

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

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Outline

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."

Health coaching in COPD: example of a study

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.


Characteristic	Control (%) (n = 107)	Intervention (%) (n = 108)	ARR (%)	NNT	P Value
Confirmed COPD-related hospitalization					
1 mo AD	9.4	1.9	7.5	13	0.0174
3 mo AD	20.4	9.4	11.0	9	0.0280
6 mo AD	27.7	15.4	11.6	8	0.0315
9 mo AD	32.7	20.6	11.4		0.0514
12 mo AD	36.0	28.4	5.2		0.2496
All-cause hospitalization					
1 mo AD	11.3	4.6	6.7		0.213
3 mo AD	25.5	13.9	11.6	9	0.039
6 mo AD	37.7	25.9	11.8	8	0.036
9 mo AD	44.3	35.2	9.1		0.174
12 mo AD	50.0	40.7	9.3		0.172

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

Health coaching in COPD: example of a study

The intervention comprised i) education with action plan-based self-management; ii) motivational interviewing, and; iii) an exercise prescription

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 duoneb) 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



Health coaching in COPD: example of a study

- 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.**

Traditional “patient education” and “patient self-management education”

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

Important characteristics of health coaching

Table 1. Some Important Characteristics of Health Coaching

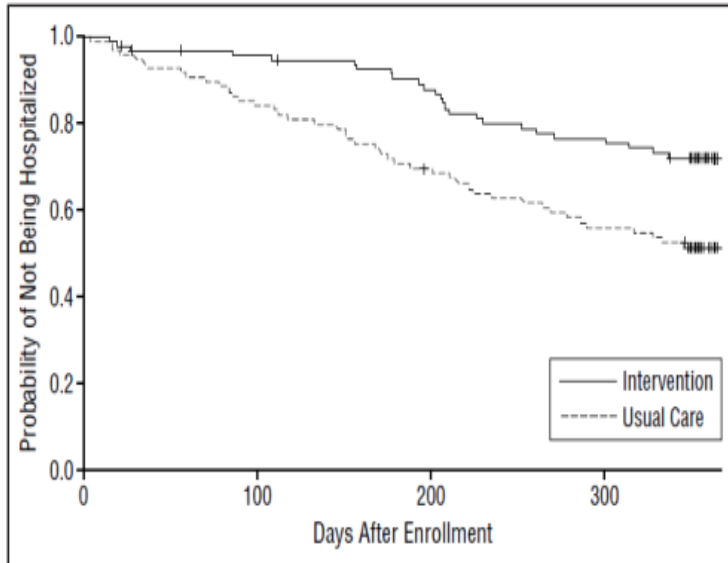
Domain	Characteristic
Principles	Patient centered Self-determined goals Self-discovery Empowerment Mobilization of internal and external resources
Main goals	Behavior modification Lifestyle change
Intervention	Motivational approach/interviewing Education Health promotion Active learning Accountability
Providers and interaction	Trained professionals with various backgrounds Consistent coaching relationship

Self-management, health coaching in COPD

- 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.

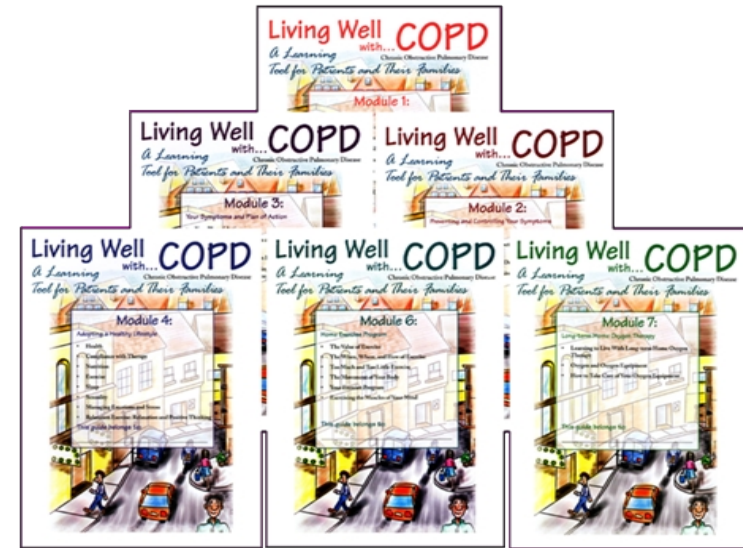
Reduction of Hospital Utilization in Patients With Chronic Obstructive Pulmonary Disease

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

First « landmark » RCT: Programme standardisé, autogestion et questionnaire de cas

- 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



Health coaching vs self-management

- **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.

