

Driving Improvements in Health Coaching Outcomes Through Physician Collaboration and Coordination

PATRICIA DONOVAN: Welcome to HealthSounds, Conversations with Healthcare Innovators. This is Patricia Donovan for the Healthcare Intelligence Network. Today I am speaking with Dr. Edward Phillips, who is director of outpatient medical services at Spaulding Rehabilitation Hospital Network and assistant professor of the Department of Physical Medicine and Rehabilitation at Harvard Medical School. Dr. Phillips is presenting at HIN's webinar on "Driving Improvements in Health Coaching Outcomes Through Physician Collaboration and Coordination." Welcome and thank you for speaking with me today Dr. Phillips.

DR. EDWARD PHILLIPS, DIRECTOR OF OUTPATIENT MEDICAL SERVICES AT SPAULDING REHABILITATION HOSPITAL NETWORK AND ASSISTANT PROFESSOR OF THE DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION AT HARVARD MEDICAL SCHOOL: Thank you for having me.

PATRICIA DONOVAN: To begin with, the Harvard Medical School's CMA program that you co-created with Margaret Moore gives physicians a basic roadmap to health coaching. What effect has this program and the related Institute of Lifestyle Medicine had on physicians and the health promotion messages they deliver?

DR. EDWARD PHILLIPS: Well let me give you a little bit of background. The mission that we've sought to accomplish through founding the Institute of Lifestyle Medicine at Harvard is to bring physicians along and teach them some of the things that we just never learned in medical school, and these things are becoming much more prevalent and much more important now. For instance advising people and prescribing exercise, helping people to manage their weight, helping patients to manage their stress, to quit smoking and other addictions. So we're seeking to give them basic information about that. Second, we'd like the

physicians to become better role models for their patients by walking the walk as they say. Physicians are generally a little bit healthier than other professionals however, we could still do better.

And third, even if we have physicians that know about exercise lets say and do it, we need to teach them the rudiments of health coaching so that they can engage the patient appropriately. So to this end, I collaborated with Margaret Moore to create an online CME program, which is hosted through the Harvard Medical School CME online Web site, in which physicians from around the world are logging on, getting their CME credits and learning several of the items that we talked about. They're learning the rudiments of weight management for their patients, the program is done in sort of a fun interactive way in which there are five modules in which a physician talks to a patient and we made the patient a doctor himself. So we see the doctor changing his behavior because he's got his own health issues, and then in scene two as he begins to change his behavior, his patients start to notice. Through all of this, we're teaching people how to begin the health coaching process.

PATRICIA DONOVAN: I see. And your online course, is there any video, or audio, or is it strictly text?

DR. EDWARD PHILLIPS: It's text based, however, it's interactive in that the participants need to answer questions as they go. So for instance, as they read through the case, a question comes up about how to best manage the patient's weight gain and there are different choices given. If you select a choice that we don't think is optimal a gentle message comes up with some teaching saying, the authors disagree for this reason, here's the reference. And then you need to choose the right answer to go on. So it's interactive however, it's text based.

PATRICIA DONOVAN: I see. Thank you Dr. Phillips. And what kind of feedback are you getting from those physicians who have participated? Are they having better luck in convincing their patients to change their behaviors?

DR. EDWARD PHILLIPS: Well this is going to be a long slow process, and physicians for instance learn that in the world of behavior change even small changes are going to be effective over the long term. So I've gotten anecdotal reports from individuals who believe that it helps them in order to deal with their patients. An interesting thing about learning some of the rudiments of health coaching and motivational interviewing is that it begins to change the relationship that we have with our patients. When we look at lifestyle modification we have to understand that we're not the authority on the patient's health choices. I can't be there at 5 in the morning when my patient chooses to run or to go back to sleep. So as we see some of the control of these things over to the patient, it's actually reducing the stress on the doctors. We are collecting data for those who choose to participate in a small survey before and after taking this course, and then 90 days later. And we haven't published the data yet, but there are definite trends where the participants indicate that their confidence to consult and begin to coach their patients has increased. We'll have to do a bigger study down the line to see the effect on the patients themselves.

PATRICIA DONOVAN: Well that's great. Thank you Dr. Phillips. What in your opinion can health plans and disease management organizations do to promote physician involvement in the coaching effort and to foster the physician patient relationship?

DR. EDWARD PHILLIPS: That's a great question. We've made the effort to found this institute of lifestyle medicine at Harvard because I and others were seeing the physician's sort of left out of the equation. In other words, the wellness world had become a multi-billion dollar industry and there's no end of public health

announcements and there's no end of material and web-based programs and groups and health clubs and the like. However, the first thing I would say to the health plans is to recognize that all of these efforts are not going to be optimal until we engage the physician. Because it's when they're sitting knee-to-knee with the patient and they personalize the benefits of weight management, and stress management, and exercise to the individual sitting with them, that's where you're going to get some traction. And people are going to wake up and start paying attention to all of the materials that they're seeing everyday in the media and getting through the mail or things sent by their health plan. So the first message I have to health plans is to actively engage the physicians in this process.

Another piece to keep in mind is that the relative frequency that physicians have in contacting their patients, which is now about three times a year, is maybe enough in order to begin the process and move folks along. From there I would say that the agenda that we have at the Institute of Lifestyle medicine of actively engaging the physicians, going through the educational process, whether it's an online course as we've discussed, or seminars --- live seminars that we've put on in India and now we're doing domestically --- or dinner type conversations with local physicians, are going to begin to bring them along through the process. And so in short what we're trying to do is make sure that the physicians are maintained in this process. There's also, I'd like to mention, a national agenda from the American College of Sports Medicine and the AMA called Exercise is Medicine and numerous health plans are signing on to this initiative. And part of it is that we need to get the reimbursement for physicians to actually take the time to prescribe exercise in this case. So we're going to need to have some substantial changes in changing that which the doctor is reimbursed for because as we believe the important thing is to modify the patients behavior, not just take care of the disease once it's already happened.

PATRICIA DONOVAN: Well thank you Dr. Phillips. I did have one follow up question. You had said right at the outset of the interview that this is one of those things you don't learn in med school. How soon do you think that we'll see this subject as part of a medical school curriculum?

DR. EDWARD PHILLIPS: That's a great question. We're working at Harvard at a foundation level to begin the initial lectures in lifestyle medicine. What's interesting is that some of the rudiments of lifestyle medicine, learning about exercise and stress management and tobacco cessation are taught more frequently than even 15 or 20 years ago. What's interesting as well is that the average student entering medical school looks at least to be somewhat more fit. And the challenge with the new group coming up through medical school and through training is more likely to be able to keep them fit rather than convincing them to change their personal behaviors.

PATRICIA DONOVAN: Yes, they're probably starting out with more of an awareness of the problem. There's so much emphasis on the obesity problem in the country that there's definitely more of an awareness.

DR. EDWARD PHILLIPS: Yes. Right. But the stress that they undergo getting through their training is considerable. But our agenda, we've talked about the CME programs at the graduate level towards the older physicians, we need to go to the graduate level or the actual training of physicians and we're trying to get in at the ground floor with the medical students. And this is going to take many years, but we're starting out for this.

PATRICIA DONOVAN: Well that's great. Thank you Dr. Phillips. Those are all the questions I have for you today. I wanted to thank you again for being with us and we're looking forward to hearing more details on this initiative during the webinar.

DR. EDWARD PHILLIPS: Thank you very much for having me.

PATRICIA DONOVAN: To register or get more information about this webinar, please call the Healthcare Intelligence Network at 1-888-446-3530. This is Patricia Donovan for the Healthcare Intelligence Network.