Health Coaching

The Building Blocks of High-Performing Primary Care

UCSF Center for Excellence in Primary Care

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HEALTH COACH CURRICULUM
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Introduction to Health Coaching

Health Coaching

What is Health Coaching?

Health coaching assists patients to gain the knowledge, skills, and confidence to become informed, active participants in their health care. The purpose of health coaching is:

- to help patients understand the care team's advice
- to discuss how the patient feels about that advice
- to work with patients to use that advice to improve their health

Health coaching helps both the patients and the care team. For patients, it can lead to better health outcomes and more satisfaction with their health care experience. For care teams, coaching can distribute responsibilities among the team members. Care teams are made up of providers (physicians, nurse practitioners, and physician assistants who are licensed to make diagnoses and to prescribe medications), and other team members (e.g. nurses, pharmacists, medical assistants, and receptionists). Health coaching is often provided by non-provider team members since providers are busy making diagnoses and prescribing medications. However, all members of the care team, including providers, can use the communication skills that this health coaching curriculum covers.

We use an old saying to describe health coaching, "Give a man a fish, and you feed him for a day. Teach him how to fish and you feed him for a lifetime." - Lao Tzu

Coaching is not rescuing people - like prescribing antibiotics for pneumonia or doing surgery for appendicitis. Rescuing people is like giving them a fish. Coaching is teaching people to fish. Health coaches collaborate with patients to:

- give support
- increase knowledge about a health condition
- teach self-management skills
- instill confidence

What is the Evidence for Health Coaching?

If properly done, health coaching can be considered a science.[1] Substantial evidence exists to support the scientific basis of health coaching. We present a brief version of this evidence here.

Health coaching in general

In a randomized controlled trial, patients with diabetes, hypertension (high blood pressure) and/or hyperlipidemia (high LDL cholesterol) who worked with medical assistants trained as health coaches had significantly improved A1C and LDL-cholesterol after one year compared with non-coached patients.[2]

A1C is a way of measuring the average blood sugar over 3 months. The A1C goal for most diabetic patients is 7 or less.

African-American and Latino adults with diabetes coaches by trained community residents had significant declines in A1C levels compared with an historical control group.[3]

Community health workers trained as asthma coaches were able to significantly reduce asthma re-hospitalization among poor African-American children compared with a control group.[4]

Hospitalized patients with complex healthcare needs receiving post-discharge assistance from a "transition coach" had significantly lower re-hospitalization rates than control patients.[5]

In a randomized controlled trial of low-income patients with poorly controlled diabetes, patients with peer health coaches (other patients with diabetes) had significantly improved A1C levels compared with controls.[6]

Essential features of health coaching

Ask-tell-ask

Asking patients what they would like to learn and what they are willing to do invites patients to actively engage in their care. Active participation by patients – achieved by asking them what they think and what their goals are – is associated with better outcomes than telling patients what to do, which makes them passive bystanders in their care. A participatory relationship between patient and care team is one of the most decisive factors in promoting healthy behaviors.[7]

Setting the agenda

In a randomized controlled trial, diabetic patients attending a brief pre-visit to create an agenda for the provider visit participated more actively in the provider visit and reduced their average A1C levels from 10.6% to 9.1%, while A1C levels in the control group remained the same.[8]

Closing the loop

50% of patients leave the physician visit without understanding the physician's recommendations. A method to assess patient understanding involves asking patients to state the physician's recommendations in their own words; this is called closing the loop or teach-back. Physicians' use of teach-back for patients with diabetes has been associated with better glycemic control compared with physicians who do not check patients' understanding.[9]

Know your numbers

Most patients with diabetes do not know their actual A1C number or their A1C goal. A randomized controlled trial has demonstrated that patients with diabetes who are taught their actual A1C level and their A1C goal improve their glycemic control more than a control group who did not know their numbers.[10]

Behavior-change action plans

Patients were randomly assigned to traditional patient education or goal setting with action plans. The group doing action plans had a significant reduction in A1C compared with the patient education group, whose A1C levels did not change.[11]

Medication adherence counseling

A participatory relationship—shared decision making—between patient and physician is the most significant factor in medication adherence. The more actively the patient is involved, the higher the level of adherence.[12]

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Why do we need health coaches?

Primary care providers can no longer do what they are supposed to do. There is not enough time in the 15-minute visit to handle all of the problems that patients present and discuss all of the provider's concerns. Good providers are forced by the 15-minute visit to work too fast. This leaves providers and patients frustrated.

In addition, providers, especially physicians, are trained to *tell* patients what to do rather than *ask* patients about their preferences. For instance, if I told you, "I want you to climb Mt. Everest. I'll see you back here in a month," what is the likelihood you could actually do it?

The same is true when providers tell people to take their medications, lose weight, and exercise more. When providers tell patients what to do, patients are not engaged in making decisions about their health. If patients are encouraged to participate in creating their care plan, they are more likely to be adherent, which can lead to better health outcomes.

A primary care physician with a panel of 2500 average patients would spend:

- **7.4 hours per day to deliver all recommended preventive care[1]**
- **10.6 hours per day to deliver all recommended chronic care services[2]**

[1]Yarnall et al. Am J Public Health 2003;93:635-641. [2]Ostbye et al. Annals of Fam Med 2005;3:209-214.

Wasted Visits

Half of patients leave medical visits without understanding the providers' advice.[1-4] In only 10% of visits are the patients involved in making the decisions.[5] The majority of patients do not follow the providers' advice for two reasons:

1) the provider was not clear and the patient did not understand what the provider said.
2) the patient was never asked to give an opinion about the care plan and doesn't agree with the provider.

For example, a provider might tell the patient “Your blood pressure and A1C are too high. I am prescribing three new medications; take each one three times a day. Come back and see me in 2 months.” To add to this common scenario, this patient doesn’t know what A1C is. Furthermore, the patient doesn’t want to take medicine because it causes too many side effects. The patient leaves the office scared, confused, and determined not to take medications. When the patient is able to return to the clinic, his/her clinical values may continue to be elevated. The provider gets frustrated and the patient‘s health is in jeopardy.

For these reasons, a large number of provider visits are not helpful to the patient; they are wasted visits. Health coaching solves many of the problems with wasted visits. It can eliminate unnecessary and frequent visits while transforming visits into useful encounters with the health care team.

Who is a health coach?

Anyone on the health care team can be a health coach or can use the health coaching communication skills presented in this curriculum. Care team members that can do this are:

- Medical assistants (MAs)
- Community health workers (CHWs)
- Care Coordinators
- Promotoras
- Patient Navigators
- Physicians (MDs, DOs)

- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Registered Nurses (RNs)
- Pharmacists (PharmDs)
- Health educators
- Social Workers (MSW/LCSW/LMFTs)
- Nutritionists (RDs)

Why train everyone on the team?

It is helpful for everyone in a medical practice to know

- the strategies and evidence of this health coaching curriculum
- that health coaching means working with patients in a collaborative manner to encourage self-management presented in this curriculum
- what the health coaches are capable of doing with patients

If only some members of the health care team receive the training while others do not, there can be serious differences in patient care – with non-trained team members telling patients what to do while trained coaches work collaboratively with patients.

Take for example, a patient whose doctor tells them to exercise 30 minutes a day. The patient agrees in front of the doctor. When the doctor leaves the room, the patient tells the coach "I can only do 15 minutes at a time, 3 times a week." Then, the health coach says, "Fifteen minutes, 3 times a week is a great start." It is confusing for patients to hear one message ordering them to do something, and another message, from a health coach, that is collaborative.

Even though every member of the health care team should receive training to be a health coach, primary care clinics need people serving as health coaches either full-time or as a significant part of their job. There are several models and approaches that a clinic can use for implementing health coaching – see section on Health Coaching Implementation.

Without health coaches, there will continue to be wasted visits and patients will not receive the support they need to improve their health.

How does health coaching fit into the practice?

Health Coaching can be done at any stage of the visit. In our health coaching studies, our health coaches attended each of these stages:

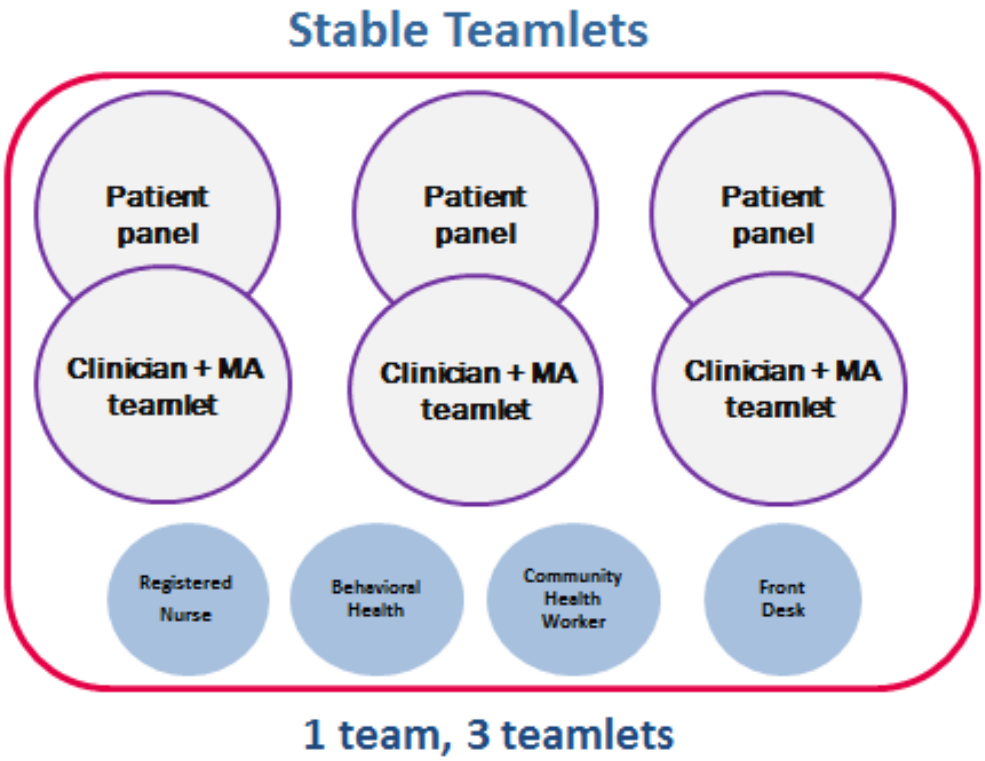
- Before the patient and their provider meet, the health coach and patient meet to establish what needs to be covered in the medical visit
- During the medical visit with the provider, the health coach is present to ensure all of the patient's agenda items get addressed, and so the health coach hears all the information and guidance the provider tells the patient
- After the visit with the provider, the health coach and patient meet to follow up on what was addressed during the visit
- In between visits with the provider, to follow up on adherence and address any issues that may arise.

Some clinics lack personnel for all elements of the full coaching model and implement a scaled-down model.

Stable Teamlets

A teamlet is one MA and one provider always working together. The provider and

MA teamlet provides care for all patients in a provider's panel. In this model, the



medical assistant is trained as a health coach. One MA/coach will not have time to provide health coaching to all patients, just to a few patients. Some practices have 2 MAs on each teamlet, which gives them time for health coaching.

Modified teamlet

With a modified teamlet, the coach works with several providers and only the higher-risk patients receive coaching. This model is implemented where there are more providers than health coaches.

Other Models for Health Coaching

Some practices use students, volunteers, and/or peers (trained patients) in their health coaching program. These health coaches provide support to a defined set of patients and may or may not work with the same provider.

Additional health clinics and systems use community health workers, care navigators, and care coordinators who operate as health coaches and may have

other responsibilities in addition to being a health coach.

Keep in mind that the title, role and task of health coach may fall to any number of care-team members, and may be combined with other responsibilities.

Exercise 1: Identify Key Concepts

Match the key concepts with the correct descriptions.

Key Concepts:

A. Traditional visit
B. Health coaching visit
C. A stable teamlet
D. Health coach
E. Modified teamlet
F. Providers

Descriptions:

1. Physicians, nurse practitioners, and physician assistants
2. A provider sees a patient with uncontrolled high blood pressure. The provider increases medication dosage and adds new medication, tells the patient to eat less salt, and then leaves the room. The patient is sent home.
3. A health coach and provider work together with the same patient panel.
4. Anyone on the healthcare team that works collaboratively with a patient
5. A patient who has diabetes with an A1C of 10.2 is seen by provider who adds new medications. The health coach is in the room during the visit. The provider leaves the room. The health coach stays with the patient to provide self-management tools and medication education.
6. A health coach works with several providers, coaching only some of their patients who are at highest risk.

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Collaborating With Patients

Ask-Tell-Ask

Why Ask?

We ask questions to find out what patients:

- feel and think about their health
- are ready or not ready to do about their health
- know and want to know about their health
- experience as barriers and challenges

If we want patients to participate in their own care - which we do - then we have to ask questions. By asking patients about their thoughts and feelings, we are asking them to participate in their care plan. In this way, patients become engaged and are more likely to take action to improve their health.

Asking helps reveal obstacles patients encounter when trying to improve their health. Why is the patient not active? What are the difficulties with taking medications? If we don't ask, we can't identify the barriers that patients are struggling to overcome. Once we know what the barriers are, we can help the patient identify solutions to these obstacles.

What to Ask?

Coaches can ask patients these open-ended questions to engage them in their health:

- Right now, how important is it to improve your health?
- What is your number one health concern?
- What makes it difficult for you to take care of your health?
- What do you believe you can do to improve your health?
- How can I help you improve your health?

