

# EMPOWERING PATIENTS WITH CHRONIC DISEASES TO LIVE HEALTHIER THROUGH HEALTH COACHING

## Integrative Primary Care Case Study

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*Half of all adults in the United States have at least one chronic disease and 25 percent have two or more.*

*Health coaching helps these patients understand their chronic disease(s) and actively participate in their care. Coaches support patients in developing and following action plans for healthier behaviors. Health coaching has clinical and operational benefits and contributes to integrative primary care.*

*Integrative primary care is the coordinated delivery of evidence-based conventional medical care, complementary medicine and lifestyle medicine within a primary care practice.*

### FEATURED PRIMARY CARE PROVIDER



#### **Thomas Bodenheimer, MD, MPH**

A nationally recognized expert in health coaching, Dr. Bodenheimer is a professor in the department of family and community medicine and founding director of the Center for Excellence in Primary Care at the University of California, San Francisco. Before joining academia, he spent 32 years as a primary care practitioner.

Dr. Bodenheimer developed the AMA STEPS Forward™ Health Coaching Implementation module and the Center for Excellence in Primary Care's health coaching curriculum.

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## THE CHALLENGE

### *Finding a Way to Help Patients Manage Their Chronic Diseases*

Half of all adults in the United States have at least one chronic disease and 25 percent have two or more.<sup>1</sup> The leading causes of death and disability, chronic diseases account for 86 percent of annual health care costs.<sup>2</sup>

Chronic diseases such as heart disease, diabetes, and hypertension are among the most preventable conditions. Lifestyle changes, evidence-based self-care and complementary approaches to healing can help patients manage these and other chronic conditions.

#### Helping Patients with Chronic Disease Live Healthier

Patients need help to adopt and sustain healthy behaviors. They need to learn what to do and how to do it, and they need support to live healthier lives.

Yet, primary care providers rarely learn how to counsel patients on healthy living and have less time than ever to provide direct patient care, due to increasing administrative responsibilities.

“Most clinicians have a really hard time talking to patients about healthy behavior change. We either beg or threaten them to make changes. This doesn’t work very well,” says Thomas Bodenheimer, MD, MPH, a professor in the department of family and community medicine and founding director of the Center for Excellence in Primary Care at the University of California, San Francisco.

#### *Telling patients what to do, instead of engaging them in decisions about their health, doesn’t work.*

The usual model of primary care provider-patient interactions doesn’t work well either. “Typically, primary care providers, especially when they are physicians, tell patients what to do, instead of engaging them in decisions about their health. Patients are less likely to be adherent when they are not engaged,” says Dr. Bodenheimer.

## THE JOURNEY

### *Primary Care Physician Wants to Improve Behavior and Outcomes*

As a primary care provider in San Francisco's Mission District for 32 years, Dr. Bodenheimer took care of low-income, mostly Latina patients. He did his best to make their lives better. But as the years passed, Dr. Bodenheimer realized that he hadn't been doing a very good job helping his patients, especially those with chronic diseases, adopt healthier behaviors. Neither were other primary care providers.

*"Behavior change is a big component of chronic disease management."*

**Dr. Bodenheimer**

Then Dr. Bodenheimer learned about self-management support. According to the Chronic Care Model, self-management support is "the decisions and behaviors that patients with chronic illness engage in that affect their health. Self-management support is the care and encouragement provided to people with chronic conditions and their families to help them understand their central role in managing their illness, make informed decisions about care, and engage in healthy behaviors."<sup>3</sup>

### **About Thomas Bodenheimer, MD, MPH**

Dr. Bodenheimer is a professor in the department of family and community medicine and founding director of the Center for Excellence in Primary Care at the University of California, San Francisco. He spent 32 years in full-time primary care practice in San Francisco's Mission District, a primarily low-income, Latino community.

To respond to challenges in assuring that all people have access to affordable and high-quality primary care, Dr. Bodenheimer created the Center for Excellence in Primary Care in 2005. He developed the center's health coaching model and led development of the 10 Building Blocks of high-performing primary care model. Dr. Bodenheimer is currently focused on improving the quality of primary care residency programs.

Dr. Bodenheimer is co-author of *Understanding Health Policy* (7th Edition, 2016) and *Improving Primary Care* (2006). He has published many health policy articles in the *New England Journal of Medicine*, *JAMA*, *Annals of Family Medicine* and *Health Affairs*. Dr. Bodenheimer received his medical degree from Harvard University and completed his residency at the University of California, San Francisco.

