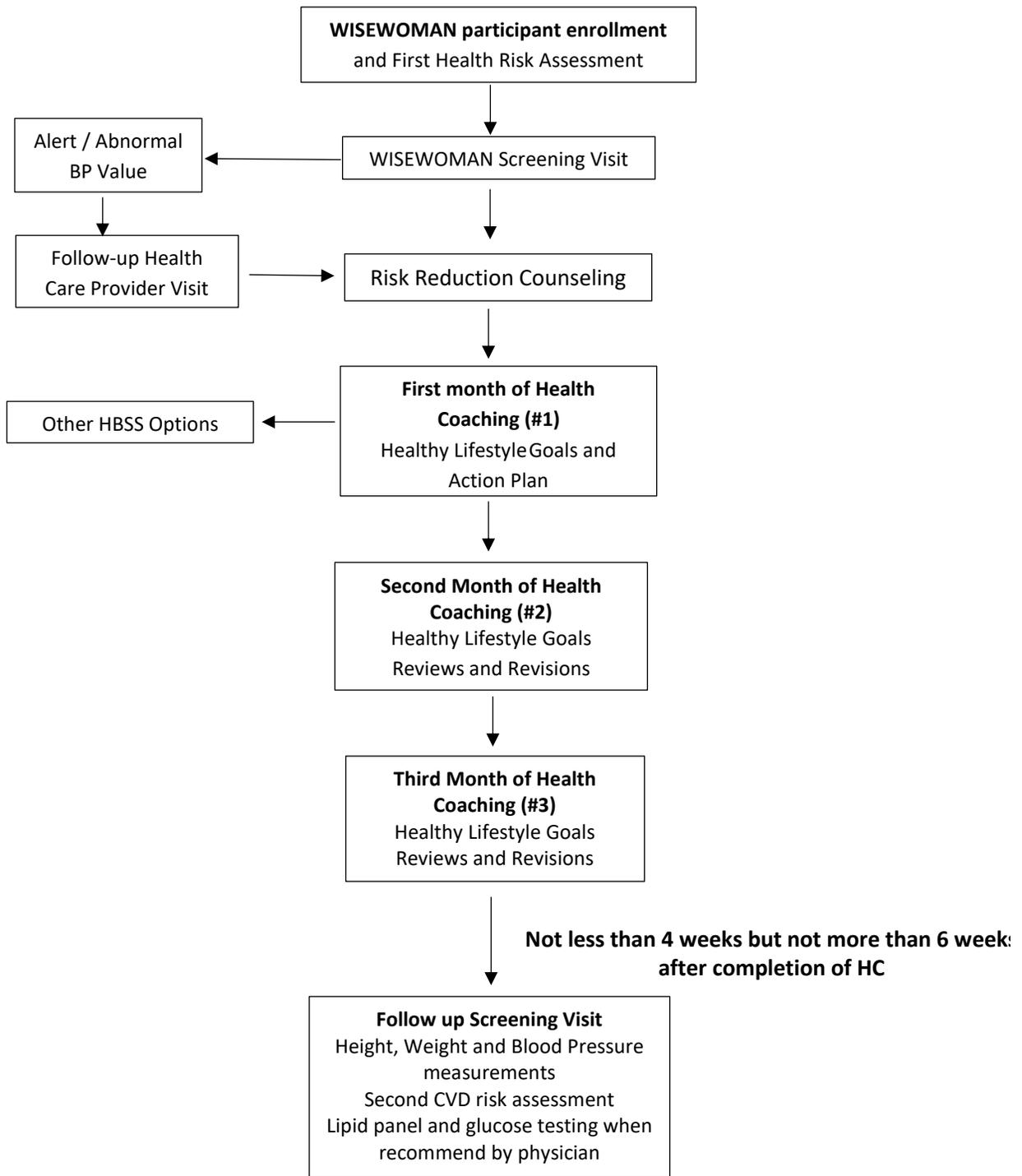


# Healthy Behavior Support Service (HBSS): Health Coaching Protocol

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## 1. Describe participant flow through HBSS (referral, participation, follow-up and program time frame).