Telling Can Hurt

Most of the time, telling patients what to do leads to frustration for both the patient and the care team. When patients are told what to do, they can feel powerless, stupid, or scared. They may resist or shut down and say they agree with a plan they may not be able to do or believe in. **Patients who collaborate in making their own care are more likely to adhere to the care plan.**

Imagine that your patient, Mary, whose A1C is 11.5, says she is not taking her medication. You begin to tell-tell-tell Mary, "You have to take your medications, or you may have a heart attack or stroke..." If you had asked Mary, "What is the reason you are not taking your medications?" you would know she has lost her job and insurance, and can't afford food, much less paying for medication. Not only have you wasted time by telling but also you have missed a crucial moment to build trust with Mary.

When Do We Tell?

We tell after we ask. The coach begins by asking a question. If the patient needs more information, the coach will tell the patient. To make sure the information was clear, the coach would close the loop – ask the patient to retell you the information. (You will learn how to do this in later sections).

For example, the coach asks a patient with a high A1C who wants to work on lowering his/her sugar, "Can you tell me how to lower your A1C?" If the patient doesn't know, the coach tells the answer. After telling, the coach asks questions to find out if the patients understood the information. "Can you tell me what you learned about A1C?"

Exercise 1: Be a Telling Coach

Let's practice Tell-Tell-Tell.

First, pick a personal health issue that you want to improve. Perhaps, you want to get more sleep or you want to spend more time in your garden or you want to be more physically active.

Directions: Pair up with a partner. You and your partner will practice tell-tell-tell.

1. The telling coach will ask, "What do you want to work on?" That is the only question the telling coach is allowed to ask.

2. The telling coach will then ONLY tell:

- Why engaging (or not engaging) in this behavior is risky
- The benefits of changing (or starting) the behavior
- How to change (or start) the behavior

3. **You have 3 minutes to be a telling coach**. Remember, you may only ask the question, "What do you want to work on?" and then you must tell-tell-tell. *Three minutes may seem like a long time to tell – because it is! We want you to feel uncomfortable while you only tell for three minutes.*

4. Switch roles and repeat directions above.

Then we will discuss how it felt to tell-tell-tell and how it felt to be told-told-told.

Exercise 2: Candid Conversations

Let's read some conversations between coaches and patients. We will have a discussion after each conversation.

Telling Coach

The coach is working with Ms. Richards whose A1C levels are high.

1Coach: Ms. Richards, this is a chart of your A1C.

2Ms. Richards: Oh, OK.

3Coach: (points to chart) Your A1C is almost 10. It's supposed to be seven. You need to bring your A1C down from 10 to seven. It is very important for your health.

4Ms. Richards: OK.

5Coach: That means you need to improve your diet, get more exercise, and take the extra pills that your doctor will prescribe. All of this will help you bring down your A1C.

6Ms. Richards: OK.

7Coach: So, please put this graph up on your refrigerator to keep you motivated.

8Ms. Richards: I don't have a refrigerator.

Discussion

- How did Ms. Richards feel?
- What should the coach do differently?

Key Messages

1. Using tell-tell-tell does not engage patients.
2. Using tell-tell-tell the coach knows nothing about the patient

Scare-Tactic Coach

The coach is working with Mr. Johnson whose A1C level is high.

1Coach: Mr. Johnson, this is a chart of your A1C.

2Mr. Johnson: Oh, OK.

3Coach: (points to chart). I am very worried. Your A1C is almost 10. Mr. Johnson, that is too high! You know, it's supposed to be 7. You really need to bring your A1C down from 10 to 7. If it stays high for too long, you may have a heart attack or stroke! You could even die!

4Mr. Johnson: Oh.

5Coach: Yes, a high A1C is very bad for your health and can be dangerous. You have to take the medications the doctor prescribed. And you need to eat better and exercise more.

6Mr. Johnson: I will try. However, is it OK if I start eating better after my niece's party tomorrow? Also, I can't get my medications until I am paid next week.

7Coach: Mr. Johnson, it's up to you. You have to control your diabetes.

8Mr. Johnson: What? I have diabetes?!

Discussion

- How did Mr. Johnson feel?
- What should the coach do differently?

Key Messages

1. Most of the time, scaring patients doesn't work.
2. Not only did the coach scare Mr. Johnson, the coach also did tell-tell-tell and knows nothing about Mr. Johnson.

Collaborative Coach

1Coach: Would it be OK if we talk about your sugars or A1C now?

2Señora Romero: Yes, it's OK.

3Coach: What do you know about A1C?

4Senora Romero: Not much.

5Coach: That's fine. Let's go over it together. A1C, sometimes called HbA1c, tells you how well you are controlling your diabetes. A1C tells you how your average blood sugar has been doing for the last three months. A glucometer reading from a finger stick gives your blood sugar at the time that you stick your finger, and can be affected by what you have recently eaten. A1C tells you how your blood sugar has been over time. Just to make sure I was clear, what does A1C measure?

6Senora Romero: I think A1C is an average of my blood sugar over 3 months. Is that right?

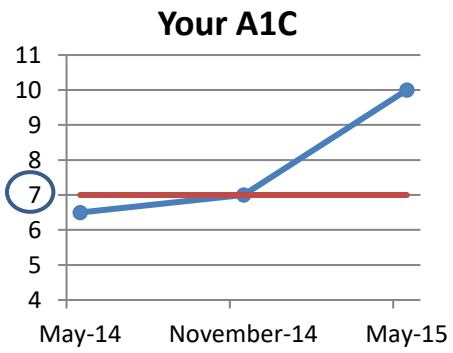
7Coach: Yes, that's correct! Why do you think we care about your A1C number?

8Senora Romero: I'm not sure. I think you said it shows something about my diabetes.

9Coach: Yes! Your A1C number is another way to measure how your diabetes is doing. Can you tell me what your A1C number is?

10Senora Romero: I think it is fine. I feel fine.

[11]Coach: I am happy you feel fine! We hope that you continue to feel good. Sometimes, your sugar can be high and you still feel good. One way to keep feeling great is to keep your sugars low.



Let's look at this chart of your A1C together. Can you find your most recent A1C on this chart?

[12]Senora Romero: It's here (*points to chart*). Ten.

[13]Coach: (*points to chart*) Right. Where is your goal?

[14]Senora Romero: The flat line? It says seven.

[15]Coach: Yes, your A1C is 10 now. You want your A1C to be 7 or below to keep feeling good. What do you think about that?

[16]Senora Romero: I was there in November. I don't know what happened.

[17]Coach: What do you think you were doing before to keep your A1C at your goal?

[18]Senora Romero: I was exercising more. I remember I used to go on walks every day.

[19]Coach: That's great. Physical activity is one way to keep your A1C low. Is there anything else that keeps your A1C low?

[20]Senora Romero: Not that I can think of.

[21]Coach: There are three things you can do to bring down your A1C – being active, healthy eating, and taking medications. Which one of those sounds like something you want to do to bring down your A1C from a 10 to a 7?

22Senora Romero: Maybe, I can start walking again.

23Coach: That sounds like a great idea. Maybe, we can make an action plan together to help you start walking.

Discussion

- Refer back to line 1, what was the purpose of the question? What was the coach asking for?
- What was the coach doing in lines 3 and 9?
- What was the coach doing in line 5?
- In line 11, how did the coach handle Senora Romero's beliefs about feeling good?
- What was the coach doing in line 15?
- What is the coach giving Senora Romero in line 21?

Key Messages

- Ask permission to start a conversation (line 1)
- Ask questions to find out what the patient already knows (line 3 and 9)
- Closing the loop (line 5)
- Assess the patient's motivation (line 15)
- Give the patients options for improving their health (line 21)

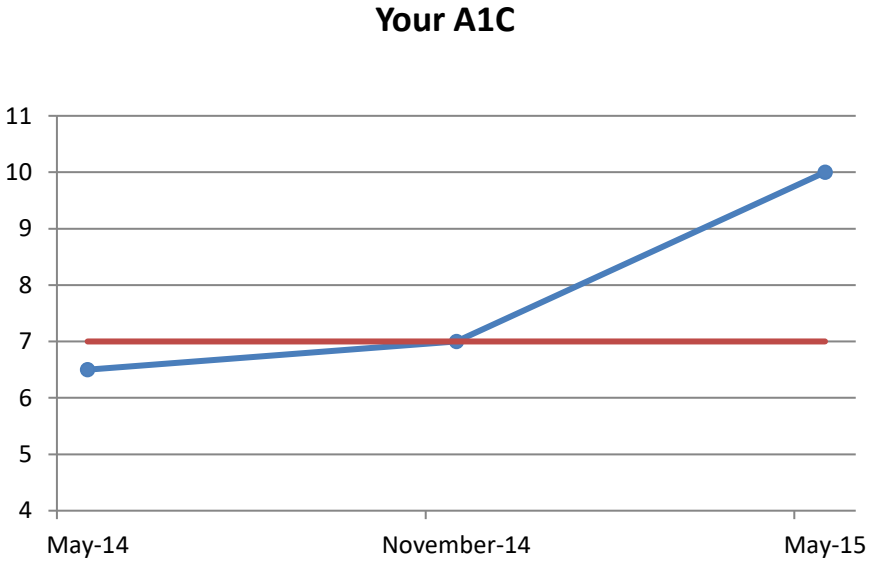
Exercise 3: Practicing ask-tell-ask

First, watch us model a coaching session using ask-tell-ask. Are there any questions?

Now, it is your turn.

Directions: Pair up with a partner. Using the scenario below, you and your partner will practice ask-tell-ask. Take turns playing the role of health coach and patient. You have 5 minutes to play each role.

Ms. Williams has diabetes and doesn't understand what high A1C means (A1C = 10). Her provider has asked you, the health coach, to talk to Ms. Williams after her appointment. Your role is to help her understand her diabetes and her A1C, using the chart below.



Closing the Loop

What Patients Remember and Don't Remember

Patients remember and understand as little as 50% of what the provider says.[1-6]
The consequences of poor recall can be tragic for patients. Take for instance a patient whose hypertension is out of control. The provider adds a new medication and adjusts dosages of current medications. The patient does not understand how to take the medications. The patient decides to take one of each medication three times a day because he/she recalls the provider saying something about three medications. The patient takes too many medications, the blood pressure drops way down, and the patient almost dies.

Similarly, with medications such as carbamazepine, a common seizure medication, or warfarin, a blood thinner, poor recall can be life threatening.

When you tell patients information, how do you know they understood?

Closing the loop means asking patients to tell back the information you just provided in their own words. Make sure that they can recall the information.

How to Close the Loop

After all medication adjustments, providers should close the loop, but they often don't have the time, so the MA or coach should do it, either using the After Visit Summary or having a quick huddle with the provider after the visit to find out what medication changes were made.

Steps to Close the Loop

1. Start the conversation by asking the patient what they understood about the information
2. Tell the information when the patient doesn't know
3. Ask the patient to restate what you said in their own words
4. Repeat asking and telling as needed until patient restates the information correctly

Adult Learning Theory

Trainings on health coaching and health coaching sessions with patients include ask-tell-ask and closing the loop in part due to elements of adult learning theory. We all have different learning styles, and we all learn more if we are more engaged and activated.

Confucius said, "I hear and I forget. I see and I remember. I do and I understand."

Over time, we retain[7]…

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Exercise 1: Dinner at My House

Let's see if you can remember how to get to my family's house for dinner.

Directions: Listen as I tell you how to get to my family's house from here. Then, in the space below, you will write down the directions from memory. I will repeat the directions and we will find out who is going to make it to dinner!

Questions for discussion:

1. Why did we do this activity?

2. What are the challenges patients encounter with recalling medical information?

3. Can you think of a time when you had a hard time remembering what a provider said?

Suggested Phrases to Close the Loop

- Just to make sure I was clear, how will you take the new medication?
- Tomorrow when you start to take the new dose of medication, how will you be taking it?

Ways NOT to Close the Loop:

- Do you understand what I said?
- Repeat back what I just said.
- What did I just tell you?

Questions for discussion:

- What is wrong with those 3 phrases?
- How might they make a patient feel?

Exercise 2: Closing the Loop dialogue

Let's read some conversations between coaches and patients. We will have a discussion after each conversation.

Open Loop

The coach is working with a patient whose A1C levels are high.

1Coach: You have been trying very hard to improve your diet and exercise, but your A1C has only come down from 10 to 8.5. Dr. Jackson thinks you should take a new medication called Metformin to try to bring the A1C down below 7. What do you think?

2Patient: Ok, that's fine.

3Coach: Did your doctor explain how to take the Metformin?

4Patient: Yes.

5Coach: Make sure you pick it up today and start tomorrow.

6Patient: Ok.

Discussion

- Did the coach close the loop?
- Do you know that the patient knows how to take the Metformin?

Close the Loop

1Coach: You have been trying very hard to work on your physical activity and nutrition. Your A1C has already come down from 10 to 8.5. Dr. Wong thinks you should take a new medication, Metformin, to help bring your A1C further down to your goal, below 7. What do you think?

2Patient: If it will keep my feet attached to my body, let's go for 7. I will do what

the doc thinks I should do.

3Coach: How did your provider want you to take your Metformin?

4Patient: I don't really remember. Can you remind me?

5Coach: Twice a day after breakfast and dinner. If you have trouble with your stomach, cut down to once a day. Just to be sure I was clear, how will you be taking your Metformin?

6Patient: Twice a day.

7Coach: Right. And when will you take the Metformin?

8Patient: After breakfast and after dinner.

9Coach: Nice. What will you do if you have problems with your stomach?

10Patient: Oh, yes, I almost forgot. I take it after breakfast and dinner, but go down to once a day if I feel stomach problems.

11Coach: Great! Can I call you in a week to see how you are doing?

12Patient: Please do.

