Coaching des BPCO : de quoi parle-t-on ?

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Conflits d’intérêt: J Bourbeau

1. Consultation fees: none
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   - Private: AZ, BI, Grifols, Novartis
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8. Other remuneration such as gifts: none
1. Health coaching: starting from an example
2. Health coaching vs self-management
3. Time for a personalized approach
4. Key points and what is next
What do we mean by coaching?

"I, along with some of the other doctors, now charge $800 an hour. If that don’t motivate people to eat right and exercise, then nothing will."

www.jerryking.com
Health coaching to patients discharged after hospitalization for an exacerbation is feasible at low cost and significantly decreases the risk for readmission up to 6 months (but not at 1 yr) after inclusion, while improving health status.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Control (%) (n = 107)</th>
<th>Intervention (%) (n = 108)</th>
<th>ARR (%)</th>
<th>NNT</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed COPD-related hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 mo AD</td>
<td>9.4</td>
<td>1.9</td>
<td>7.5</td>
<td>13</td>
<td>0.0174</td>
</tr>
<tr>
<td>3 mo AD</td>
<td>20.4</td>
<td>9.4</td>
<td>11.0</td>
<td>9</td>
<td>0.0280</td>
</tr>
<tr>
<td>6 mo AD</td>
<td>27.7</td>
<td>15.4</td>
<td>11.6</td>
<td>8</td>
<td>0.0315</td>
</tr>
<tr>
<td>9 mo AD</td>
<td>32.7</td>
<td>20.6</td>
<td>11.4</td>
<td>8</td>
<td>0.0514</td>
</tr>
<tr>
<td>12 mo AD</td>
<td>36.0</td>
<td>28.4</td>
<td>5.2</td>
<td>2.496</td>
<td>0.2496</td>
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<tr>
<td>All-cause hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 mo AD</td>
<td>11.3</td>
<td>4.6</td>
<td>6.7</td>
<td>0.213</td>
<td></td>
</tr>
<tr>
<td>3 mo AD</td>
<td>25.5</td>
<td>13.9</td>
<td>11.6</td>
<td>9</td>
<td>0.039</td>
</tr>
<tr>
<td>6 mo AD</td>
<td>37.7</td>
<td>25.9</td>
<td>11.8</td>
<td>8</td>
<td>0.036</td>
</tr>
<tr>
<td>9 mo AD</td>
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<td>35.2</td>
<td>9.1</td>
<td>0.174</td>
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</tr>
<tr>
<td>12 mo AD</td>
<td>50.0</td>
<td>40.7</td>
<td>9.3</td>
<td>0.172</td>
<td></td>
</tr>
</tbody>
</table>

Definition of abbreviations: AD = after hospital discharge; ARR = absolute risk reduction; COPD = chronic obstructive pulmonary disease; NNT = number needed to treat

Benzo R et al. 2016 AJRCCM;194(6)672-680
The intervention comprised i) education with action plan-based self-management; ii) motivational interviewing, and; iii) an exercise prescription

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**My Plan when “My breathing is not doing well”**

**New symptoms:**
- More shortness of breath than usual
- Sputum has changed color, consistency or volume

**My Immediate Actions:**
1. I take control of the situation (avoid panic and practice slow breathing while you figure your next step)
2. Use the rescue inhaler (usually albuterol, or combivent) or a nebulizer treatment (usually albuterol or duodec) as frequent as needed (every two hours)

**Actions if symptoms don't improve in the initial 12 hours or before going to bed:**
1. I start **prednisone 1 tablet a day for 5 days**
2. I start my **antibiotic** if my sputum significantly changed:
   - Thicker or Increased amount
   - Color (turned Green or Yellow)
3. I continue my **bronchodilator (rescue inhaler)** if I am more short of breath than usual.
4. I call the study counselor if I need any reassurance or help

**Follow Up:**
- If symptoms get worse or do not improve after 48 hrs **Contact my doctor. If after 5pm or on the weekend, I go to my local emergency department. Always: be safe**

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Benzo R et al. 2016 AJRCCM;194(6)672-680
• Loss of effect on hospital admissions at 12 months
  – happened when there was a reduction in the frequency of phone calls (from weekly to monthly).