Recent consensus of international experts

Proposed conceptual definition of COPD self-management intervention :

“**Structured but personalised** and often multicomponent, 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' 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

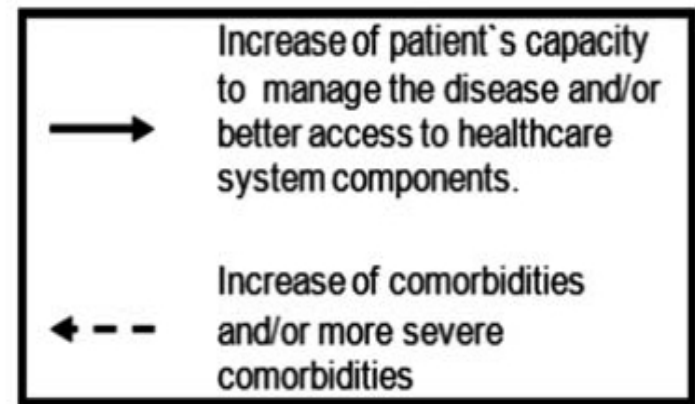
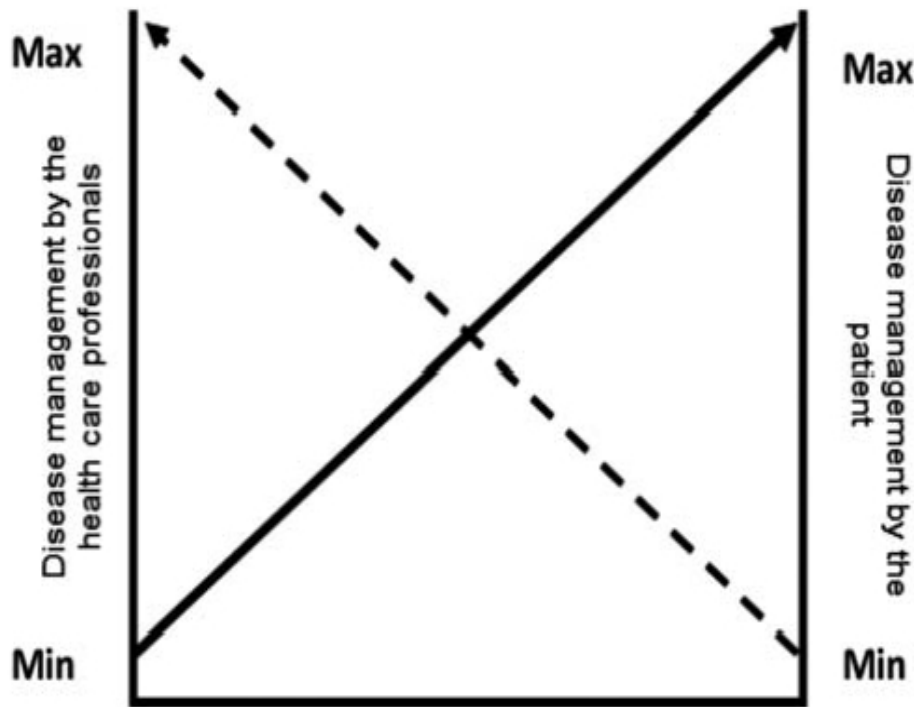
Behavior change techniques are used to elicit patient motivation, confidence and competence

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

Time for a personalized approach: how to deliver ?

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”

Role of the case manager



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* of the case manager



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.

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

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