Exercise 3: Questions to Close the Loop

There are better and worse ways to close the loop. You do not want to embarrass patients or make them feel inadequate. But it is vitally important to close the loop to prevent serious medication errors and to help patients take their medications correctly.

As a group, let's brainstorm questions to ask to close the loop:

1.

2.

3.

As a group, let's brainstorm ways NOT to close the loop:

1.

2.

Exercise 4: Practice Closing the Loop

First watch us model closing the loop. Are there any questions? Now, it is your turn.

Directions: Pair up with a partner. Using the first scenarios below, you and your partner will practice closing the loop. Take turns playing the role of health coach and patient. You have 5 minutes each to role-play the scenario. If there is time, do the second scenario.

1. The doctor has increased Metformin 500 mg. from 1 pill twice a day to 2 pills twice a day.
2. The patient is on HCTZ 25 mg. once a day; the doctor has just added Benazepril 10 mg. once a day.

Basics of Cardiovascular Risk Reduction

ABCs of Cardiovascular Risk Reduction

In this section we will review three common conditions that increase cardiovascular risk (the risk for heart attack and stroke): diabetes, hypertension and high LDL cholesterol. ABC stands for **A**1C, **b**lood pressure, and **c**holesterol. This section is not an exhaustive review of these conditions, but helps the health coach talk clearly to patients about their disease.

Language barriers, educational levels, and physical impairments can complicate communication between health care providers and patients. The way we communicate with patients can help clarify treatment goals, avoid misunderstandings and improve health outcomes.

How to Describe Diabetes, Hypertension, and Cholesterol to Patients:

It's hard to describe complex topics in simple ways. You will want to practice and hone this skill to make it your own, but we've provided some simple explanations below:

Diabetes is a disease in which the sugar in the blood goes too high. When you eat, sugar from food you eat goes into your blood steam, and from the blood stream it goes into the cells of your heart, muscles, and brain to provide energy. For sugar to go from the blood to the cells requires insulin. Insulin serves as the "key" to open your cells and allow the glucose to enter. For people with diabetes, either there isn't any insulin (Type 1 diabetes) or the insulin isn't working well (Type 2 diabetes). If there isn't enough insulin or the insulin isn't working well, the sugar stays in the blood and doesn't go into the cells. That makes the sugar in the blood too high.

A1C is a number that shows how well a patient has controlled the blood sugar over the past 3 months. For most patients with diabetes, the A1C goal is 7 or below. For frail, elderly or homeless/food insecure diabetic patients, the goal may be 8 or below. The patient's provider decides on the A1C goal for each patient, and the coach helps the patient reach that goal.

Hypertension means you have high blood pressure. Blood pressure measures the force of blood inside your blood vessels (imagine water in a hose) and if the pressure is too high, your heart has to work really hard and can be damaged. If

your blood pressure is high for many years, it can cause heart attack and stroke. The blood pressure goal for everyone is under 140 over 90 (140/90).

Cholesterol is the amount of fat in your blood. Some fats, like HDL cholesterol, are good and help protect your heart. Other fats, like LDL cholesterol, clog your blood vessels which can lead to a heart attack or stroke. Many providers use the LDL goal of 130 for most patients, but 100 for patients with diabetes or heart disease. Some providers use a new way of treating cholesterol that does not have a definite goal. Check with the provider you work with to find out what you should say to patients about LDL goals.

What Coaches Need to Know

Coaches working with patients with cardiovascular risk (i.e. diabetes, hypertension, and high LDL-cholesterol) need to know as much about these conditions as patients should know. It is important that coaches have easy access to patient education materials on these topics.

Since many patients have limited health literacy and do not read patient education materials, it is helpful for coaches to use patient education materials during discussions using the ask-tell-ask approach.

How to Coach with Handouts

Follow these steps to coach patients using handouts:

1. Ask the patient permission to talk about a topic
2. First, ask the patient a question. If the patient doesn't know the answer, read the answer from the patient education materials in the back of the binder or on the web sites listed below. This helps to guard against the serious possibility that coaches are giving patients incorrect information.
3. Then close the loop, ask the patient to retell you the information.
4. Ask the patient how he/she feels about the information.

Here is an example of educational resources for hypertension and diabetes that a health coach may find helpful:

1) Mayo Clinic Website: www.mayoclinic.org

2) American Diabetic Association Website: www.diabetes.org

3) American Heart Association Website: www.heart.org

4) ACP Website: www.acponline.org

Brochures: Living with Diabetes, Lose Weight Guide - Make it Happen

5) Khan Academy Website: www.khanacademy.org – Health and Medicine

Exercise 1: Practice Coaching with Handouts

Pair up. Using the simple explanations on pg 29 and your handouts on pages 100-135, practice using ask-tell-ask to explain diabetes to a patient who doesn't understand the disease. Do the same for high blood pressure and high LDL cholesterol. Provide feedback to your coach – how did they do? Switch roles and repeat.

Remember to:

1) Ask permission
2) Ask if they know what the condition is
3) Tell if they don't know
4) Close the loop

Exercise 2: The ABCs Scavenger Hunt

Using the handouts in the Health Education Resources section of this manual, find the answers to questions about diabetes, hypertension and high cholesterol. Since the goal of this activity is to familiarize you with the handouts, you will earn points only for answers that can be found in the handouts on pages 37-40 and 100-135.

ABC's of Cardiovascular (CV) Risk
Scavenger Hunt

Diabetes

1. People with diabetes have high blood _____.
2. When you have diabetes, you either don't have enough _____, or your body doesn't use it properly.
3. The sugar gets stuck in your _____, and can't get from your blood into your heart.
4. Diabetes can damage different body parts. Name 5 body parts and the type of damage that can occur

Part of Body	Damage caused by Diabetes

5. In which type of diabetes does the body make insulin, but can't use it properly?_____

6. List 3 risk factors for Type 2 Diabetes: 1)_____ 2)_____ 3)_____

7. What blood test measures the average of your blood sugar over 3 months?_____ The goal for this test for diabetics is under _____.

Hypertension

1. Hypertension (high blood pressure) is the _____ of blood inside your blood vessels.

2. What is the target blood pressure for patients with diabetes?_____

3. High blood pressure increases your risk for _____ and _____.

Cholesterol

1. Cholesterol is a type of _____ in your blood.

2. _____ cholesterol (the good type) helps protect your heart.

3. _____ cholesterol (they bad type) can block your blood vessels.

4. High cholesterol can increase your risk for _____ and _____.

5. Targets for LDL cholesterol are _____ for a patient living with diabetes and _____ for a patient without diabetes.

Lifestyle Changes to Improve CV risk

1. Name 3 things that patients can do to reduce their A1C, blood pressure and LDL cholesterol: 1)_____
   2)_____3)_____

2. Name three foods high in salt: 1)_____
   2)_____3)_____

3. True or False?

   - Smoking contributes to insulin resistance True/False
   - Smoking makes your heart pump harder and increases your blood pressure True/False

- Smoking increases the progression of atherosclerosis (formation of plaques in your arteries) True/False
- People with diabetes who smoke are three times as likely to die of cardiovascular disease as other people with diabetes. True/False

4. What are 3 steps you can take with a patient who is diabetic and struggling with minor depression? (Depression chapter - page 96)

   1)_____

   2)_____

   3)_____

Know your Numbers:
Coaching Patients About the ABCs of Cardiovascular Disease

Remember the evidence showing that patients with diabetes who know their numbers (A1C, blood pressure, LDL cholesterol) have better control of their disease than patients who do not know their numbers? The 4 questions discussed here are about knowing your numbers.

What to Ask

There are 4 important questions to ask patients about the ABCs:

1. What does A1C (blood pressure or cholesterol) measure?
   - ***A1C measures how well blood sugar is controlled over the last 3 months.***
   - ***Blood pressure measures the force of blood in the blood vessels.***
   - ***Cholesterol measures fat in the blood; LDL is cholesterol that clogs up the vessels.***

2. What is your A1C (blood pressure or LDL cholesterol)?
   - ***If the patient does not know this number, the coach should get the result from the patient's medical record and tell the number to the patient.***

3. What is your A1C (blood pressure or LDL cholesterol) goal?
   - ***A1C goal for most patients with diabetes is under 7***
   - ***Blood pressure goal is 140/90***
   - ***LDL goal for patients with diabetes is 100; or determined by your provider.***

4. How can you get your A1C (blood pressure or LDL cholesterol) to goal?
   - ***Healthy eating***
   - ***Increase physical activity***
   - ***Take medications as prescribed***

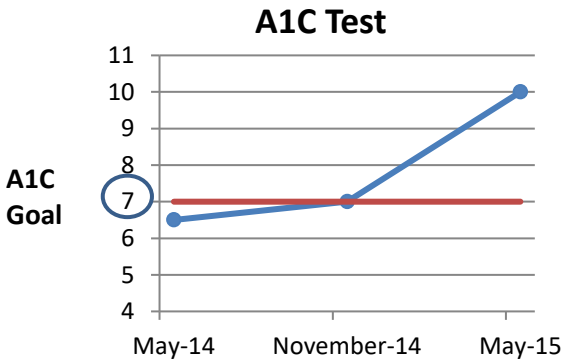
Exercise 1: The 4 questions

First watch us model the four questions. Are there any questions? Now, it is your turn.

Directions: Pair up with a partner. Take turns playing the role of health coach and patient. The coach asks the patient each of the four questions above for A1C. Then switch roles. Then do the same for blood pressure and cholesterol. Use the following ABCs and Know Your Numbers Handouts while explaining A1C, blood pressure, and cholesterol.

THE A-B-CS OF Cardiovascular disease

A1C (A-1-C), Blood Pressure, and Cholesterol

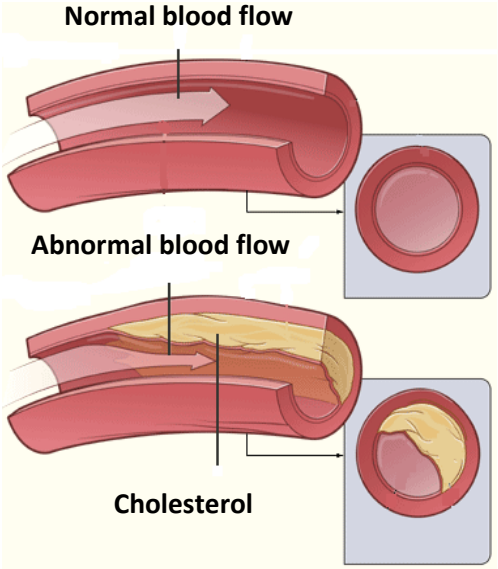


A is for A-1-C

A1C (HbA1c) measures how well blood sugar is controlled over the past 3 months. The goal for A1C is less than 7% or 8%.

B is for Blood Pressure

Your blood pressure numbers tell you the force of blood inside your blood vessels. When your blood pressure is high, your heart has to work harder. The goal for blood pressure is below 140/90 (say "140 over 90"). High blood pressure can cause heart attack and stroke.



C is for Cholesterol

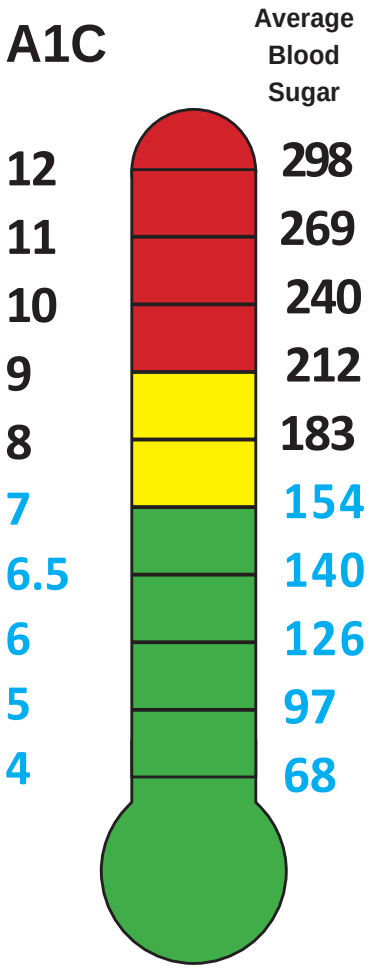
Your cholesterol numbers tell you the amount of fat in your blood. Some fats, like HDL cholesterol, protect your heart. Other kinds, like LDL cholesterol, can block your blood vessels and cause heart attacks and strokes. The traditional goal for LDL cholesterol is less than 130 and less than 100 if you have diabetes or heart disease. Ask your provider how to talk to patients about LDL cholesterol.

Know your Numbers!

Let's talk about knowing your numbers for the ABCs of diabetes.

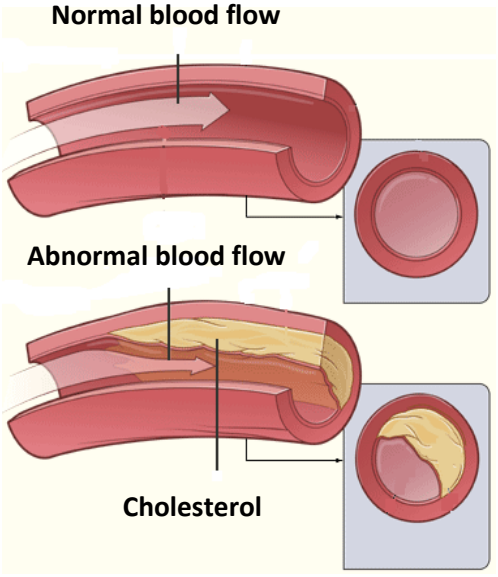
A1C: The A1C goal for people with diabetes is:

Less than 7 or 8
Ask your provider about your personal goal.