• It is
  – unknown which behavior the coaching program intended to change to ultimately decrease hospital admissions.
  – known that the use of antibiotics and/or prednisone was not different between groups.
What is health coaching …in COPD

• Health coaching for patients with chronic conditions is the topic of a rapidly increasing number of publications.

• Definition alludes to earlier concepts that formed the basis of motivational interviewing and were initially used to treat addictions.

• Important characteristics of health coaching are that it is patient-centered, individualized, and aimed at improving health behaviors.

Roche et Bourbeau 2016 AJRCCM;194(6)672-680
Traditional “patient education” and “patient self-management education”

<table>
<thead>
<tr>
<th>Patient education</th>
<th>Self-management education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance-driven</td>
<td>Adherence-driven</td>
</tr>
<tr>
<td>Goals/problems/challenges identified by healthcare providers</td>
<td>Goals/problems/challenges identified by the patient</td>
</tr>
<tr>
<td>Information/advice is disease-specific</td>
<td>Information/skills are problem-specific</td>
</tr>
<tr>
<td>Theory: knowledge = behavior change</td>
<td>Theory: confidence = behavior change</td>
</tr>
</tbody>
</table>

Bourbeau J, Lavoie KL, Sedeno M. Semin Respir Crit Care Med 2015; 36:630–638
## Important characteristics of health coaching

<table>
<thead>
<tr>
<th>Domain</th>
<th>Characteristic</th>
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<tbody>
<tr>
<td>Principles</td>
<td>Patient centered, Self-determined goals, Self-discovery, Empowerment, Mobilization of internal and external resources</td>
</tr>
<tr>
<td>Main goals</td>
<td>Behavior modification, Lifestyle change</td>
</tr>
<tr>
<td>Intervention</td>
<td>Motivational approach/interviewing, Education, Health promotion, Active learning, Accountability</td>
</tr>
<tr>
<td>Providers and interaction</td>
<td>Trained professionals with various backgrounds, Consistent coaching relationship</td>
</tr>
</tbody>
</table>
• All these approaches
  – require a process of iterative interactions between patients and/or relatives and from one to multiple healthcare providers with the goals of motivating, engaging, and supporting the patients to better manage their disease and adopt healthy behaviors.
Decades ago....

Hospitalizations

Other Benefits:
↓ ED visits
↑ QOL

Figure 2. Kaplan-Meier curves for the probability of not being admitted to the hospital during the 12-month follow-up period. Data on patients who dropped out or died without being admitted were censored at the time of dropout or death.

Reduction of Hospital Utilization in Patients With Chronic Obstructive Pulmonary Disease

A Disease-Specific Self-management Intervention

Jean Bourbeau, MD; Marcel Julien, MD; François Maltais, MD; Michel Rouleau, MD; Alain Beaupré, MD; Raymond Bégin, MD; Paolo Renzi, MD; Diane Nault, RN; Elizabeth Borycki, RN; Kevin Schwartzman, MD; Ravinder Singh, MSc; Jean-Paul Collet, MD; for the Chronic Obstructive Pulmonary Disease axis of the Respiratory Network, Fonds de la Recherche en Santé du Québec

Arch Intern Med 163: 585-591, 2003
• Intervention “programme d’autogestion”
  “Mieux vivre avec une MPOC©”
• Éducation uniforme
  – Planchettes, *modules; guides* de référence; plan d’action, etc
• Encadrement continu par un professionnel de la santé qualifié
  – Sessions hebdomadaires (60 min) pour une période de 2 mois
  – Contact téléphonique mensuel et au besoin

*Bourbeau et al. Arch Intern Med 2003*
• **Both targeting behavior changes.**
  – For patients to be able to assume greater responsibility for healthcare decisions and actively engage in behaviors, they need the collaboration of healthcare professionals who act as a coach or case-manager.