- The Iowa WISEWOMAN (WW) program is offered in eight regions covering 46 of Iowa's 99 counties. Participants are identified for the program by first being eligible participants in the Iowa Breast and Cervical Cancer Early Detection (IBCCEDP). Women with cardiovascular disease (CVD) risk factors are further identified through: a) the program assessment form questions, and b) by CDC required CVD screening measures for WISEWOMAN.
- WISEWOMAN participants receive a first health risk assessment and CVD screening, which include measurements of: blood pressure, height and weight to determine Body Mass Index (BMI) and waist circumference, fasting cholesterol lipid panel, fasting glucose and/or HbA1C, at an office visit integrated with BCCEDP. Following the collection of the screening-related data, participants receive risk reduction counseling (RRC).
- Health Coaching is offered on a WW participants' readiness to change basis as well and identified risk factors. During risk reduction counseling, local coordinators (LC), who are trained and certified health coaches, will assess whether the participants are ready, not ready, or would like to be contacted at a later date to further discuss healthy behavior support options (HBSS), including health coaching.
- If the participant self-identifies as "ready" for health coaching services, an assessment status of Life's Simple 7™ is used to create an individualized health score on individual goals and action plans with help from the LC. The CVD risk factors are tallied based on the use of American Heart Association's (2011) resource booklet, Life's Simple 7™.
- The three WW LC health coaching sessions take place over a three-month timeframe, with each session approximately one month apart. The participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching. If the participant is taking part in both health coaching and in one or more healthy behavior support service (HBSS), the follow up visit should take place after the participant has completed health coaching and at least one of the HBSS.
- The overall timeframe from a participant's initial screening to **follow-up screening** cannot be less than three months. The **follow-up screening** will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment.
- A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit. Participants may also take part in other healthy behavior support services and/or community-based programs.
- The flow diagram below shows how WW participants are referred to health coaching.



**2. Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion**

- The Health Coaching program is an individualized program adapted to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach utilizes motivational interviewing techniques to assist the participant in setting SMART goals. The health coach assists the participant to overcome barriers, and serves as a source of support and encouragement to the participant when working to reach goals.
- Participants are scheduled for the initial Health Coaching session with the Local Program Coordinator/Health Coach (LC). The LC uses motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) the participant wants to improve.
- There are three components to health coaching: physical activity, nutrition and smoking cessation. During each health coaching session, the LC performs the following:
  - Assessment of the perceived success of the participant in reaching the goal that they set;
  - Reassessment of health behaviors related to the goal;
  - Determination as to whether other lifestyle changes were made (compare enrollment form to HBSS form once enrolled participant has received some health coaching sessions); and
  - Referrals for support and community-based resources to help the participant reach new or existing goals, and to help assist with any barriers that may have been identified.
- The LCs conduct a minimum of three health coaching sessions with each participant. At each health coaching session, the LC reviews goals set with the participant. The LC refers participants to HBSS and community based resources, depending on their CVD risks. The LC serves as case manager for the participants.
- A minimum of three HC sessions within a three month time frame is considered complete. Health coaching sessions range from 30-60 minutes each.
- Following completion of the three health coaching sessions, the participant will undergo **follow-up screening**. The participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching. If the participant is taking part in both health coaching and in one or more healthy behavior support service (HBSS), the follow up visit should take place after the participant has completed health coaching and at least one of the HBSS. The **follow-up screening** will include taking measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.
- Risk reduction counseling (RRC) is separate from health coaching. The participant must understand her CVD risks. If laboratory results are unavailable during the participant's RRC session, the LC provides RRC based on what information is available at that time. Complete RRC is provided when laboratory results are available. In addition, a copy of the participant's results are mailed to the home and further discussed,

once complete information is available. The RRC, follows the first Health Risk Assessment (HRA) and helps assist in educating participants on methods for behavior change without waiting for reported results of high cholesterol or A1C. This strategy is supported by the **evidence-based “Clinical Decision-Support Systems” from *The Community Guide***.

