

Coaching and adherence

危機

Risk

Opportunity



Poor adherence to treatment of chronic diseases is a world wide problem of striking magnitude – World Health organization 2003 (1)

Improving the adherence to medication may have a far greater impact on the health of the population than any improvement in specific medical treatments (2).



Adherence is “the extent to which a person’s behaviour in taking medication, following a diet and executing life style changes corresponds with agreed recommendations from a healthcare provider”.

Practical issues with compliance and adherence



- Patients fall short of self care goals ⁽³⁾
- Self management programmes cost effective ⁽⁴⁾
- Doctors/Nurses overloaded ⁽⁴⁾
- Healthcare systems not designed to improve adherence ^(1,5)
- Look at non traditional healthcare providers ⁽⁶⁾
- No superiority between health outcome strategies ⁽⁷⁾

Chronic illness



- Lifestyle change ongoing process – complex mix of stimuli, behaviour and response
- Understand person's life context values and goals all part of individual care
- Maintaining new health promoting behaviours = **CHALLENGE**



In Healthcare

- *“This preliminary evidence suggests that the (coaching) program is feasible, acceptable to a large majority of patients.....”*
- *“ This nurse-coaching intervention demonstrates promise as a means of improving self-management and psychosocial outcomes in women with type 2 diabetes..... ”*
- *“Peer coaching appears to have merit as a viable, low-cost intervention with the potential of helping individuals with diabetes who need to change their behavior”.*
- Difficulty in the real world in finding appropriate peer coaches (6,7,8, 9)
- Since coaching assumes building strengths rather than working on deficiencies opportunities exist on both patient and doctor sides.

What The Literature Tells Us About Coaching Effectiveness

- Level 1: Reactions √√√√√
- Level 2: Learning √√√√?
- Level 3: Behaviour √√√??
- Level 4: Results √√???
- Level 5: ROI √????

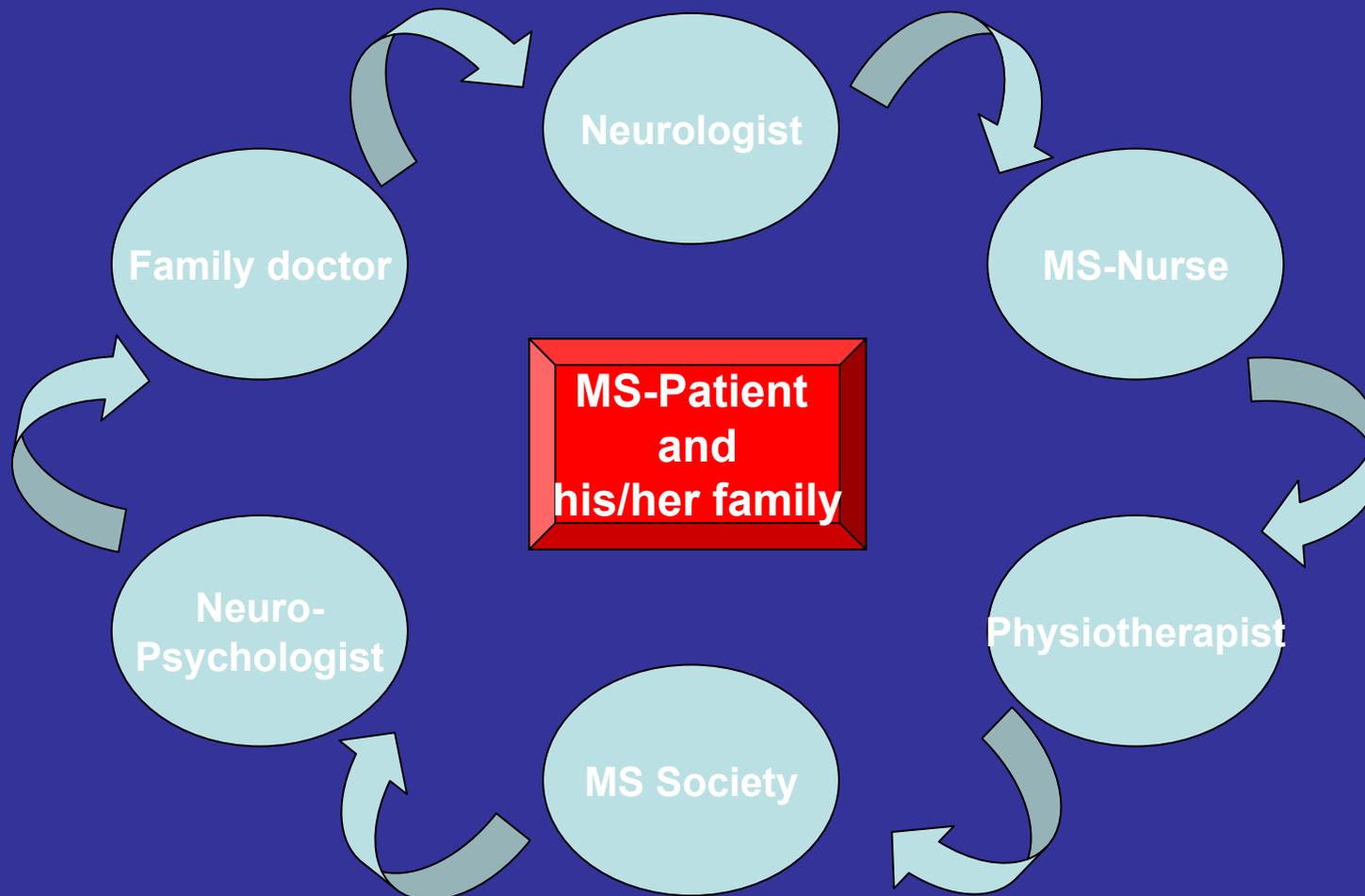
Definitions

Some definitions of coaching (in general)