• **Behavior change techniques are used** to elicit patient motivation, self-efficacy and skills.
  – *Motivational interviewing*, a strategy that incorporates client-centered communication style, is often used in health coaching as well as in self-management interventions.
Proposed conceptual definition of COPD self-management intervention:

“Structured but personalised and often multicompartment, with goals of motivating, engaging and supporting the patients to positively adapt their health behavior(s) and develop skills to better manage their disease”

Recent consensus of international experts

Need a process to insure that the intervention is properly constructed and implemented.
Requires interaction between patients and healthcare professional(s) acting as a health coach.

• focus on
  – identifying patient’s needs, beliefs and enhancing intrinsic motivations
  – eliciting personalized goals
  – formulating appropriate strategies (e.g. exacerbation management) to achieve these goals; and evaluating and readjusting strategies

Behavior change techniques are used to elicit patient motivation, confidence and competence.

Time for a personalized approach

To be personalized, it is fundamental that self-management interventions are
– based on the patient needs and capacities
– within the environment of a supportive healthcare system
Based on the patient and supportive health care

Time for a personalized approach

We cannot design a new program for individuals, but we can take standardized self-management components and tailor them to better fit every patient.

This has been the foundation and the philosophy of the Living Well with COPD program

(www.livingwellwithcopd.com)
(www.mieuxvivreavecunempoc)

– the program allows modification with continued emphasis on self-management but also informed by the need to integrate behavior modification and motivational interviewing skills, to achieve optimal self-management.
Gap between how the intervention has been designed and how the healthcare professional (case manager) delivered it.

The role of the **case manager coaching** the patient can be vital to the efficacy of a program; however, there are currently no agreed upon qualifications or criteria for the selection and **training of a health professional** to fill the **case manager role**.
Role of case manager “coach”

1. Lead with the other team members the individual and group education sessions;
2. Guide/coach the patient in self-management behaviors that aid in achieving physical activity and other self-management goals (medication adherence, exacerbations), while improving daily COPD management;
3. Assess(record) the patient’s progress throughout the study using patient worksheets for measures of stage of change, motivation and self-efficacy tailored to the patient needs and make adaptations to the program as needed over time;
4. Use motivational enhanced communication strategies, goal setting, reinforcement;
5. Work with exercise staff to discuss patient goals and establish stage of change.
6. Provide direction to exercise staff for providing consistent message to the patient, evaluate barriers for a coordinated approach to the patient.
7. Reinforce skills during the exercise program such as the ability of the patient to use their inhaler properly, using oxygen appropriately, and discussing changes that should generate or consider using the Action Plan.

Training of case manager

- Training should be delivered to the other members of the pulmonary rehabilitation team.

1. Training can be based on a self-management program such as ‘Living Well with COPD’ which is designed to help patients with COPD and their families cope with their disease on a daily basis;

2. Reference guides ‘Living Well with COPD’ should be provided to assist the case manager/health coach in engaging with their patients and facilitating improved disease self-management;

3. Basic training in motivational communication skills should be provided as an important component of the training and includes:
   - using open questions and building motivation to engage patients in more physical activity and other behaviors,
   - using reflective listening to manage and overcome resistance, and
   - providing information by offering, sharing and asking patients for feedback.

Key points

1. Health coaching should not be seen as a treatment but as a process.

1. It needs to be part of other interventions such as self-management intervention, integrated care, and pulmonary rehabilitation.

1. It emphasizes the manner in which the intervention is delivered to increase the likelihood of patient’s behavior change, and ultimately well-being and benefit on the healthcare system.
What is next?

1. There is a need for careful methodological consideration if we want to design and implement interventions that are integrated, coherent, and successful.

1. It also appears mandatory to agree on some kind of universal definition of health coaching and what it encompasses.

1. This will allow more homogeneous practice and research on this topic.
Self-management strategy

Patient centric action plan

1. Specific goals in behavioural terms
2. Identify barriers and plan to overcome them
3. Follow-up plan, record progress and reinforce as needed
4. Share work with other members of the health team

Identification of personal barriers
(disease severity, comorbidities) and facilitators
(family, social support)

Use motivational enhanced communication skills

Assessment of self-management
Knowledge, literacy, belief, skills
Motivation and self-efficacy
Behaviour change and maintenance

Develop personalized strategies, adopt problem solving to more fully participate in treatment decisions

Patient Goals Setting (desired achievements)