### 3. *Bi-directional referral plan, tracking and feedback*

- The total number and length of each LC health coaching session will be tracked by the LC. The data will be incorporated in the WISEWOMAN (WW) participant record at the LC’s office and in the WW database system for submission with the Minimum Data Elements (MDEs).
- The participant will be directed to report on her participation in any HBSS or community-based resources, during health coaching sessions or at one-month intervals via phone or mail.
- Data on referral to, participation in and completion of the health coaching and any HBSS interventions, will be recorded by the LC in the WISEWOMAN database system for submission with the MDEs.
- Iowa has delivered a successful health coaching program in the past, including the accomplishment of consistently providing program participants with two or more healthy behavior support services for each women screened.

### 4. *Resources required (both human and financial).*

- Health coaching is a required part of the LC program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The LC program contract includes reimbursement of \$325 per participant for WISEWOMAN services including data collection and providing health coaching sessions.
- The Iowa WISEWOMAN program covers the cost of the health coaching certification program for LCs at each of the nine regional programs. Some additional staff have also been trained in some programs. The LC contractor is reimbursed a lump sum payment per staff approved by the IDPH to complete the Clinical Health Coach® Training Online Certification. IDPH requires verification of the Clinical Health Coach® Training Online Certification completion as documentation prior to payment. The Iowa WW program has 11 trained health coaches, with two additional local program staff to be trained in FY19. Health Coaching training with certification costs \$1,700 per health coach trained.

### 5. *Is the HBSS offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into the team. If No, describe who is delivering the HBSS and their qualifications/trainings*

- Local Coordinators (LCs) provide the health coaching sessions in-person and via phone. Each LC has completed health coaching certification training provided through the Iowa Chronic Care Consortium (ICCC). The health coaching program is an online, 26-hour program, which concludes with a practical exam for certification.
- The health coaching certification offers participants health coaching and case management strategies to “Transform the Conversation” and “Transform the Care.” The Clinical Health Coach training is designed for

healthcare organizations who seek to implement or grow a clinical role in the care management of patients with complex medical needs or chronic conditions. The online version is designed for individuals and healthcare organizations who seek to improve the health outcomes of their patients by actively engaging them in self-management support and providing them with patient-centered care.

In addition, continued education courses are provided for the LCs through face-to-face meetings and/or through webinars, to assist them in developing and improving skills in population health team-based management, health care management, patient self-management support and building community-clinical linkages. During these continued education opportunities the LCs also receive training on proper blood pressure measurements using Million Hearts and American Heart Association materials. The LCs are trained to instruct participants on how to properly take their blood pressure with the selected blood pressure monitors.

**6. Describe any challenges and solutions to referral and participation in HBSS.**

- Transportation vouchers are made available to participants to reduce barriers to participating in in-person health coaching sessions. The IDPH WW staff track the use and distribution of the vouchers.
- Another challenge in health coaching is a language barrier. Sixty percent of Iowa's WW participants are Latina, most of whom speak limited to no English. Only two of Iowa's regional programs have bilingual health coaching staff. To accommodate Spanish speakers, a language line is used. Some LCs have agreements with college interns to provide translation services.

**7. Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.**

- During Risk Reduction Counseling, which takes place after a participant is screened and has received her screening results, the participant is assessed to determine her level of readiness for change and health priorities and goals. Risk Reduction Counseling and the participant's first health risk assessment will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the LC assists the participants in setting and recording small measureable goals. Progress toward the goals is assessed and the end results recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.
- The WISEWOMAN Evaluation Plan will include questions addressing Health Coaching and HBSS program outcomes:
  - To what extent did participants with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching?
  - To what extent did participation in health coaching/HBSS participation contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?

