Physician + Coach Collaboration

Getting Started: Coaching outcomes research

1. Focus

Identify clinical populations with similar variables as far as possible:

- Demographics – age, socioeconomic status, new diagnosis vs chronic
- Clinical indication – e.g. hypertension, hyperlipidemia, diabetes, obesity, secondary prevention post MI, depression, cancer, chronic pain

2. Protocol

Develop brief “operating manual” that describes physician counseling, process of physician referral to coach, coaching protocol (at least three months of coaching sessions), coach reports to physician, physician follow-up visits, and outcomes metrics gathering and reporting.

3. Study design

- Start with pilot to tweak protocol
- Consider randomization or matched case controls
- Consider statistical validity

4. Outcomes metrics

Outcomes metrics are best tied to current clinical practices. Consider minimum data required to support FDA approval of drug interventions for target clinical indication and set a higher standard – more impact, longer sustainability. Identify target for outcomes – what is the definition for success?

Areas for outcomes tracking:

A. Laboratory and clinical metrics
B. Behavior change metrics
C. Mood, attitude, and quality of life metrics
D. Healthcare costs

A. Clinical Metrics

The most important clinical metrics include weight, BMI, waist circumference, blood pressure, heart rate, lipids, and blood sugars. Laboratory values of interest are fasting lipid profile and hemoglobin A1C.
B. Behavior change metrics

Important behavior metrics include tracking of level of physical activity and exercise, pedometer readings, gym attendance, medication compliance records, sick days from work, sick days requiring a physician visit, and results of smoking cessation programs (number of cigarettes currently smoking or number of days since last cigarette), relaxation episodes, and eating behaviors – healthful breakfast, lean protein, healthful fats, fruit, vegetable, whole grains, water consumption, and calorie tracking.

Monitoring of stage of readiness, and self-efficacy scores related to specific behaviors are also useful.

Health risk appraisals which address the drivers of healthcare costs include many of the above behaviors.

C. Mood, attitude, quality of life metrics

The change in mood and attitude scales pre coaching to post coaching are important results. The scales include a depression scale, stress level scale, life satisfaction scale, and an attitude scale focusing on how clients’ attitudes and beliefs about physical activity, nutrition, weight management, smoking cessation, life satisfaction, and stress management have changed. Exploring the importance of these areas and the clients’ confidence in sustaining change in these areas is important.

D. Healthcare costs:

It’s important to measure a return on the investment in physician counseling and coaching programs beyond metrics discussed above by tracking healthcare claims and showing stabilization or reduction of costs including physician visits, medication needs, and hospital visits.