Blood Pressure: The blood pressure goal is: **140/90 or below**

Cholesterol: The traditional goal for LDL cholesterol is less than 130, but **less than 100** if you have diabetes or heart disease. Ask your provider how to talk to patients about LDL cholesterol

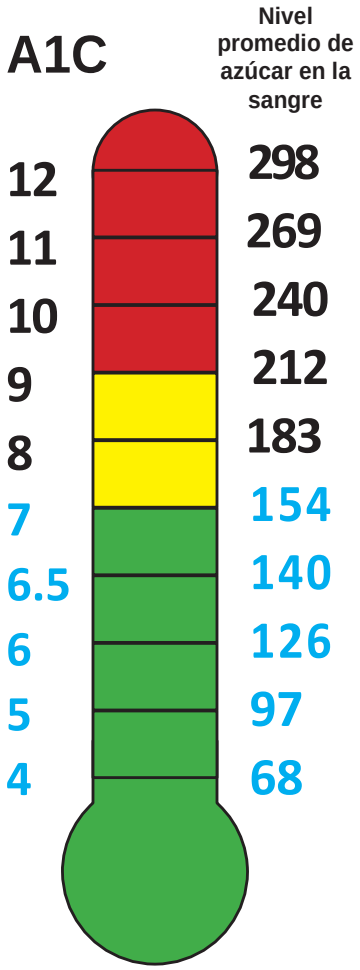


¡Conozca sus números!

Hablémos de conocer sus números del ABCs de la diabetes.

A1C: el objetivo de A1C para las personas con diabetes es:

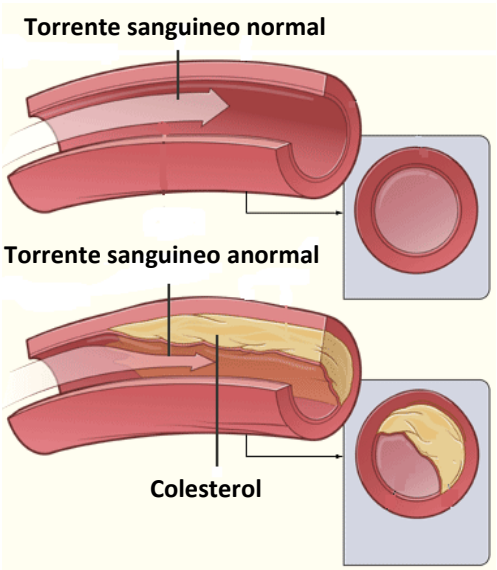
Menos de 7 u 8
Pregúntele a su doctor cuál es su meta personal.



B

Presión arterial: El objetivo de la presión arterial es: **Menos de 140/90**

Colesterol: El objetivo del colesterol LDL para las personas con diabetes es **menos de 100**. Pregúntele a su proveedor cuál es su meta personal.



Medications for Cardiovascular Risk Reduction

Medications for the ABCs

This section reviews the common medications to treat and reduce the risk of cardiovascular disease. Since taking medications is one of ways that patients can improve their A1C, blood pressure, and LDL cholesterol, it is important that health coaches have a basic understanding of these common medications.

Health coaches are not expected to know all the medications, how they work, and their side effects, but over time you will become familiar with many of these medications. The tables below show the most common medications for diabetes, high blood pressure and high LDL cholesterol.

Diabetes Medications

Medications for diabetes help reduce blood sugar by:

- Improving the effectiveness of insulin, so sugar can more easily move from the blood stream into the cells (Metformin)
- Stimulating the production and release of insulin (Glipizide)
- Providing insulin (Insulin)

Hypertension Medications

Medications for hypertension help reduce the blood pressure through:

- Relaxing or preventing constriction of blood vessels: ACE inhibitors ("-prils") (Benazepril) and ARBs (-"sartans") (Losartan)
- Helping the body get rid of excess water: Hydrochlorothiazide - HCTZ
- Slowing the heart rate and decreasing the force of each heart beat : beta-blockers ("-lols") (Metoprolol)
- Preventing calcium from entering the cells and thereby relaxing and widening the blood vessels; some calcium channel blockers also slow the heart rate: calcium channel blockers ("-pines") (Amlodipine)

Cholesterol Lowering Medications

Medications to lower LDL cholesterol in the blood

- Medications ending in "-statin"
- Statins should not be used with liver problems
- Patients should not eat or drink grapefruit while on statins

Aspirin

A small dose of aspirin (81 mg each day) can reduce the risk of heart attacks for some patients with diabetes, hypertension, and/or high LDL cholesterol. Patients should ask their provider if they should be on aspirin. Patients with any problems with bleeding (from nose, intestines, or urine) should not be on aspirin since it increases bleeding.

Exercise 1: Medication Bingo

Let's play Bingo to help us learn the medications for diabetes, blood pressure and cholesterol. The board lists the names of medications to treat these three conditions. The caller will draw one of the three conditions. For each draw, **cross off one box for a medication that treats the condition.** Five in a row – horizontal, vertical or diagonal – is a winner!

Exercise 2: Brown Bag Trivia

Do you know which medications treat diabetes? What are the side effects of beta blockers? Let's take play a trivia game and learn about the medications. Directions: Pull one trivia card from the bag and determine the best answer. You may use your notes. Fill in the correct answer on your answer sheet. Pass the bag to another participant.

Exercise 3: Medication Jeopardy

Divide into teams by table. Each table takes turns choosing a question from the board. Teams may use the notes to answer questions. A correct answer earns points for the team. If the answer is incorrect the next team may answer that question, in addition to a question of their choosing.

Common Diabetes Medications				
Medications	**Action**	**Contraindications**	**Side effects**	**Other**
Generic: Metformin Brand: Glucophage	Improves effectiveness of insulin	Not indicated for patients with kidney disease (creatinine over 1.5)	Upset stomach and diarrhea	Does not cause hypoglycemia (low blood sugar)
Generic: Pioglitazone Brand: Actos	Improves effectiveness of insulin	Not indicated for patients with symptomatic or Stage III or IV heart failure	Can cause heart failure, weight gain, swelling of the feet as well as possible increased risk of bladder cancer.	May increase risk of bladder cancer.
Generic: Rosiglitazone Brand: Avandia	Improves effectiveness of insulin	Patient should NOT be on this drug- it increases the risk of heart attacks. Talk to provider if patient is taking this drug.		
Generic: Glyburide Brand: DiaBeta	Simulates insulin production and release	Not indicated for patients with diabetic ketoacidosis	Hypoglycemia	
Generic: Glipizide Brand: Glucotrol	Simulates insulin production and release	Not indicated for patients with diabetic ketoacidosis	Hypoglycemia	
Generic: Lispro Brand: Humalog	Fast acting insulin- works in > 15 minutes for 2-4 hours		Hypoglycemia	
Generic: Regular Insulin Brand: Novolin R, Humulin R	Regular or short-acting- works in about 30 minutes for 3-6 hours		Hypoglycemia	
Generic: NPH Insulin Brand: Novolin N, Humulin N	Intermediate-acting-works in about 2-4 hours, works up to 18 hours		Hypoglycemia	
Generic: Glargine Brand: Lantus	Long-acting- works in about 6-10 hours, works for 20-24 hours		Hypoglycemia	
Generic: Insulin 70/30 Brand: Novolog Mix 70/30	Combination of long-acting and short-acting		Hypoglycemia	

Common Hypertension Medications				
Medications	**Action**	**Dosage**	**Side effects**	**Other**
Generic: Benazepril, Lisinopril, Enalapril (meds ending in –pril) Brand: Lotensin, Zestril, Vasotec	**ACE Inhibitor** (Angiotensin Converting Enzyme). ACE inhibitors relax/open up the blood vessels.	Usually 10mg – 40 mg per day	Increase in potassium levels and an irritating cough	ACE inhibitors also protect against kidney failure in patients with diabetes
Generic: Hydrochlorothiazide (HCTZ)	**Diuretic**:, Helps the body get rid of excess water and salt	Start with 12.5 mg or 25 mg	Can cause low potassium levels	
Generic: Losartan (meds ending in –sartan) Brand: Cozaar	**ARBs** (Angiotensin II Receptor Blocker). These meds lower BP by opening up/relaxing blood vessels	50 – 100 mg. per day	Increase in potassium levels	ARBs are given instead of ACE inhibitors if patients on ACE Inhibitors have a cough
Generic: Metoprolol, Metoprolol XL, Atenolol (medications ending in –lol) Brand: Lopressor, Toprol XL, Tenormin	**Beta blocker:** Reduces the heart rate, the heart's workload and the heart's output of blood.	Varies by drug	Very low heart rate. If heart rate is below 55, the dose is too high.	
Generic: Amlodipine, Felodipine (medications ending in-pine) Brand: Norvasc, Plendil	**Calcium Channel Blockers:**. Calcium channel blockers relax and open up narrowed blood vessels and reduce heart rate.	Usually 5 mg-10 mg per day		

Common medications to reduce cholesterol				
Medications	**Dosage**	**Contraindications**	**Side effects**	**Other**
Generic: Lovastatin, Pravastatin, Atorvastatin, Simvastatin (medications ending in- statin) Brand: Mevacor, Pravachol, Lipitor, Zocor	Usually 10, 20, 40, or 80 mg per day	If symptoms of liver problems occur- nausea or loss of appetite- check liver function. If liver function tests are more than 3 times normal, stop the statin.	Liver inflammation or pain and inflammation of the muscles. Patients on statins should not eat grapefruit or drink grapefruit juice as it inhibits breakdown of statins. This increases statin blood level and the risk of liver and muscle inflammation.	

The ABCs Medication Brown Bag Trivia

Directions: Pull a card out of the bag and read the question aloud. Determine the best answer (you may use your notes). The number on each card matches the number of each question below. Write down the correct answer below.

1. What is the BP goal? _____
2. What is the HbA1c goal? _____
3. What is the LDL goal? _____
4. The side effects of Actos are _____
5. A patient on Metformin should be checked for _____
6. A patient using long acting insulin experiences hypoglycemia when _____
7. Aspirin can reduce _____ for some patients, but should not be used if _____ _____.
8. _____can protect diabetic patients from kidney damage.
9. Drugs ending in statin treat _____
10. HCTZ lowers _____ by _____
11. Cholesterol medication can cause damage to the _____
12. Benazepril lowers _____
13. ACE inhibitors, drugs that end with _____ lower _____
14. A patient started on Metformin has a HbA1c _____
15. A side effect of Glyburide is _____

16. Name three ways to control diabetes:_____

17. A side effect of ACE inhibitors is _____

18. ARBs, drugs that end with_____, lower_____

19. Beta blockers, drugs that end with_____, lower _____

20. A patient taking Atenolol, with a heart rate below 55, should _____

21. Calcium channel blockers, drugs that end with _____, lower _____

22. A patient started on Amlodipine has high _____ with values over_____

23. A patient started on Metoprolol has high _____ with values over _____

24. A patient started on Losartan has high _____with values over _____

25. A patient started on Lovastatin has high_____ with values over _____

26. A patient started on Lipitor should be checked for _____

27. A patient started on Lisinopril should be checked for _____

28. A patient on Metoprolol XL should monitor his/her _____

Exercise 4: Patient Case Studies for Medication Clarification

When coaching patients about their medications, coaches should be able to explain medications in simple terms. Coaches should know what to do when patients complain about side effects or admit they are not taking their medications.

Let's read patient case studies to learn more about medications.

Patient Case Studies for Medication Clarification
For Clinician Health Coaches

1. A patient is on metformin and lovastatin. What are her diagnoses?

2. A patient is on metformin 500 mg. twice a day. Her A1C is 8.5. The patient is doing her best at diet and exercise. As a coach, what do you say to her? What next step might a provider suggest?

3. A 57 year old patient with diabetes is on metformin 850 mg. twice a day and his A1C is 6.8. Is there any other medication that might be recommended? If so, which one(s)?

4. A patient with hypertension has a blood pressure of 150/100. She does an action plan to reduce her salt intake, and 2 weeks later her blood pressure is 145/95. As a coach, what do you say? What next step might a provider suggest?

5. You are the coach and you ask a patient with LDL cholesterol of 145 whether she is taking her atorvastatin. She says her doctor never prescribed atorvastatin. She brought her medication bottles and one of the bottles says Lipitor. What do you tell her?

6. A patient with diabetes has urine microalbumin (protein) of 150, which is too high. This is a test to determine if there is early kidney damage. What type of medication is recommended to prevent further damage?

7. A patient on atorvastatin calls you, the coach, and says she has severe muscle pain since the physician increased the dose from 20 to 40 mg. What do you think is happening? As a coach, what do you say?

8. A patient with diabetes is on maximum dose of metformin and glipizide. The patient cannot take Actos because the patient already has swollen ankles. His A1C is 8.7. Besides improving diet and exercise, what next step might a provider suggest?

9. A 45 year old patient with hypertension is on salt restriction and HCTZ 25 mg (the maximum effective dose). Her BP is still 150/95. The patient

promises she is taking her HCTZ. The patient does not have diabetes. What next step might a provider suggest?

10. A patient with hypertension is on HCTZ 25 mg. and Metoprolol XL (a beta blocker) 100 mg once a day. Beta blockers slow down the heart rate. The patient's BP is 160/100 and the heart rate is 90. Should the patient get more medications?

11. A patient with diabetes and hypertension is on benazepril, an ACE inhibitor. The benazepril does 2 important things: lowers blood pressure and protects the kidneys. She develops a cough, a common side effect of ACE inhibitors. What next step might a provider suggest?

The ABCs Medication Brown Bag Trivia - Answers

Directions: Pull a card out of the bag and read the question aloud. Determine the best answer (you may use your notes). The number on each card matches the number of each question below. Write down the correct answer below.