### Action Plans for Behavior Change

During his last few years in practice, Dr. Bodenheimer used self-management and behavior change techniques developed by Kate Lorig, DrPH, to help his patients manage their chronic diseases. Dr. Lorig was director of the Stanford Patient Education Research Center and a professor of medicine in the Stanford School of Medicine. She developed several self-management programs, including the [Chronic Disease Self-Management Program](#).

Dr. Bodenheimer began using action plans to engage patients in making decisions about their health and setting goals that they could achieve.

### Teach-Back to Ensure Understanding

Half of all patients leave their medical visit without understanding what their physician said to them or what they're supposed to do.<sup>4</sup> Teach-back, also called closing the loop, means asking the patient to repeat your instructions and key information in his/her own words.

When Dr. Bodenheimer first started using teach-back, he found that most of his patients couldn't repeat the key information from the visit. "That was kind of a shocker," he says. The teach-back process is repeated until the patient understands your instructions.

### A Shift from Primary Care Practice to Academia

By 2002, Dr. Bodenheimer was burned out. He left primary care practice to join the University of California, San Francisco, where he focused on health coaching and co-founded the Center for Excellence in Primary Care. He developed a model for health coaching and studied it in two randomized controlled trials (described under The Solution).

### The Center for Excellence in Primary Care

[The Center for Excellence in Primary Care](#) works to improve patients' experiences with primary care, enhance population health and health equity, reduce the cost of care and restore joy and satisfaction in the practice of primary care. Staff members identify, develop, test and disseminate promising innovations in primary care, including health coaching. The center offers a [health coaching curriculum](#) and other tools and resources related to health coaching.

In 2012, Dr. Bodenheimer and the Center for Excellence in Primary Care at the University of California, San Francisco, published a [health coaching curriculum](#).

In 2016, he developed the [Health Coaching Implementation](#) module for the AMA's STEPS Forward™ program practice transformation series. STEPS Forward offers proven strategies to help physicians improve the efficiency of their practices and works toward reaching the Quadruple Aim: better patient experience, better population health and lower overall costs with improved professional satisfaction.

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## THE SOLUTION

### *Health Coaching Improves Outcomes by Engaging Patients*

Health coaching in primary care helps patients with chronic diseases or complex health needs to better understand their disease(s) and actively participate in their care. Health coaches are trained medical assistants, lay people, nurses or other staff members who:

- Provide patient education and support
- Assess patients' understanding
- Engage patients in developing and following action plans for healthier behaviors

Health coaches support patients in making and sustaining healthy behaviors through ongoing check-ins between doctor's visits, either in person or by telephone.

*“Health coaching is finding out what patients are willing and able to do and meeting them halfway.”*

**Dr. Bodenheimer**

### Essential Features of Health Coaching

Dr. Bodenheimer's health coaching model is based upon:

- Ask-tell-ask
- Action plans
- Closing the loop (teach-back)

### Get Downloadable Tools

- Ask-tell-ask sample dialogue worksheet
- Action planning tool
- Closing the loop worksheet

### Ask-tell-ask

Instead of giving patients a lot of information and telling them what to do, health coaches:

- Ask patients what they know and what they want to know
- Tell patients what they want to know
- Ask again, to find out whether patients understand what the health coach said and what else they want to know

### Action plans

An action plan is an agreement between the patient and the primary care provider or health coach describing a behavior change the patient wants to make. The provider, the health coach or the patient can set the specific health goal. The patient, however, must agree on the goal.

The action plan may focus on simple steps toward an end goal. For example, if the goal is to lose 20 pounds, the behavior change may be eating ice cream twice a week instead of every day. “If people are successful at doing something, their confidence goes up and they start doing more things,” says Dr. Bodenheimer.

### Choosing the Top 3 Actions

The **HOPE note** is a tool that helps physicians identify the patient’s values and goals and assists the patient in choosing their top three action items to work on. Closing the loop is part of the HOPE note process.

### Closing the loop (teach-back)

Closing the loop ensures that the patient understand the care plan recommended by the clinician. The clinician or the health coach asks the patient to repeat back the information about what the patient understands in his/her own words. If the patient doesn’t state the information correctly, the process is repeated until the patient is able to verbalize what to do. The health coach can use an after-visit summary from the clinician to close the loop.