AUTHOR	DEFINITION ELEMENTS
1 Tim Gallwey	art of creating an environment
2 Brenda Wilkins	helps client identify & achieve goals
3 John Whitmore	unlocking person's potential to maximise their own performance
4 Anthony Grant	solutions-focused, results-oriented systemic process

Multidisciplinary approach

Therapy adherence is a multidimensional issue which can be influenced by multiple health care providers



Expert Patient (1,4,5,11)



- Reliable and valid information on their condition
- A better understanding of their illness and treatments
- A more active role in coping with the disease
- Better communication with their healthcare providers and friends

Coaching expert patient



- Not everyone is expert!
- Strong peer group influence
 - “my friend said ...”
- Diseases are not predictable
 - Effect on coaching response?
- Individual response to illness eg. day of treatment effects person
 - Effect on coaching response?
- Liability / medical issues
 - “should I stop my treatment coach?”
- Ethical issues
 - Treatment issues / family
- ICF guidelines need updating
 - only based on one type of depression
 - Relevant stakeholder involvement

The Future?

”.....coach training programmes have been deficient in acknowledging and intergrating evidence based principels of psychology and in harnessing necessary technology for a replicable and measurable enterprise. For the health/wellness field the result is an inadequate foundation upon which to build a broadly based and replicable coaching approach that reliably generates measurable outcomes and behaviour change” (10)

In Healthcare

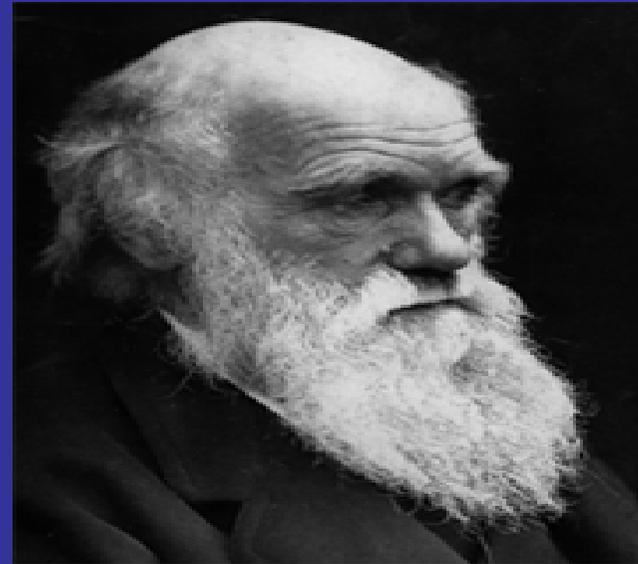
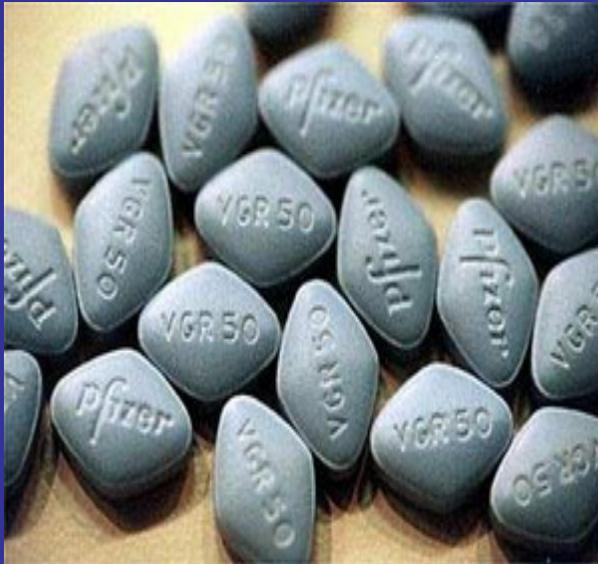
Following the scientist practitioner model: ⁽¹⁰⁾

Think long and hard about sample selection

Do a pilot study to identify problems and solutions

Select the most appropriate way to measure the data

Acknowledge Serendipity



References

1. Adherence to long term therapies – evidence for action (2003): World Health Organization (report and press release 1st July).
2. Haynes RB (2001) Interventions for helping patients to follow prescriptions for medications. Cochrane Database of systematic reviews Issue 1.
3. Fisher et al (1997) Acceptance of diabetes regimens in adults. Handbook of health behavior research II Provider determinants (p 189 -212)
4. Glasgow and Eakin (1998) Issues in Diabetes Self Management The handbook of health behaviour change(2nd edition 453-461)
5. Health Science Center for CME Online Survey 4/2003.
6. Sacco et al (2004): A brief proactive telephone “coaching” intervention for diabetes: rationale, description and preliminary results: Journal Diabetes Complications, Mar-Apr, 18(2):113-118.
7. Whitmore et al (2004) A nurse coaching intervention for women with type 2 diabetes Diabetes Educ (The Diabetes educator.) Sep-Oct; 30(5): 795-804
8. Joseph et al (2001) Peer coaching: an intervention for individuals struggling with diabetes. Diabetes Educ (The Diabetes educator.) Sep-Oct; 27(5): 703-10
9. Samarel N (1992) Enhancing adaptation to breast cancer: the addition of coaching to support groups. Oncol Nurs Forum (Oncology nursing forum.) May; 19(4): 591-6
10. Moore M (2004) Principles of Behavioral Psychology: ICF Coaching Symposium 2004, 103-111
11. Adapted from slides presented by Professor R Gold, European Multiple Sclerosis Platform, Brussels – *Long term adherence to MS treatments* October 2004