1. What is the BP goal? ***140/90***

2. What is the HbA1c goal? ***7 or 8; check with clinician***

3. What is the LDL goal? ***100 for patients with diabetes and 130 for those who do not have diabetes. Check with clinician.***

4. The side effects of Actos are ***heart failure, weight gain, swelling of ankles.***

5. A patient on Metformin should be checked for ***creatinine (to evaluate kidney function).***

6. A patient using long acting insulin experiences hypoglycemia when ***they have not eaten regularly or exercised too long or taken too much insulin.***

7. Aspirin can reduce ***risk of heart attack and stroke*** for some patients, but should not be used if ***a patient has a history of bleeding.***

8. ***Ace Inhibitors and ARBs*** can protect diabetic patients from kidney damage.

9. Drugs ending in statin treat ***elevated cholesterol.***

10. HCTZ lowers ***BP*** by ***causing the body to excrete fluid.***

11. Cholesterol medication can cause damage to the ***liver and muscles***.

12. ***Benazepril*** lowers ***blood pressure.***

13. ACE inhibitors, drugs that end with ***"pril"*** lower ***BP.***

14. A patient started on Metformin has an A1C ***that is elevated.***

15. A side effect of Glyburide is ***hypoglycemia (low blood sugar).***

16. Name three ways to control diabetes: ***healthy eating, exercise and taking medications as prescribed.***

17. A side effect of ACE inhibitors is ***cough.***

18. ARBs, drugs that end with ***"sartan,"*** lower ***BP.***

19. Beta blockers, drugs that end with ***"lol,"*** lower ***BP.***

20. A patient taking Atenolol, with a heart rate below 55, ***should contact their clinician so that the medication dose can be reduced or changed.***

21. Calcium channel blockers, drugs that end with ***"pine,"*** lower ***BP.***

22. A patient started on Amlodipine has high ***BP*** with values over ***140/90.***

23. A patient started on Metoprolol has high ***BP*** with values over ***140/90.***

24. A patient started on Losartan has high ***BP*** with values over ***140/90.***

25. A patient started on Lovastatin has ***high cholesterol*** with values over ***100 if patient has diabetes, 130 if patient does not have diabetes.***

26. A patient started on Lipitor who loses his/her appetite should be checked for ***liver problems.***

27. A patient started on Lisinopril should be checked for ***potassium and creatinine.***

28. A patient on Metoprolol XL should monitor ***his/her heart rate (pulse).***

Patient Case Studies for Medication Clarification
For Clinician Health Coaches
Case Study Answers

1. A patient is on metformin and lovastatin. What are her diagnoses?

   Diabetes and high LDL cholesterol

2. A patient is on metformin 500 mg. twice a day. Her A1C is 8.5. The patient is doing her best at diet and exercise. As a coach, what do you say to her? What next step might a clinician suggest?

   Coach: Ask patient to explain how she is taking Metformin. If taking correctly, then ask patient how she would feel about increasing Metformin dose to bring down her A1C. See if patient knows A1C goal. Clinician would increase Metformin to 500 mg. 2 pills in AM, 2 pills in PM.

3. A 57 year old patient with diabetes is on metformin 850 mg. twice a day and his A1C is 6.8. Is there any other medication that might be recommended? If so, which one(s)?

   Clinician should decide if the patient might need ACE inhibitor for protecting the kidneys, aspirin to protect the heart, and/or statin for LDL cholesterol control. Coach could suggest that patient ask clinician about these 3 meds.

4. A patient with hypertension has a blood pressure of 150/100. She does an action plan to reduce her salt intake, and 2 weeks later her blood pressure is 145/95. As a coach, what do you say? What next step might a clinician suggest?

   Coach should congratulate patient on improvement in blood pressure. Ask whether patient would like to continue with the low salt diet and see how blood pressure is doing in another 2 months, or if patient would like HCTZ. Either plan is reasonable. Clinicians might want to put patient on HCTZ 25 mg. to bring down blood pressure further.

5. You are the coach and you ask a patient with LDL cholesterol of 145 whether she is taking her atorvastatin. She says her doctor never prescribed atorvastatin. She brought her medication bottles and one of the bottles says Lipitor. What do you tell her?

   Lipitor is the brand name for atorvastatin. They are the same medication.

6. A patient with diabetes has urine microalbumin (protein) of 150, which is too high. This is a test to determine if there is early kidney damage. What type of medication is recommended for patients with diabetes and hypertension to prevent further damage?

   ACE inhibitor. Also make sure diabetes and blood pressure are in good control.

7. A patient on atorvastatin calls you, the coach, and says she has severe muscle pain since the physician increased the dose from 20 to 40 mg. What do you think is happening? As a coach, what do you say?

   The increased dose has probably caused a common statin side effect, muscle pain. Coaches are not allowed to suggest medication changes, but clinician would cut statin dose back to 20 mg. Coaches could ask clinician to do that. Also, coach could ask the patient: what do you want to do? If the patient says: go back to 20 mg, coach could say, that's your decision. I'll let your clinician know. Then the coach is not making the decision but the patient is making it.

8. A patient with diabetes is on maximum dose of metformin and glipizide. The patient cannot take Actos because the patient already has swollen ankles. His A1C is 8.7. Besides improving diet and exercise, what next step might a provider suggest?

   If the patient is actually taking her meds regularly, then the patient needs insulin.

9. A 45-year-old patient with hypertension is on salt restriction and HCTZ 25 mg (the maximum effective dose). Her BP is still 150/95. The patient promises she is taking her HCTZ. The patient does not have

diabetes. What next step might a clinician suggest?

The patient needs another med, probably an ACE inhibitor to bring BP to goal of 140/90.

10. A patient with hypertension is on HCTZ 25 mg. and metoprolol XL (a beta blocker) 100 mg once a day. Beta blockers slow down the heart rate. The patient's BP is 160/100 and the heart rate is 90. Should the patient get more medications?

The patient is almost certainly not taking the metoprolol. If the patient were taking it, heart rate would be 60 – 70. The patient needs med adherence counseling, not more medications.

11. A patient with diabetes and hypertension is on benazepril, an ACE inhibitor. The benazepril does 2 important things: lowers blood pressure and protects the kidneys. She develops a cough, a common side effect of ACE inhibitors. What next step might a clinician suggest?

Patients with a cough are taken off benazepril. If the cough goes away in 2-4 weeks, that means the benazepril has caused the cough. In that case, the clinician would put the patient on an ARB which also lowers blood pressure and protects the kidneys.

Medication Reconciliation

What is Medication Reconciliation?

Medication reconciliation, or "med-rec," compares the medicines the provider has prescribed with the medicines the patient is actually taking.[1]

The goals of med-rec done by a non-provider health coach are to:

1. Create a list of medications the patient is actually taking,
2. Educate patients about their prescribed medications,
3. Discover and address barriers to taking medications, and
4. Inform providers about what the patient is actually taking.

Once the provider has been informed, clinical decisions can be made about continuation or changes in medications.

Medication Mess

Many patients do not take their medications as prescribed or take medications their providers do not know about.[2-3] These unknown medications may include herbs, supplements or over-the-counter drugs. Med-rec can both help patients with their medications and provide providers with information to manage medication regimens.

Providers need to know the medications the patient is actually taking. Consider a patient with high blood pressure. During a visit, the provider prescribes HCTZ and Benazepril, two blood pressure medications. The patient picks up the medications from the pharmacy but never takes the medicine. At the next visit, the blood pressure is still high. The provider thinks the two medications are not working and may prescribe a third medicine. If at some point, the patient decides to take all three medications their blood pressure can become dangerously low. The same could happen with diabetes; medication can cause blood sugar to drop too low, which can be fatal.

Prepare for Med-Rec

To talk to patients about their medications, the coach needs a current list of prescribed medications and all of the patient's medication bottles including herbs, supplements and over-the-counter drugs. During appointment reminder calls, staff should ask patients to bring in all of their bottles.

Exercise 1: Appointment reminder call

Pair with a partner and practice appointment reminder calls. Use ask-tell-ask and closing the loop. Be sure to include asking patients to bring in their medication bottles.

References

1. The Joint Commission. Using medication reconciliation to prevent errors. Sentinel Event Alert. 2006 (35).

2. Bedell SE, Jabbour S, Goldberg R, et al. Discrepancies in the Use of Medications: Their Extent and Predictors in an Outpatient Practice. *Arch Intern Med*. 2000;160(14):2129-2134.

3. Bikowski, R., Ripsin, C., & Lorraine, V. Physician-patient congruence regarding medication regimens. *Journal of the American Geriatric Society* 2001;49(10):1353–1357.

Coaching about Medications

Coaches do medication reconciliation for each medication bottle and ask all 8 questions below, *one medication at a time.* Two coaching skills needed for medication reconciliation are "Ask-Tell-Ask" and "Closing the Loop". To do medication reconciliation, coaches ask the following questions:

1. What is the name of this pill?
   Next: If patient doesn't know →Tell

2. What is this pill for?
   Next: If patient doesn't know →Tell

3. How many milligrams is each pill? How many milligrams are you prescribed?
   Next: If patient doesn't know →Tell

4. How have you been taking it?
   Next: Write down exactly how the patient has been taking it and share with provider.

5. How does your provider want you to take it? How is it prescribed?
   Next: If patient doesn't know →Tell
   *If patient is taking it differently than prescribed→Ask Q.6

6. What is preventing you from taking it as prescribed?
   Next: If patient forgets or misunderstood →Tell or Action Plan

7. How many refills do you have left? How do you get refills?
   Next: If patient doesn't know →Tell

8. Just to be sure I was clear, how will you be taking this medication?
   (Sometimes it is better to close the loop after each question.)

Medication Reconciliation Mistakes

Coaches should **not tell** the patient what to do about a medication that the patient is not taking. For example, coaches should not tell a patient who is not taking a medication, "You should be taking this pill." The coach should gather information by asking the reason for not taking medications. Perhaps, the patient has a good reason for not taking it such as unbearable side effects. This information should be relayed to the provider whose role it is to decide whether to stop or continue the medication.

Avoid "Should" and "Must"

These are words of judgment. The last thing any patient wants, especially one who is not taking their medications, is to be judged. Also, bring attention to your tone of voice and facial expressions. Non-verbal cues can speak louder than words.

Exercise 2: Practice medication-reconciliation

First watch us model medication reconciliation. Now, it is your turn.

Directions: Pair up with a partner. Using the scenario below, you and your partner will practice medication-reconciliation. Take turns playing the role of health coach and patient.

Scenario: The patient has brought their medication bottles to a visit. See below for a list of medications prescribed to the patient.

Medication list from health records

- HCTZ 25 mg. ½ pill every morning #30, 3 refills
- Benazepril 20 mg. 1 pill every morning #90, 3 refills
- Metformin 500 mg. 2 pills twice a day #120, 3 refills

Medication Reconciliation Form

Patient: _____ Date of visit: _____

Provider: _____ Health Coach: _____

Medication	What is it for?	Strength	Instructions	Taken as prescribed? If not, why not?	Needs Refill

Medication Adherence

"Drugs don't work in patients who don't take them."
— Dr. C. Everett Koop

What is adherence?

Adherence is the extent to which a patient is taking the medications as prescribed by the provider. Simply put, patients are adherent when they follow their provider's recommendations.

In general, one-third of patients take all their medications as prescribed, one-third take some of their medications, and one-third take none of their medications.[1]

The Price We Pay for Pills

Medications can cost patients a small fortune. High medication cost is associated with non-adherence.[2] Although medications can be pricey for patients, improved medication adherence actually leads to lower health care use and costs.[3] Coaches can help patients figure out how to pay for their medications – for example, through medication assistance programs that help patients get medications at low or no cost.

Reasons Patients Don't Take Medications

When coaches do medication reconciliation, they may discover the patient is not taking the medication as prescribed. The conversation may sound like this:

> Coach: "How have you been taking your Metformin?"
>
> Patient: "I haven't been taking it recently."
>
> Coach: "What is preventing you from taking it?"

Upon exploring reasons why the patient is not taking their medication, a coach may hear the following reasons:

1. I can't afford to pay for the med.
2. The med is not on my insurance formulary so the pharmacist didn't give me the medication.
3. I was unable to get the medication from the pharmacy because there was a problem with my prescription and it took too long.
4. I didn't understand what the provider said about the medication.
5. I don't feel so good when I take it - the medication causes side effects.
6. I am worried that the medication may make me feel worse.
7. I don't really think it will help.
8. I forget in the mornings.
9. I can't remember all my pills – I have so many to take. It is confusing.
10. I don't want to take this for the rest of my life.

References

1. Osterberg L, Blaschke T. Adherence to medication. N Engl J Med 2005;353:487-497.
2. Ho PM, Bryson CL, Rumsfeld JS. Medication adherence: its importance in cardiovascular outcomes. Circulation. 2009; 119:3028–35.
3. Roebuck M, Liberman JN, Gemmill-Toyama M, et al. Medication adherence leads to lower healthcare use and costs despite increased drug spending. Health Affairs. 2010;30(1):91-99.

Exercise 1: Medication Adherence Coaching Strategies

What would you say to a patient who admits they don't want to take their insulin because they believe will make them go blind (a common belief)? How would you coach a patient who can't remember to take their medications?