### Teach-Back Facilitates Better Understanding and Compliance

Half of all patients leave a medical visit without understanding what their physician told them.<sup>5</sup>

Teach-back is a simple solution to this problem, says Dr. Bodenheimer, and you can do it in as little as 30 seconds. It's particularly effective in improving medication adherence.

### A National Standard of Care

Teach-back has been endorsed as a national standard of care by:

- American Academy of Family Physicians
- American College of Surgeons
- American Hospital Association
- Federation of American Hospitals
- The Joint Commission

You can use teach-back as part of health coaching or separately.

## The Role of Health Coaching in Integrative Primary Care

Health coaching provides a way of improving quality for high-value integrative primary care:

- **Upshifted staff roles:** Physicians are supported by a team of clinical and non-clinical professionals who practice near the full potential of their education, skills and licensure. As a result, physicians can devote more time to providing integrative health care.
- **Patient engagement in care decisions:** Working together, providers and patients optimize health and healing. Provider identify the patients' values and goals for life and for healing and provide evidence-based conventional, complementary, and self-care and support to help patients meet their goals.

## High-Value Health Care for Payers

High-value integrative primary care enables providers to respond to incentives that reward high-value health care from Medicare and other payers.

 **34%**  
**LOWER SPENDING**

*High-value practices compared to average value practices<sup>6</sup>*

### Qualities of Integrative Primary Care

1. Expanded access to care
2. Integrative health care
3. Standing orders and protocols
4. Upshifted staff roles
5. Careful selection of specialists, including specialists in complementary medicine
6. Decision support for evidence-based medicine
7. Patient engagement in care decisions
8. Comprehensive primary care

[Learn more](#) about each quality.

*“This is not touchy-feely health coaching. There’s evidence behind everything we do.”*

**Dr. Bodenheimer**

### The Evidence Behind and Outcomes of Health Coaching

Health coaching benefits primary care providers and patients. It has clinical and operational benefits. It may offer financial benefits.

Dr. Bodenheimer and colleagues conducted two randomized controlled trials of health coaching<sup>7-11</sup>:

- The Health Coaching in Primary Care study, which used medical assistants as health coaches
- A study of peer health coaches



### Benefits of Health Coaching<sup>7-8</sup>

#### Clinical Benefits:

- Better health outcomes
- Better medication adherence
- Higher patient satisfaction
- Increased trust in and satisfaction with primary care providers

#### Operational Benefits:

- More provider time
- Reduced provider burnout
- Higher provider satisfaction

Both studies recruited low-income patients treated at public health and safety net clinics in San Francisco.

### Health Coaching in Primary Care Study

- 3 medical assistants trained as health coaches
- 441 patients with poorly controlled diabetes, hypertension and/or hyperlipidemia:
  - » 224 patients in the health coaching group
  - » 217 patients in the usual care group
- 12 months of health coaching
- Primary outcome:
  - » Composite measure of being at or below goal for at least 1 of 3 uncontrolled conditions at baseline: hemoglobin A1c (HbA1c), systolic blood pressure and LDL cholesterol
- Secondary outcomes:
  - » Meeting all three goals
  - » Meeting individual goals

Researchers also analyzed:

- Medication adherence
- Patients' trust in and satisfaction with primary care providers
- Primary care providers' perspectives on working with health coaches

### Peer Health Coaches Study

- 23 patients with diabetes trained as peer health coaches
- 299 patients with poorly controlled diabetes:
  - » 148 patients in the health coaching group
  - » 151 patients in the usual care group
- 6 months of health coaching

- Primary outcome:
  - » Change in HbA1c
- Secondary outcomes:
  - » Proportion of patients with a decrease in HbA1c level of 1.0% or more
  - » Proportion of patients with a HbA1c level of less than 7.5%

## Clinical Benefits of Health Coaching

### Health Outcomes

In the Health Coaching in Primary Care study, patients who received health coaching from medical assistants had better outcomes and better medication adherence than those who received usual care.

