%)	118 (36)
Eating out more 3-5 or more times a week, No. (%)	135 (47)
Not consuming sugary beverages, No. (%)	177 (60)

Figure 3. Self-reported barriers to success



## Conclusions

- The primary goal of health coach patients is weight loss.
- Many providers and patients are interested in referral to primary care-embedded health coaching, with most referrals for weight or blood sugar management.
- Multiple clinics (in this case, IM and FM) can share a health coach.
- Coach integration was supported in environments with (FM) or without (IM) an extended care team.

## Acknowledgments

This pilot was funded by the Larry H. & Gail Miller Family Foundation.