Directions: For each reason a patient may give for not taking their medication, think of strategies you can use while coaching. The goal is not to convince or make patients take their medications. Focus on:

- engaging patients in their care
- clarifying misinformation about medication
- creating an action plan to help the patient take their medication, if that is what they choose to do

Reasons:

1. I can't afford to pay for the med.
   Strategies:

2. The med is not on my insurance formulary so the pharmacist didn't give me the medication.
   Strategies:

3. I was unable to get the medication from the pharmacy because I had to wait too long.
   Strategies:

4. I didn't understand what the provider said about the medication.
   Strategies:

5. I don’t feel so good when I take it - the medication causes side effects.
   Strategies:

6. I am worried that the medication may make me feel worse.
   Strategies:

7. I don’t really think it will help.
   Strategies:

8. I forget in the mornings.
   Strategies:

9. I can’t remember all my pills – I have so many to take. It is confusing.
   Strategies:

10. I don’t want to take this for the rest of my life.
    Strategies:

Medication adherence strategies

1. Patient has to pay for the medication, or has a co-pay, and can't afford it.

Strategies:
Ask what the cost is, and call social worker or someone on the team who can find the drug company-sponsored cost reduction plans. These take time to get, but can be very helpful.

2) Medication is not on the patient's insurance formulary and pharmacist didn't fill the prescription

Strategies:
Call pharmacy and ask what the problem is, because often patients don't understand it. Then ask provider to change to a formulary med or get a TAR (treatment authorization request).

3) Patient is unable to get the med from the pharmacy for some reason; for example, the pharmacy told the patient it would take 2 hours and the patient left and never was able to return to pick up the med due to transportation or childcare issues. Another reason is that Medi-Cal only allows 6 meds per month and if the prescription is for a 7th med, the pharmacist won't fill it unless the patient pays.

Strategies:
Ask pharmacy what the problem is. If patient cannot get to pharmacy because lack of transport or childcare or job, ask patient if a friend or family member could pick it up. Use a mail order service, or if there are refills remaining on the bottle, tell the patient to call in (or email) the refill order to the pharmacy ahead of time so it will be ready to pick up when they arrive. Patient can go to the pharmacy during non-peak hours.

4) The patient doesn't understand what the physician told him/her about a new medication

Strategies:
Review the new medication with the patient and then close the loop.

5) Medication causes side effects.

Strategies:
Ask details about the side effects, and discuss with provider. Coaches should not advise patients what to do. This is generally a provider—level issue to figure out.

6) Patient is worried that the med may cause harm.

Strategies:
Ask what the worries are. Go over the list of side effects and try to reassure the patient that most of these happen rarely, and that the effect of keeping diabetes or high blood pressure or cholesterol in poor control is probably much worse than the med side effects. Don't deny that there are side effects; try to put them in the context of the harm the disease can cause.

7) Patient doesn't believe the med will really make a difference in his/her life.

Strategies:
Ask why the patient feels this way. This is a difficult one. It requires patient education about the harmful consequences of not taking the med, which could be heart attack or stroke, or for a patient with diabetes, amputation or blindness or kidney failure. Ask the patient what his/her long term life goals are, and make the case that the med could help the patient reach that long term goal by prolonging life.

8) Patient forgets.

Strategies:
Ask if the patient has ideas how to remember better. Suggest reminder systems: stickies, or putting medication in a visible location, such as on the toilet seat, or on the breakfast table, or use a cell phone alarm reminder, help the patient establish a routine. Using a medi-set can help the patient remember if they have taken their medication on each day of the week.

9) Medication regimen is too complicated. Too many medications, and medications that need to be taken several times a day.

Strategies:
A medi-set might help, but best is to simplify the regimen. It is known that complex medication regimens are associated with non-adherence. If there is any way to take all the pills together once or twice a day, that is better than 3 times a day. Ask if the patient is willing to take some of the meds. It may be necessary to go back to the provider and suggest that the patient isn't willing to take 5 different meds and ask the provider to stop meds that are less essential. Better for the patient to take 3 out of 5 than 0 out of 5. Coach could also do an action plan in which the patient agrees to take 3 meds; then ask the provider which meds would be best to stop.

10) Patient doesn't want to begin taking something that he/she may have to take for the rest of his/her life.

Strategies:
Ask if the patient would be willing to try the medication for 2 weeks. Tell the patient not to worry about taking it for the rest of her life; that may not be needed. If she agrees to take it for 2 weeks, then discuss it again in 2 weeks, and perhaps she would be willing to take it for another 2 weeks. It is easier for patients to think about short time periods than the rest of their lives.

Medication Adherence and Patient Trust

Sometimes, when patients do not want to disappoint their provider, they may not tell the truth about adherence. If a patient is simply asked, "Are you taking your medications?" the response may be "Yes, of course."

How can we encourage patients to tell the truth? As a coach, here are some things you can say:

- "Many people find it challenging to take medications as prescribed. What challenges are you having?"
- "A lot of people forget their medications. When do you have a hard time remembering to take your medication?"
- "It is useful for us to know if you are taking the medicines or not since it helps your provider know what to do next about your blood pressure. Please share with me how you've been taking your medications so we have an accurate picture of what you have and have not been taking."

Exercise 2: What could you say?

What would you say to a patient to create a comfortable atmosphere that encourages telling the truth?

Directions: Share one way to encourage patients to tell the truth. Write your answer in the space below.

Collaborating with Patients

Setting Agendas

Set the Agenda

Many times, patients' concerns are not addressed in an encounter.[1] Setting the agenda at the start of an encounter can help to cover both the patient's and the coach's concerns during the visit. Also, remember the evidence that patients with diabetes who have a pre-visit to establish the agenda have better control of their diabetes than patients without agenda setting? The patient and the coach collaborate to create the agenda. Setting the agenda takes little time to complete and should be done before face-to- face visits or phone encounters.

Steps to Setting the Agenda

1. Ask the patient what they want to discuss.
2. Confirm the patient's items and ask for other items until exhaustion.
3. Share with the patient what you or the provider wants to discuss.
4. Ask the patient if it is OK to talk about their concerns and then your and the provider's concerns (in that order).
5. Briefly summarize what all the agenda items will be.

If there is not enough time to address all of the issues that the patient and you and/ or the provider want to discuss, you will need to prioritize with the patient collaboratively.

1. Marvel M, Epstein RM, Flowers K, Beckman HB. Soliciting the Patient's Agenda: Have We Improved?. JAMA. 1999;281(3):283-287.

Exercise 1: Agenda setting dialogues

Let's read some conversations between coaches and patients. We will have a discussion after each conversation.

Out the Door

Read this encounter between a coach and a patient to set the agenda for a provider visit.

1Coach: Hello. It's good to see you. Let's talk about your blood pressure.

2Patient: My back hurts. I've been in a lot of pain. What's wrong with my blood pressure?

3Coach: Your nurse practitioner is very concerned about your blood pressure. Your blood pressure is too high. She says we need to get it down.

4Patient: OK.

5Coach: I think she is ready to see you now.

6Patient: Oh, by the way, I have blood in my stool. Is that a problem?

Discussion

- What did the coach do well?
- What went wrong?
- What should the coach do differently?

Key Messages

1. Ask the patient about their concerns at the beginning of the visit.
2. Avoid wasted visits by engaging the patient in agenda setting

We Are Set

1Provider: Hello, Mr. Mygrane. It's good to see you. How are you doing?

2Patient: I have a bad headache.

3Provider: I am sorry to hear that. Let's figure out how we can best spend our time together so you can get the most out of your visit. Would you like to talk about your headache first?

4Patient: Yes, that would be great.

5Provider: So I have your headache, what else would you like to address?

6Patient: My glucometer is acting funny. I don't know if it is working.

7Provider: OK. I will ask the health coach to talk with you about the glucometer after our visit. What other concerns do you have?

8Patient: I think that's all.

9Provider: There is one other thing I'd like to talk about, which is getting you up-to-date on your preventive cancer screenings. Would that be OK after we deal with the headache?

10Patient: That's fine.

Discussion

- What did the provider do well?

Key Messages

1. Ask permission to include your own agenda items.
2. Start the visit with the patient's agenda items.

3. The Prioritizer

Read this scenario of a pre-visit to set the agenda prior to the provider visit.

1Coach: Hello, Mr. Mygrane. So happy you made it to your visit. So what brings you here today?

2Patient: Well, I have a bad headache. And my right leg is swollen.

3Coach: OK. I'll make sure to let Dr. Rush know you want to address your headache and your leg. What else are you concerned about?

4Patient: I have been a nervous wreck. My sister was just told me she has cancer. I'm scared that I might have it too. And school is giving me a hard time. I have to get this form filled out for my night school class.

5Coach: It seems that there are four things on your mind: your headache, your right leg, worrying about having cancer, and a form to fill out. To be realistic, I don't think Dr. Rush can take care of all 4 things in the 15 minutes she has available. I'll let you and her figure out how you should prioritize those issues. As your coach, I will help you with your school form after your visit, and follow up on anything else Dr. Rush and you need. OK?

Discussion

- What did you like about the style of this coach?

Key Messages

1. Prioritize the agenda if there are too many items.
2. Share the care so that the coach can address one or more agenda items after the provider visit.

Exercise 2: Practice Agenda Setting

First watch us model setting the agenda. Are there any questions? Now, it is your turn.

Directions:

1. Pair up with a partner.
2. You and your partner will practice setting the agenda, taking turns playing the role of health coach and patient.
3. This is a pre-visit to set the agenda prior to the provider visit.
4. Remember, we are just agenda setting; we are not getting into details about the items.
5. Role Play – The coach will:
    - Ask the patient what he/she wants to discuss.
    - Confirm the patient's items and ask for other items.
    - Share with the patient what you or the provider wants to discuss.
    - Ask the patient if it is OK to talk about his/her concerns and then your and the provider's concerns.
    - Briefly summarize what all the agenda items will be.

Patient's concerns: Pain in the right leg for a week

Provider's concerns: Blood pressure last visit was high at 170/100.

Coach's concerns: Follow up on the healthy eating plan made during the last patient encounter.

Action Plans

Encouraging patients to participate

In most clinical encounters, patients do not participate in decision-making. Remember, evidence shows that patients who actively participate in their care and make decisions about their care demonstrate improved clinical outcomes.[1,2]

Goals and action plans

Providers often set goals for patients: your A1C should be 7; your blood pressure should be 140/90 or below. In addition, patients set goals for themselves: I want to stay healthy so I can see my daughter graduate from college. Or I want to lose 20 pounds. Whether the goal is initially set by the provider or the patient, the patient needs to agree on the goal; otherwise the chance of meeting the goal is very small. [3] Whether initiated by the provider or the patient, these are longer-range goals. An action plan is a short-term activity to start on the road toward meeting the longer-range goal. Coaches never set goals for patients but assist patients and providers to implement action plans.

An action plan is an agreement between the patient and the care team specifying a behavior change a patient wants to make. In a randomized controlled trial, patients with diabetes engaged in making behavior-change action plans had significant improvement in A1C compared with patients who had traditional patient education.[4]

Imagine a patient who has high blood pressure. The patient is told to eat less salt, take all medications, and walk at the beach for 30 minutes every day. The patient is not interested in doing those things. But the patient, if asked, has been interested in walking home from work every day, and an action plan could be agreed upon to work on the area the patient is motivated to work on. Action plan forms are at the end of this curriculum.

Dialogue 1: Coach-directed goal setting and action planning

1Coach: Let's talk about your diabetes.

2Patient: OK.

3Coach: One way we keep track of your diabetes is by measuring your A1C. Your A1C is 10. Your goal is 7.

4Patient: OK.

5Coach: There are three ways you can bring your A1C down. Diet, exercise, and medications. Let's talk about your medications first. Are you taking your medications as prescribed?

6Patient: Well… most of the time.

7Coach: You need to take your medications every day. And you need to lose 20 pounds and start exercising. That will be your action plan. When do you want to start?

8Patient: Can I get a new health coach?

Key points:

1. The patient was not involved in setting the longer-range goals (A1C 7 and activities to get her weight down 20 pounds), or the actions that will help him/her accomplish the goals. The patient may not agree with those goals.
2. The patient was not engaged in making the action plans.
3. The coach made 3 action plans and it is best to ask the patient what they want to work on and make only 1 action plan
4. The action plans were very general and they should be very specific.

Dialogue 2: Patient-directed goal setting and action planning

1Coach: Hello, how are you today? I'm Alex, your health coach.

2Sra Romero: I'm OK, thank you. But my doctor told me that my diabetes is getting worse. Something about A1C.

3Coach: What do you know about A1C?

4Sra. Romero: I'm not sure. I know it is a measure of how your blood sugar is doing over the last 3 months. But I can't remember the number.

5Coach: That's right. Your A1C is a 9. Does that sound familiar?

6Sra.Romero: Ah, yes, a 9.

7Coach: What can you tell me about your A1C goal?

8Sra. Romero: I think it's 7.

9Coach: Yes! How do you feel about your A1C being 9?

10Sra. Romero: I hate it. I need to get it down to 7.

11Coach: We can work on it together! What are some ways to bring down your A1C?

12Sra Romero: Eating better, being more active, and taking my pills.

13Coach: Yes, that's right. Which of those things would you like to work on?

14Sra Romero: I think what I eat or drink may not be good for my A1C. I need to work on that.

15Coach: What are you currently eating or drinking that might make your A1C go up?

16Sra Romero: I know that rice, bread, and tortillas all make my A1C go up, but I

drink too many sodas too. I drink about 4 sodas a day. I think it's the sodas.

17Coach: Would you like to do something about the sodas?

18Sra Romero: I'll never drink sodas again. I'm through with sodas.

19Coach: I'm glad you want to get your A1C down, but let's do a reality check. How sure are you that you can stop all sodas? Let's use a "0 to 10" scale: "0" means you aren't sure you can succeed, and "10" means you are very sure you can succeed.

20Sra Romero: Oh, I don't think I can do it. It's 2 out of 10.

21Coach: We want you to succeed. What would make you more likely to succeed?

22Sra Romero: Maybe going from 4 sodas a day to 2 a day. That is 10 out of 10.