Key findings about HbA1c and LDL cholesterol were<sup>7</sup>:

- Health coaching patients were more likely to be at or below goal at 12 months for 1 or all 3 clinical goals:
  - » One clinical goal:
    - Health coaching group: 46.4%
    - Usual care group: 34.3% (P = .02)
  - » All clinical goals:
    - Health coaching group: 34.0%
    - Usual care group: 24.7% (P = .05)
- Almost twice as many health coaching patients achieved the HbA1c goal (48.6% vs. 27.6%, P = .01).
- At the larger study site, health coaching patients were more likely to achieve the LDL cholesterol goal (41.8% vs. 25.4%, P = .04).
- The proportion of patients meeting the systolic blood pressure goal did not differ significantly between the two groups.

In the peer health coaching study, researchers reported that “peer health coaching significantly improved diabetes control in this group of low-income primary care patients.”<sup>8</sup>

Key findings are:

- Decrease in HbA1c at 6 months:
  - » Health coaching group: 1.07%
  - » Usual care group: 0.3% (P = .01, adjusted)
- Decrease of 1.0% or more in HbA1c at 6 months:
  - » Health coaching group: 49.6%
  - » Usual care group: 31.5% (P = .001, adjusted)
- HbA1c of less than 7.5% at 6 months:
  - » Health coaching group: 22.0%
  - » Usual care group: 14.9% (P = .04, adjusted)

## Medication Adherence

Key findings about medication adherence from the Health Coaching in Primary Care study are<sup>9</sup>:

- Participants in the health coaching group:
  - » Increased complete concordance of medications by 10% ( $p = .05$ )
  - » Decreased medications listed in the chart but not taken by 17% ( $p = .013$ )
  - » Increased mean number of adherent days by 1.08 days ( $p < .001$ )

## Trust and Satisfaction

Health coaching in the Health Coaching in Primary Care study increased patients' trust in and satisfaction with their primary care providers<sup>10</sup>:

- Trust:
  - » Increased more in the health coaching group than in the usual care group: 3.9 vs. 1.5 ( $P = 0.47$ )
- Satisfaction:
  - » Increased 16.3% in the health coaching group vs. 4.0% in the usual care group ( $P = .02$ )

*“Improved outcomes are a bonus for patient and provider alike. Physicians can rest assured that their recommendations are being communicated in a way that patients can understand and adhere to. Engaged and motivated patients have better outcomes.”*

**Implementing Health Coaching, AMA STEPS Forward module**

## Operational Benefits

Primary care providers who worked with health coaches in the Health Coaching in Primary Care study reported that compared to usual care patients<sup>11</sup>:

- Visits with health-coached patients were less demanding (2.44 vs. 3.06,  $p < .001$ ).
- Providers were more likely to feel that they had adequate time with their patients (3.96 vs. 3.57,  $p < .001$ ).

The impact of health coaching on physician burnout hasn't been studied. However, reducing physician workload and helping patients make healthy behavior changes through health coaching can reduce burnout, according to Dr. Bodenheimer.

***“Health coaches can relieve providers of time-consuming and difficult work.”***

**Dr. Bodenheimer**

### Possible Financial Benefits

It is possible to increase revenue through health coaching,<sup>12</sup> however, there are little data on this. The ability to increase revenue depends upon:

- The practice’s payment model:
  - » A value-based payment model, for example, provides incentives for achieving outcomes, such as reduced costs for emergency department visits and hospitalizations. Health coaches can contribute to achieving these outcomes; however, a huge study would be needed to provide these data, according to Dr. Bodenheimer.
  - » Under a fee-for-service payment model, health coaching is likely to increase revenue, since physicians can see more patients, according to Dr. Bodenheimer.
- Availability of revenue from patient-centered medical home (PCMH) certification and/or pay-for-performance (CCM Code or Medicare Wellness Visits)

See [drwaynejonas.com/coding](http://drwaynejonas.com/coding) to download a guide to coding health coaching.

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## THE IMPLEMENTATION

### *Four Steps to Launching and Tracking a Health Coaching Program*

The AMA STEPS Forward [Health Coaching Implementation](#) module and the Center for Excellence in Primary Care’s [health coaching curriculum](#) are available for free. CME credit (0.5) is available for the AMA’s STEPS Forward module.

The AMA STEPS Forward [Health Coaching Implementation](#) module uses a four-step process:

1. Commit to health coaching
2. Build the health coaching model
3. Recruit, train and mentor the coaches
4. Start coaching and track progress

The module includes answers to common questions about health coaching and tools for health coaching and progress tracking. Information from the Center for Excellence in Primary Care’s [health coaching curriculum](#) is also provided here.

