

In-person health coaching

▶ Intervention in brief

High and rising risk:	In-person health coaching is when a care team member (e.g., medical assistant) guides and supports patients through behavior change by focusing on internal motivation and personal goal setting. These programs often target individuals with asthma, heart disease, diabetes, and chronic pain. The goal is to help patients identify strengths, barriers, strategies, and motivators to aid lifestyle changes.
Strength of evidence	 High
Impact	<ul style="list-style-type: none"> • Decreased cost: Not demonstrated • Decreased utilization: Not demonstrated • Improved quality, clinical outcomes: 0.6-1.2 percentage points or 0.34-0.66% lower HbA1c levels; 21% more of coached patients achieved hemoglobin goal; 12% more of coached patients achieved one of their clinical goals • Increased access: 33% more PCP visits compared to control group • Improved stakeholder satisfaction: 15% more highly recommend provider; 2% greater trust in physician
How to succeed	<p>To build an effective in-person health coaching program:</p> <ul style="list-style-type: none"> • Prioritize rising-risk patients with chronic conditions (e.g., diabetes, hypertension, obesity) • Educate health coaches to use motivational interviewing to reinforce patient ownership of decisions and goals and strengthen patients' commitment to goals • Clearly define roles and coordination between the health coach and the rest of the care team • Ensure initial patient interactions are in person and focus on identifying care plan next steps <p>To learn more about motivational interviewing and shared decision making, check out our Partnering with Patients on Care Plan Next Steps webconference here.</p>

▶ Demonstrated impact

Literature review summary

Title: Personal Health Coaching as a Type 2 Diabetes Mellitus Self-Management Strategy: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Publication: American Journal of Health Promotion

Date: 2018

Type: Systematic review and meta-analysis

Study population: Patients with type 2 diabetes across randomized controlled trials

Major findings: Personal health coaching resulted in reduced HbA1c levels at:

- ≤3 months (-0.32%)
- 4 to 6 months (-0.50%)
- 7 to 9 months (-0.66%)
- 12 to 18 months (-0.24%)

Source: Full article [here](#).

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Title: Health Coaching by Medical Assistants to Improve Control of Diabetes, Hypertension, and Hyperlipidemia in Low-Income Patients: A Randomized Controlled Trial

Publication: Annals Journal Club

Date: 2015

Type: Randomized controlled trial

Study population: Patients with uncontrolled diabetes, hypertension, and/or hyperlipidemia receiving care at two clinics in San Francisco, California aged 18 to 75 years

Major findings: Patients receiving health coaching were more likely to achieve:

- One or more of their clinical goals: 46.4% compared to 34.3% of control group
- Their hemoglobin HbA1c goal: 48.6% compared to 27.65% of control group
- Their LCL cholesterol goal: 41.8% compared to 25.4% of control group

Coached patients' HbA1c decreased 0.8 percentage points lower compared to usual care and dropped 1.2 percentage points from baseline measure.

Source: Full article [here](#).

Title: Impact of Peer Health Coaching on Glycemic Control in Low-Income Patients with Diabetes: A Randomized Controlled Trial

Publication: Annals of Family Medicine

Date: 2013

Type: Randomized controlled trial

Study population: Patients with HbA1c levels of 8.0% or higher

Major findings: HbA1c levels among patients receiving health coaching decreased 0.6 percentage points lower than those receiving usual care (8.98% vs. 9.55%) and dropped 1.1 percentage points from baseline measure (10.05% to 8.98%).

Source: Full article [here](#).

Title: Does Health Coaching Change Patients' Trust in Their Primary Care Provider?

Publication: Patient Education and Counseling

Date: 2014

Type: Randomized controlled trial

Study population: Low-income adults aged 18-75 with poorly controlled type 2 diabetes, hypertension, and/or hyperlipidemia

Major findings: Patients in the intervention group visited their primary care provider significantly more after receiving health coaching (33% increase), trusted their physician significantly more (76.1 vs. 74.1 score out of possible 100), and were more likely to highly recommend their provider (75.4% vs. 60.6%) compared to the control group. Compared to the intervention group's baseline average, proportion of patients who highly recommend their provider increased 16.3%.

Source: Full article [here](#).

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Appendix

- Pirbaglou M, et al., “Personal Health Coaching as a Type 2 Diabetes Mellitus Self-Management Strategy: A Systematic Review and Meta-Analysis of Randomized Controlled Trials,” *American Journal of Health Promotion*, (2018), <https://journals.sagepub.com/doi/abs/10.1177/0890117118758234>.
- Thom DH, et al., “Does Health Coaching Change Patients’ Trust in Their Primary Care Provider?” *Patient Education and Counseling*, 96, no. 1 (2014): 135-138, <https://www.ncbi.nlm.nih.gov/pubmed/24776175>.
- Williard-Grace R, et al., “Health Coaching by Medical Assistants to Improve Control of Diabetes, Hypertension, and Hyperlipidemia in Low-Income Patients: A Randomized Controlled Trial,” *Annals Journal Club*, 13, no.2 (2015): 130-138, <https://www.ncbi.nlm.nih.gov/pubmed/25755034>.
- Thom DH, et al., “Impact of Peer Health Coaching on Glycemic Control in Low-Income Patients with Diabetes: A Randomized Controlled Trial,” *Annals of Family Medicine*, 11, no. 2 (2013): 137-144, <https://www.ncbi.nlm.nih.gov/pubmed/23508600>.