23Coach: That's great. What are some other things you can do when you want to drink soda?

24Sra Romero: Well, I usually have one with lunch and one with dinner, and then I have two during the day at work to wake me up – I like the caffeine. I have one in the morning and one in the afternoon. I can't cut those out. But I can cut out the ones with meals.

25Coach: That sounds like a great idea! What can you drink with your meals instead?

26Sra Romero: Water. Or tea.

27Coach: Perfect! Can we call this your action plan?

28Sra Romero: Sure! I've wanted to cut down on the sodas.

29Coach: When do you want to start?

30Sra Romero: Tonight with dinner is good.

31Coach: Excellent. Could I call you in a few days to see how it's going?

31Sra Romero: Please call. After 5 pm.

32Coach: I will do that. Just to be sure we are clear on your action plan, what will you be doing to get your A1C down?

33Sra Romero: Cut down my sodas from 4 a day to 2 a day, starting with dinner tonight. I'll drink something else with my meals, and still have two sodas – one in the morning and one in the afternoon.

34Coach: I'll give you a call in two days.

Discussion

- What did the coach do in Line 9? (assess the patient's motivation)
- What did the coach do in Line 11? (find out what the patient knows and doesn't know)
- What did the coach do in Line 13 and 15? (allow the patient to choose what to work on)
- What did the coach do in Line 32? (close the loop)

Key Messages

1) Allow the patient to choose one general domain of behavior change.
2) Discuss with the patient a very specific action plan that the patient would like to do.
3) Check the patient's confidence in succeeding.
4) Ask when the patient wants to start.
5) Arrange a follow up phone call.
6) Close the loop to ensure that the patient knows what the action plan is.

Steps to an effective action plan discussion

1. **Have the patient choose.** The patient chooses the general domain he/she wants to work on (e.g. eating healthier, engaging in more physical activity, or medication adherence); in this dialogue she chose healthier eating.

2. **Be specific.** Assist the patient to make a very specific action plan within that domain, which in this case was to reduce the number of sodas. Specifics help the patient be realistic with their plan and how it may or may not fit into their life.
    - What is it exactly they are going to do?
    - When exactly they are going to do it?
    - How often are they going to do this?'
    - Where will they do this?
    - Are there any challenges or barriers the patient anticipates?

3. **Check confidence for success.** Check the patient's level of confidence that he/she can succeed using the 0 – 10 scale, and if the confidence level is below 7, suggest making the action plan easier in order to get the confidence level 7 or above. Remember, the goal is success, no matter how small the action plan is. Behavior change experts have found that success breeds more future success.

4. **Start date.** Ask when the patient wants to start. The start date is an important motivator and gauge of the patient's motivation. If the patient puts the start date too far away, explore with the patient what they feel ready to start now.

5. **Follow-up.** Asking permission to make a follow-up phone call shows the patient that you are taking this plan seriously, and they may feel more accountable to follow through on their start date.

6. **Close the loop.** Make sure the patient can state what the action plan is.

Likes and Dislikes

Coaches can help patients discover their motivations for engaging in unhealthy behaviors. For instance, if a patient with diabetes tells you he eat several candy bars a day, you can ask:

1. "What do you like about eating chocolate?"

2. "What don't you like about eating chocolate?" or "What are some drawbacks to eating chocolate?"

Asking "What do you like about …?" may uncover the reason for the current behavior, for example, "I eat chocolate to reduce my stress." This could help the coach engage the patient in alternative stress-reduction methods. Asking "What don't you like..." or "What are some disadvantages to…" prompts the patient to say what unhealthy consequences of the behavior are, for example "What I don't like about chocolate is that it makes my A1C higher and I've gained weight." This indicates that there is motivation to reduce the chocolate. Remember to ask patients for their own reasons, we're not going to tell them! If they come from within the patient – especially the downsides to their unhealthy behavior -- it is more helpful for their motivation than you telling them.

Judge Me Not

When helping patients with actions plans it is important to practice being non-judgmental. This includes what you say, how you act, and your facial expression. In order for an action plan to be successful a patient may only be able to make a small change – a baby step. It might be hard to feel that this small step is enough

given how severe the patient's health condition is. However, we want patients to be successful and enjoy future successes, so even a small change is okay if patients feel confident they can do it.

Different patients are more or less ready to make behavior changes, as explained in the following chart. Usually a patient will be ready for one change (for example, physical activity) but not yet ready for another change (for example, healthy eating). That's why health coaching gives patients the choice of what behavior to work on.

Stages of Readiness for Change

When helping patients with actions plans it is important to practice being non-judgmental. Patients will indicate being more or less ready to make behavior changes, as explained in the chart on the next page. Usually a patient will be ready for one change (for example, physical activity) but not yet ready for another change (for example, healthy eating). That's why health coaching gives patients the choice of what behavior to work on.

The stages of change model [6] and application[7] as outlined in the chart on the next page indicates some things a coach might hear a patient say to indicate how they are feeling about a change. Accompanying what a patient may say are approaches and questions a health coach might use given the patient's attitude towards change.

When a patient indicates that he/she is ready for action, an action plan can be used. If a patient indicates that they are not ready for change, and are either not thinking about it or only thinking about it, there are questions and conversations a health coach can still have with the patient that might help the patient get closer to be ready to make a change. A health coach can also respect a patient's resistance about making one change, while finding another activity that the patient is ready to change.

The chart also indicates that patients who have made a change continue to need support in maintaining the change.

The pages following the chart are some good questions to use in action plan discussions. These examples of conversations have more suggestions of questions

a health coach might ask a patient to explore the patient's readiness and possibilities for changes.

Building a Collaborative Relationship

The change a patient is ready to make an action plan for may seem unrelated to her health. If a health coach and a patient are going to be able to work over a period of time together, it is not a waste of time to work on a change that is not health-related. Sometimes action plans are made to model what it feels like for a patient to be successful in making a change, and is a great way for the patient and the health coach to work on building a trusting relationship. If the action plan process is successful, the coach and the patient will be able to work on future action plans that are related to the patient's health condition.

Stage of Change	*Patient's attitude towards change*	*Overall Strategy or Approach*	*Questions for Action Planning*
Pre-Contemplative	• Unaware • In denial • Doesn't see it… *"No!" or "It's not a problem for me."*	• Explore patient's perceptions of health and condition. • Build relationship • Get a reaction, cognitive or emotional *HELP THEM THINK ABOUT IT!*	- What would you like to know/learn about your condition? - What behaviors have you thought about changing (related or unrelated to condition)? - What do *you feel* affects your health?
Contemplative	• Ambivalent • Unsure • Sees issue, isn't ready to change. *"Yes, BUT…"*	• Explore pros and cons / likes and dislikes of behavior • Help to weigh pro side *WHAT ARE THEIR BARRIERS?*	- What are benefits of making a change? - What's a small(er) step that you feel you can achieve? - What's a replacement activity (or food) that might be helpful?
Ready for Action or Preparation	• Decided *"Yes!"* *"I'm ready"*	• Support - Recognize challenge • Identify on benefits, motivations, and inspirations • Problem-solving *SOLVE IT!*	***See action plan form***
Action	• Doing It! *"I did it today."*	• Support – Recognize hard work • Explore benefits, motivations, and feelings of having made change. • Problem-solving *DO IT!*	- How does enacting this change feel? - Are there any challenges you are encountering or anticipate? - How have you celebrated your success?
Maintenance	• Living It! *"I've been doing it for awhile now."*	• Support – Recognize daily work • Find other support(s) • Become a role model to others *LIVE IT!*	- What helps you be successful in maintaining this change? - What are you doing to keep from going back to your old habit(s)? - Who (or what) supports you to maintain this change?

Some good questions to use in action plan discussions:

If the patient wants to make an action plan on healthier eating, it is usually not helpful to get into detailed discussions of everything the patient eats. This can take too much time and requires the coach to know a lot about nutrition. A better way to start is for the coach to ask:

Is there anything you eat that makes your A1C go up so high?

Most patients will know what foods increase the A1C, and when a patient names a food, it is likely that the patient feels bad about eating or has considered cutting down on that food. This shows they may be ready for an action plan.

If the patient says "Ice cream makes my A1C go up" the coach could ask:

Would you like to do something about the ice cream you eat?

Many people will say "Yes," and then an ice cream action plan may be what the patient would like to do. Some people will say "No," and they will have to return to identifying a food or other behavior that they want to change. Once the patient has selected a food, be sure to get very specific: How much of the food does the patient currently eat, how often, how will the patient reduce the food, which days, what time of day, etc.?

> We know that chocolate makes blood sugar increase and that can be bad for a patient's health. If we say, "You shouldn't be eating so much chocolate. Don't you know it's bad for you?" a patient may become defensive, hostile or shut off. This is not coaching! Instead, the coach could say "Chocolate is really delicious so it makes sense that you really enjoy eating it. What do you think it does to your sugar?"

If the patient wants to do become more physically active, a good question is:

What do you enjoy doing?

Patients will probably make an action plan on a physical activity they like. Get specific: how many minutes of exercise, how many days of the week, what time of day, where, is there a buddy they can exercise with?

If the patient has no ideas, you can ask:

Is there any physical activity you've done in the past that you enjoyed? Or Is there any type of activity you've wanted to try out, even just one time?

Sometimes, the action plan will be for the patient to explore their options, such as what gyms they can afford, or where they can find exercise or dance classes in their community. The action plan may be taking that step of identifying a location and opportunity or trying something once.

What if a patient does not want to make an action plan?

That is fine; the coach should not try to convince the patient. Perhaps, this patient needs more discussion and education through ask-tell-asking about their disease. For a patient in this situation, you can ask:

It sounds like you are not ready to make an action plan today. No problem. Would you like to talk more about your illness or how you feel about your illness?

When patients are feeling overwhelmed with other events in their life, they cannot focus on being more active or eating healthier. A coach can explore these other issues, if a patient is willing to disclose them. In many cases, patients want to make an action plan about something that is really bothering them, for example an issue with a family member. One health coach who coached 150 patients found that half of the action plans were about problems not directly related to their diabetes.

Modeling an action plan discussion.

Role playing exercise

Divide into dyads with one person the coach and the other a patient with diabetes. The A1C has gone up from 7 to 9.5. The patient is motivated to bring the A1C down. Start with the 4 questions and then move into an action plan discussion. When done, switch roles and repeat the process. Use the action plan form. After the role plays are completed, discuss what went well and what problems came up.

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Coaching for Smoking Cessation

Smoking cessation guidelines

The US Preventive Services Task Force provides excellent practice guidelines for preventive care.[1] The guidelines for smoking cessation are:

1) The health care team should ask all adults about tobacco use and provide tobacco cessation advice for those who use tobacco.
2) For people who are interested in quitting, offer counseling (have an action plan discussion and refer to smoking cessation programs).
3) Offer medications and if the patient is interested, let the provider know.

What is the health impact of smoking?[2]

- Tobacco is the leading preventable cause of death in the United States, causing over 480,000 deaths every year; or one in every 5 deaths each year.
- Second hand smoke exposure caused nearly 42,000 heart disease deaths annually among adult nonsmokers in the United States.

Tobacco-related deaths

- Tobacco related deaths are from heart attacks, strokes, chronic obstructive pulmonary disease (COPD) and cancer.
- Tobacco is responsible for about one-third of all US cancer and coronary heart disease deaths
- Over 80% of chronic obstructive pulmonary diseases (emphysema and bronchitis) are caused by tobacco. COPD means that the lungs are permanently damaged by tobacco so that patients have a chronic cough and difficulty breathing.
- The main cancer caused by tobacco is lung cancer, but tobacco also contributes to cancer of the mouth, tongue, throat, larynx, esophagus, stomach, pancreas, and bladder.
- Nicotine in cigarettes causes arteries to narrow and damages the walls of the arteries. This can cause cholesterol to stick to artery walls and clog arteries, leading to strokes and heart attacks.

- Cigarettes increase blood pressure which contributes to heart attacks and strokes.

Smoking Cessation Coaching

Let's say that a patient has smoked a pack of cigarettes a day for 30 years. Is it too late to quit?

No. After 15 years of quitting, the risk of a heart attack is the same as the risk for someone who never smoked. Ten years after quitting the risk of a stroke is down to the risk for a person who never smoked and the risk of lung cancer drops to one-half of the risk for a continuing smoker. Within 3 months of quitting, lung function increases up to 30%. Twenty minutes after quitting cigarettes, the blood pressure drops.[3]

Cost of smoking

Quitting smoking saves a huge amount of money. The average price of a pack of 20 cigarettes in California in 2015 is about $6.00.[4] Someone who smokes one pack per day, spends over $2000 a year to satisfy their cravings.

Why is it so hard to quit?

All tobacco products contain nicotine, an addictive drug that causes changes in the brain which result in cravings. Quitting nicotine causes unpleasant withdrawal symptoms: dizziness, anxiety, irritability, restlessness, headaches, tiredness, nightmares, depression, and anger. These symptoms are relieved by starting to smoke again. The good feelings caused by nicotine in the body – and the unpleasant feelings when it is absent – make breaking the addiction difficult.

Programs to quit smoking are successful. However, the smoker must want to quit. Just as a health coach cannot make an action plan to change diet or exercise if the patient doesn't want to do these things, health coaches can't make action plans with smokers unless the smoker wants to start the process of quitting. Many people want to quit but their confidence level that they can succeed is low. They need help. Smokers' peer groups are crucial to quitting. It is hard to quit if another family member smokes. If others in the family smoke, it is best for them

to try to quit together. If good friends or people at work are smoking, it is very hard to quit.

Most people who permanently quit have tried and failed a few times. So if someone fails, tell them that their chance of success the next time is greater than the first time.