### Commit to Health Coaching

Implementing health coaching begins with a commitment from practice leadership and the care team to do this. To add health coaching to a practice, you need to:

- Train everyone in the practice on health coaching and ensure protected time for some staff members to do health coaching
- Develop the program
- Create workflows where health coaching is part of the practice

### Build the Health Coaching Model

Someone who understands health coaching and is available to provide mentoring and support must lead the health coaching program. This can be a nurse, nursing supervisor, nurse practitioner or physician. Any staff member in a practice can be a health coach as long as he/she is trained and has protected time for coaching.

The health coaching leader works with practice leaders to develop a feasible workflow for health coaching within the practice and to identify goals. This includes determining:

- Which patients will receive health coaching
- Number of patients per health coach
- How patients are referred to the health coach
- Health coaching scope (e.g., duration, frequency, method of contact)
- Choice of staff as health coaches

When the physician refers a patient for health coaching, the health coach usually sees the patient right then in the exam room. If the patient is open to more health coaching, other sessions can be done over the telephone, in person or both. Health coaching continues until the patient no longer needs it.

### Focus on Medication Adherence

One-third of patients take all of their medications as prescribed, one-third take some, and one-third take none.<sup>13</sup> Improve patient outcomes quickly through health coaching on medication adherence.

The Center for Excellence in Primary Care's health coaching curriculum outlines common reasons for non-adherence and coaching strategies for each reason. For example:

**Reason for non-adherence:** Patient can't afford the medication.

**Coaching strategy:** Ask the patient what the medication costs. Call the social worker or someone else on the team who can contact the drug company about reduced cost plans.

**Reason for non-adherence:** Worry that the medication will be harmful.

**Coaching strategy:** Ask the patient about specific concerns. Review the side effects and explain the harms of not taking the medicine. Switch medications if needed.

Common conditions in primary care for which health coaching can help include:

- Asthma
- Behavioral health issues
- Chronic heart failure
- Chronic obstructive pulmonary disease
- Diabetes
- Hypertension
- Kidney disease
- Multiple, complex, chronic diseases
- Obesity

Identify patients who could benefit from health coaching through:

- Searching electronic health records
- Consulting with nurses or medical assistants
- Including questions about health behaviors and literacy on a pre-registration form

### Number of Patients Per Health Coach

A full-time health coach might work with 70 to 100 patients, but the number depends on the practice's model and patient needs. Patients with more complex medical needs and little support at home require more attention.

Effective health coaching requires a trusting relationship between the patient and the coach and a support team for necessary services. Some of the coaching, especially in the beginning, must be done in person. "If the health coach doesn't meet the patient face-to-face, it doesn't work very well. Once they've gotten to know each other, then you can do a fair amount with phone calls," says Dr. Bodenheimer.

### Recruit, Train and Mentor the Coaches

Many types of people can be health coaches, including:

- Medical assistants
- Nurses
- Social workers
- Health educators
- Peers
- Volunteers (pre-medical or pre-nursing students)

Health coaches usually do their job for part of the day and serve as health coaches for part of the day. The role of health coaches in your practice can help determine which staff to train as health coaches. If, for example, health coaches will provide clinical education, a nurse or social worker is appropriate. If the health coach will call patients to remind them to follow their action plan, a medical assistant could make a good health coach.

Peer health coaches, patients who have met their health goals, are a good choice for non-clinical health coaching once your health coaching program is well established. The peer health coaches should have the same chronic disease(s) and a similar background to the patients they are coaching.

### Volunteer Health Coaches are Effective and Cost-Effective

Some community health centers in San Francisco are using pre-medical and pre-nursing students at the University of California, San Francisco, as health coaches. These volunteer health coaches commit to spending at least three hours twice a week at the health center and doing a specific number of hours of telephone follow-up each week.

“They do a wonderful job and it doesn’t cost any money,” says Dr. Bodenheimer. “Serving as volunteer health coaches helps them get into medical and nursing school. When they do, they’ll know health coaching.”

### Training Health Coaches

Training for health coaches should cover:

- Expectations of health coaches
- How coaching fits into a standard office visit
- How and when the coach should interact with the rest of the care team
- How to work with patients, including motivational interviewing, ask-tell-ask, teach-back and action planning
- How to use the electronic health record to enter information, set up alerts and/or document the visit
- Knowing the patient population receiving coaching, including diagnosis, treatments, lifestyle modifications, laboratory tests and common medications
- Medication non-adherence and how to help patients become adherent
- Health literacy



### Training for Health Coaches

The Center for Excellence in Primary Care and Wellcoaches both offer training for health coaches. Other organizations and some colleges and universities also offer health coaching programs.

#### Health Coaching Resources from The Center for Excellence in Primary Care

The Center for Excellence in Primary Care has a [health coaching curriculum](#) that's free for non-commercial, teaching, educational and research purposes.

Other free resources include:

- Exercises
- Forms
- Role-play scenarios
- Training videos

The center also offers online and in-person [training for health coaches](#). Staff members have trained more than 1,000 health coaches and provided train-the-trainer programs in health coaching.

#### Wellcoaches

Wellcoaches offers science-based training, certification and support for health and wellness coaches. Certified Wellcoaches® understand the mindset and behavior changes necessary for people to make and sustain healthy changes. Wellcoaches offers an 18-week teleclass or a 4-day residential session.

Learn more about [Wellcoaches training programs](#).

Read a [Healing Tools summary about Wellcoaches](#).

#### Other Health Coaching Programs

Other health coaching programs include:

The **International Consortium for Health & Wellness Coaching**, which offers [National Board Certification for Health & Wellness Coaches](#) in partnership with the National Board of Medical Examiners.

The **International Nurse Coach Association**, which offers:

- An [Integrative Nurse Coaching certificate](#)
- National Nurse Coach Certification in partnership with the American Holistic Nurses Credentialing Corporation

### Start Coaching and Track Progress

Introduce patients to the health coach with a warm handoff from the physician or a phone call from the health coach. Explain the goals of health coaching and let patients know what to expect.

### Health Coaching Checklist

Observe your health coaches and use the [downloadable checklist](#) to see how they're doing as health coaches. (Scroll to the bottom of Step 4 for the checklist.)

Continually mentor new health coaches. "A trained coach should watch the new coach with patients and give feedback on how he or she is doing," says Dr. Bodenheimer.

### Start with a Pilot Health Coaching Program

The AMA's Implementing Health Coaching recommends starting your health coaching program with one provider, one health coach and a small number of patients. A pilot will help you identify problems in the referral or coaching process, and get feedback from patients, the provider and the coach about health coaching. After the pilot, refine the program and expand it.

Evaluate the health coaching program at least annually. Patient outcomes related to better health are the key indicator of success, but seeing change takes time. "A lot of these action plans focus on small behavior changes that get people started. It takes times for the outcomes to improve," says Dr. Bodenheimer.

Other indicators of success include:

- Referral of the right patients to the health coach
- Successful recruitment and retention of patients
- Higher patient satisfaction and engagement
- Less provider stress

## Challenges in Implementing Health Coaching

There are three main challenges in implementing health coaching:

### 1. Short-Term Thinking by Leaders

Improving care for patients with chronic diseases through health coaching requires more personnel. Health system and practice leaders are reluctant to invest in future outcomes of better primary care. “Leaders think short term: How do we make more money today?” says Dr. Bodenheimer.

Short-term thinking also ignores the financial impact of physician burnout. “Most leaders don’t understand that when physicians get burned out, productivity goes down for a long time,” says Dr. Bodenheimer. Productivity is also lower after burned-out physicians leave and new physicians need to get up to speed.

“You need leadership that is willing to take a leap of faith and make an investment that health coaching will pay off financially, and in happier physicians and better patient outcomes,” says Dr. Bodenheimer.

### 2. Lack of Time for Health Coaching

Training and mentoring health coaches takes time. Many of the medical assistants trained as health coaches by the Center for Excellence in Primary Care are not coaching patients due to lack of time.

Practice leadership and the care team must commit to making time for health coaching. “Make sure the people trained to do health coaching have the time to do it,” says Dr. Bodenheimer. Practices also need a mentor who has time to work with the health coaches.

### 3. Impact of Health Policy Changes

While health coaching may enable practices to increase revenue under fee-for-service payment models, any changes in health policy are likely to change the business case for health coaching.

## THE INTEGRATIVE HEALTH MODEL

**Integrative health** is the pursuit of personal health and well-being foremost, while addressing disease as needed with the support of a health team dedicated to all proven approaches—conventional, complementary, and self-care.

Optimal health and well-being arises when we attend to all factors that influence healing, including:

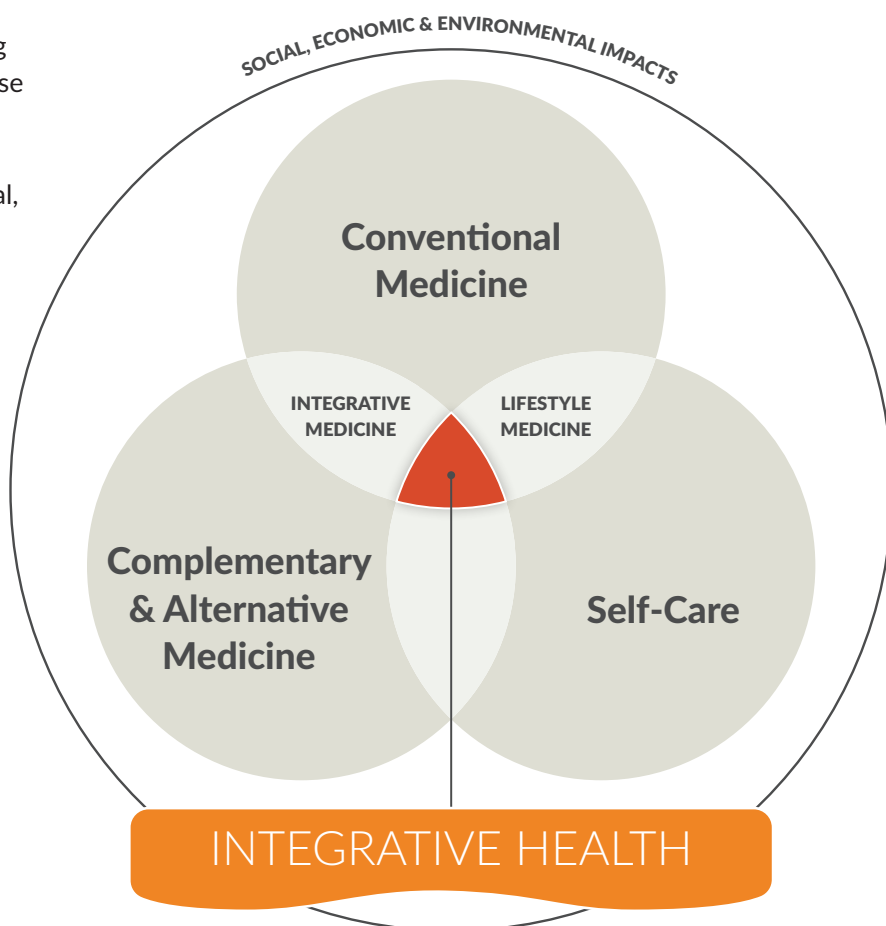
- Medical treatment
- Personal behaviors
- Social and emotional dimensions
- Mental and spiritual factors
- Social, economic, and environmental determinants of health

**Integrative medicine** is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine for producing optimal health and well-being.

**Integrative primary care** is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine within a primary care practice.

**Lifestyle medicine** incorporates healthy, evidence-based self-care and behavioral approaches into conventional medical practice to enhance health and healing.

Integrative health redefines the relationship between the practitioner and patient by focusing on the whole person and the whole community. It is informed by scientific evidence and makes use of all appropriate preventive, therapeutic, and palliative approaches, health care professionals, and disciplines to promote optimal health and well-being. This includes the coordination of conventional medicine, complementary/alternative medicine, and lifestyle/self-care.



### Improve Care Quality and Patient Outcomes and Satisfaction

Incorporating integrative medicine into mainstream primary care practices enables physicians and other health care providers to:

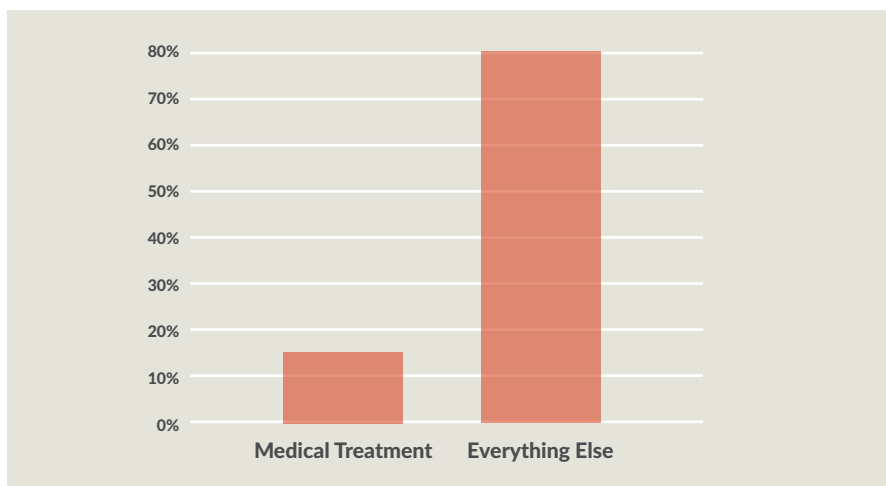
- Deliver higher quality care
- Improve patient outcomes and satisfaction <sup>11</sup>
- Lower costs
- Reduce burnout

### Balance Healing and Curing in Chronic Diseases

As currently practiced, modern medicine, which is so powerful in treating acute disease, is missing nearly 80 percent of what contributes to healing for chronic disease. Even optimal medical treatment contributes only 15 to 20 percent to the health of a population.<sup>10</sup>

The rest comes from:

- Lifestyle and behavior
- Environment
- Social determinants of health<sup>10</sup>



Integrative health balances healing and curing. It goes beyond treating disease to helping patients thrive by tapping into their inherent healing capacity.<sup>10</sup>

## Guide Patients on their Healing Journey

Integrative health starts with the physician or other primary care provider listening to the patient to understand his/her needs and values. Providers then match the patient's goals with good practices to promote healing and improve health and well-being.

### Ways to Guide Patients

- Promote lifestyle, behavioral, and self-care changes
- Promote proven conventional practices and proven complementary practices
- Protect patients from dangerous, disproven, or toxic practices
- Permit practices that may work and have no harmful side effects
- Partner with patients. Be willing to research and discuss the evidence for conventional, complementary, and self-care.

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## THE RESOURCES

### Resources about health coaching

[Health Coaching Implementation](#) module, AMA STEPS Forward. Accessed 10/2018.

[Health coaching curriculum](#), University of California, San Francisco, The Center for Excellence in Primary Care. Accessed 10/2018.

Ghorob A. [Health Coaching: Teaching Patients to Fish](#), *Fam Pract Manag*. 2013 May-June;20(3):40-42.

[Self-Management Resource Center](#): Training for peer facilitators of the Chronic Disease Self-Management Program and other self-management programs. Accessed 10/2018.

[Wellcoaches Training: Healing Tool Series](#).

[International Consortium for Health & Wellness Coaching](#), which offers [National Board Certification for Health & Wellness Coaches](#), in partnership with the National Board of Medical Examiners.

[International Nurse Coach Association](#), which offers:

- An [Integrative Nurse Coaching certificate](#)
- In partnership with the American Holistic Nurses Credentialing Corporation, National Nurse Coach Certification.

## Resources about Other Qualities of Integrative Primary Care

[The HOPE note](#), DrWayneJonas.com

Integrative Primary Care Best Practices available at [drwaynejonas.com/primarycare](http://drwaynejonas.com/primarycare)

- Helping Patients with Chronic Diseases and Conditions Heal with the HOPE Note: Integrative Primary Care Case Study
- Chronic Disease Management with Group Visits: Integrative Primary Care Case Study
- A Return to the Craft of Healing with Patient-Centered Team-Based Care: Integrative Primary Care Case Study

## Resources about Integrative Primary Care

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**Dr. Jonas** is a practicing family physician, an expert in integrative health and health care delivery, and a widely published scientific investigator. Dr. Jonas is the Executive Director of Samueli Integrative Health Programs, an effort supported by Henry and Susan Samueli to increase awareness and access to integrative health. Additionally, Dr. Jonas is a retired lieutenant colonel in the Medical Corps of the United States Army. From 2001-2016, he was president and chief executive officer of Samueli Institute, a nonprofit medical research organization supporting the scientific investigation of healing processes in the areas of stress, pain, and resilience.

Dr. Jonas was the director of the Office of Alternative Medicine at the National Institutes of Health (NIH) from 1995-1999, and prior to that served as the Director of the Medical Research Fellowship at the Walter Reed Army Institute of Research. He is a Fellow of the American Academy of Family Physicians.

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