How heath coaches can help patients quit

1. **Ask if a patient smokes.** If a patient smokes, ask if there is any interest in quitting. If the patient says he/she does not want to quit, ask if the patient would like to talk about the health effects of smoking. If the patient agrees to such a discussion, use ask-tell-ask to provide them with the information. If the patient does not want to talk, tell the patient that you are available to talk in the future. A smoker who wants to quit is quite different from a smoker who does not want to quit. For the former, it is worth trying to set a quit date; for the latter, a coach can try to refer the patient to a quit help line or class. Some are not ready to quit but are ready to cut down.

2. **Make an action plan.** Make a plan that the patient has confidence of success such as:

    - "I will call the smoking helpline tomorrow."
    - "I will go to a smoking cessation class next week."
    - "I will stop smoking in the house."
    - "I will not smoke until 2 PM every day."
    - "I will ask my doctor or nurse practitioner for medications to help me quit."

    These are action plans that help people *start* the process of quitting. Eventually, we would like all smokers to say: "My action plan is to quit smoking next Monday."

3. **Provide the patient with information about smoking cessation advice**.
    - The California Smokers' Helpline, 1-800-NO-BUTTS, is an excellent free resource that patients can access from their homes. Studies have shown that people who use the Helpline are twice as likely to stay

quit than people who try to quit on their own.
- The Helpline is available in English, Cantonese, Korean, Mandarin, Spanish, and Vietnamese.
- Available Monday – Friday 7 am to 9 pm and Saturday 9 am to 1 pm.
- Initial counseling is 40 minutes with 10 minute follow-up phone calls.
- Educational materials are sent to the patient's home.

Medications for Smoking Cessation.

Studies show that counseling plus medications is more effective than counseling alone. For Medi-Cal to cover these medications it is necessary to participate first in a counseling program. The program will provide a certificate to the pharmacy.

- **Nicotine replacement** provides temporary nicotine not in cigarette form to help people with withdrawal symptoms. Nicotine replacement can be with gum, patches on the skin, inhaler or nasal spray. Do not use these medications if you are still smoking; you will get a double dose of nicotine. Start immediately after the last cigarette. Providers will give instructions on how to use these medications and how long to continue them.

- **Wellbutrin or Zyban** (Bupropion) is a pill also used for depression. It can be used together with a nicotine patch. It is started 1 – 2 weeks before the quit date and taken for 2-3 months.

- **Chantix** (Varenicline) is a pill to start 1 week before quitting, and taken for 12 weeks.

Setting a Quit Date

At some point, patients may become ready to set a quit date and health coaches can support them in quitting. It is fine for the patient to quit cold turkey at the quit date; cutting down slowly is no more effective than stopping all at once.

To prepare for the quit date the patient can:
- Get medications
- Let everyone know when the quit date is so that other people can be supportive.

On quit day, some suggestions for a patient are:

- Keep active
- Drink water and juices
- Attend a stop-smoking class
- Avoid alcohol
- Avoid seeing people who smoke
- Use the money saved by not buying cigarettes to have some fun.

It turns out that weight gain following quitting is not as great as most people think. Exercise helps to reduce weight gain and to reduce the stress of not smoking.

On the quit date and on most days following the quit date, the coach should call the patient to give encouragement and help solve problems that come up.

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Activity 1: Health Coaching People Who Smoke

Directions: Divide up into dyads with each dyad discussing one or two of the examples below. After 10 minutes, each dyad reports on the strategies proposed for each example.

Example 1: Terry has smoked 1 pack per day for 15 years. He has high blood pressure. You are the coach. You ask Terry if he is interested in quitting cigarettes. He says no. What do you do?

Example 2: Angelica has smoked ½ a pack per day for 4 years. She stopped when she became pregnant, but then she started again. Her mother tells her that she shouldn't smoke around her 6 month-old daughter. Angelica wants to stop, but she doesn't feel that she is able to stop. You are the coach. What do you do?

Example 3: Ellen has smoked for 30 years and is developing COPD. She used to be able to walk 3 miles but now she can only walk 3 blocks without getting short of breath. You are the coach. You ask Ellen if she thinks her smoking is contributing to her lung problems. She says no, the lung problems come from an allergy to her dog. What do you do?

Example 4: Winston smoked for 23 years, 1-2 packs per day. 2 years ago he quit when his wife told him she would leave him unless he quit. But then he started playing pool with his friends, who smoke, on Friday nights and started smoking again, almost 2 packs per day. He comes to you, the coach, because he wants to quit again. What do you do?

Example 5: Raul started smoking when he was 11 years old. His father smoked 3 packs per day and died of a heart attack at age 45. Raul is 43 and still smokes 2 packs per day. His doctor told him he had to stop, and asked you, the coach, to talk to Raul about it. What do you do?

Example 6: Phil Morris has smoked for 25 years, 1 pack per day. His doctor just told him that he has bad hypertension and needs to stop smoking. Phil is interested in stopping but doesn't feel confident that he can succeed. The doctor asks you, the health coach, to discuss smoking cessation with Phil. He agrees to have an action plan discussion with you.

Strategies for Coaching Cessation Coaching

The key is: does the patient want to quit? If no, ask if the patient wants to have a conversation. If yes, it is time for some action.

Example 1: Terry has smoked for 15 years, a pack per day. He has high blood pressure. You are the coach. You ask Terry if he is interested in quitting cigarettes. He says No. What do you do?

Ask his permission to have a brief discussion. If he says No, then end the conversation and ask permission to talk to him again about it at a future visit. If he says Yes, ask what he likes and what he doesn't like about smoking to get more information on what he is thinking. Ask if there is any interest in quitting sometime in the future. See if he is willing to look at smoking cessation literature or to call 1 800 NO BUTTS.

Example 2: Angelica has smoked for 4 years, ½ a pack per day. She stopped when she became pregnant, but then she started again. Her mother tells her that she shouldn't smoke around her 6 month-old daughter. Angelica wants to stop, but she doesn't feel that she is able to stop. You are the coach. What do you do?

This is a good situation for an action plan, which could be going to counseling, a cessation group, or calling 1-800 NO BUTTS or asking her provider for medication. See if she is willing to think about a quit date, and if she is willing to talk with the coach again in person or by phone. Remind her that people who have quit once and started smoking again have a greater chance of success the second time.

Example 3: Ellen has smoked for 30 years and is developing COPD. She used to walk 3 miles but now can only walk 3 blocks without getting short of breath. You are the coach. You ask Ellen if she thinks smoking is contributing to her shortness of breath. She says No, the breathing problems come from her allergy to her dog. What do you do?

Don't argue with her, or confront her on her denial of smoking's role in her breathing problem, but perhaps ask her something like, "In addition to your dog, do you think that smoking might contribute to your breathing problem?" See if

she is willing to look at literature on the relation between smoking and COPD. Provide literature if she is interested. Also provide the information that her breathing can improve if she stops smoking.

Example 4: Winston smoked for 23 years, 1-2 packs per day. 2 years ago he quit when his wife told him she would leave him unless he quit. But then he started playing pool with his friends on Friday nights and started smoking again. He comes to you, the coach, because he wants to quit again. What do you do?

This is a peer pressure problem which is difficult to solve. He would have to stop playing pool, try to persuade his Friday night friends not to smoke when he is there, or try going out with a different group of people. See if he is willing to make an action plan related to his Friday night activities. If not, it will be hard to quit.

Example 5: Raul started smoking when he was 11 years old. His father smoked 3 packs per day and died of a heart attack at age 45. Raul is 43 and still smokes 2 packs per day. His doctor told him he had to stop, and asked you, the coach, to talk to Raul about it. What do you do?

Ask, ask, ask. Is Raul interested in quitting? What does Raul know about cigarettes and heart disease? Why does he think his father died? Does he think he is at risk? What does he like and dislike about smoking? Is he willing to look at literature or call 1 800 NO BUTTS?

Example 6: Phil Morris has smoked for 25 years, 1 pack per day. His doctor just told him that he has bad hypertension and needs to stop smoking. Phil is interested in stopping but doesn't feel confident that he can succeed. The doctor asks you, the health coach, to discuss smoking cessation with Phil. Phil agrees to have an action plan discussion with you.

Ask for permission to have an action plan discussion. See if Phil wants to do an action plan about smoking. If so, ask what he would like to do. If he doesn't know, suggest some possibilities about classes, getting information, calling 1-800-NO BUTTS, or ask if he would like to set a quit date. After he suggests what he would like his action plan to be, check his confidence level. Re-do the action plan if confidence is below 7/10. After the specific action plan is agreed to, see when he wants to start. Arrange a follow-up phone call.

Depression and Diabetes

People with diabetes are more likely to be depressed than people without diabetes. People who have diabetes and depression have higher A1C levels, less healthy diets, do less exercise, and take fewer of their medications than people with diabetes who are not depressed.[1, 2] Sometimes the reason why patients don't want to take medications nor make an action plan is that they are depressed.

Some people with diabetes may improve with anti-depressant medications. But many people with diabetes who appear to be depressed are actually distressed by their diabetes. For that second group of people, learning skills and gaining confidence to better self-manage the diabetes will help the symptoms of distress. Those people do not need anti-depressant medications. They need coaching. Sometimes it is difficult to tell these two groups of patient apart.

For more information on diabetes and mental health, visit the American Diabetes Association's webpage: http://www.diabetes.org/living-with-diabetes/complications/mental-health/

Another helpful resource is the Behavioral Diabetes Institute. They have tools online that can be accessed at http://www.behavioraldiabetesinstitute.org/resources

Standardized Patient Questionnaires

Health coaches can use the PHQ9 patient questionnaire to figure out if a patient has depression. Coaches can ask the first two PHQ9 questions, and if either question is YES, go ahead and do the PHQ9. If a coach administers the PHQ9, it is important to keep providers informed about the results.

PHQ9 (the full form is on pages 130-131 of this training curriculum)

1. In past 2 weeks, have you been bothered by little interest or pleasure in doing things?

2. In the past 2 weeks, have you been bothered by feeling down, depressed or hopeless?

Treatment of Mental Health Issues

Treatment can be

- Behavioral interventions
- Talk-therapy
- Medications
- Or any combination of the above.

It **is not** within the health coach's scope of practice to engage in talk-therapy (sometimes called psychotherapy or counseling) with patients. Any number of licensed mental health professionals (e.g., LCSW, LMFT, PsyD) may engage with a patient in talk therapy using various modalities, the most-widely researched being Cognitive-Behavioral Therapy (CBT).

Health Coaching of Patients with Depression and Other Mental Illnesses

It **is** within the health coach's scope to

- Administer the PHQ9 if the clinic's policies allow it
- Discuss action planning around
    - taking medications as prescribed
    - going to scheduled appointments
    - a treatment goal as noted by a provider or mental health professional
    - pleasant or calming event scheduling
- Alert the appropriate medical personnel (provider, therapist, 9-1-1) if a patient exhibits alarming symptoms, including thoughts of harming self or others.

Steps coaches can take with your patients

1. **Clinical Visits** – The most common behavioral intervention for patients struggling with a mental illness is for them to attend their medical visits with their provider and/or mental health counselor. For someone struggling with mental illness, including moderate-to-severe depression, taking medications or going to appointments can become very challenging tasks. Action planning around these activities is helpful for patients, and if a coach is unable to work with a patient around these pieces of their treatment plan, communicate with the patient's providers regarding the challenges so that providers are aware.

2. **Pleasant Event Scheduling** – A behavioral intervention is what is called Pleasant Events Scheduling (for patients with severe depression it will be challenging for them to engage in this activity, and coaches should make sure they attend their appointments as described above in #1).

   An action plan can be for a patient to make a list of things that make him/her feel good, and do one of those things every day. For example, walking, painting, going to movies or football games, reading a book could be a patient's pleasant event. The coach can record:

   How often have these happened in past month?
   - None
   - A few times
   - Often (15 or more)

   How pleasant was the event?
   - Not
   - May be pleasant
   - Very pleasant

3. **General health and well-being** is often forgotten when a patient is suffering from depressive or anxious symptoms. Sleep, hydration, and nutrition are important to ask patients about. If patients are not getting their daily functional needs met, they often feel worse. Action planning

around getting a good night's sleep (sleep hygiene education can be discussed if this is a problem for your patient) and eating regularly (and if possible, healthy options) can make a difference.

4. **Exercise** – Studies show that in conjunction with other modes of treatment, exercise can help with depression. [3]

5. **Watch substance use** – Some people deal with depression or mental illness by relying on alcohol and other substances. Alcohol is a depressant and often makes one's condition worse, and many medications for anxiety and depression are not recommended to be taken with alcohol. Drugs, including alcohol, may numb people's emotional pain, but is not an ideal solution. Substance abuse is a mental health diagnosis and often co-occurs with other untreated, or inadequately treated, mental health illnesses. We will not go into substance abuse in this curriculum, but it is important to be aware of this potential overlap. Substance Abuse and Mental Health Services Administration (SAMHSA) has research and resources about this topic. www.samhsa.gov

6. **Encourage your patients to find support**. You are only able to meet with your patient periodically and your support has limits. Mental health professionals will often work with patients on this issue, but if you are working with a patient not engaged in mental health care, encourage the patient to share with family and friends what they are going through, and if possible, seek support through a group or other venue to hear about people's experience with similar struggles.

Activity – Pleasant and Calming Activities

Being a health coach can be stressful, and it is sometimes hard to not internalize patient's challenges or barriers to health. This is also an activity you can do with patients who are struggling with sadness, depression, anxiety and stress of having a chronic illness.

To practice self-care, and to practice what we might do with a depressed or anxious patient, please list 3 of each of the following:

Pleasant Activities:

1. _____
2. _____
3. _____

Calming Thoughts/Activities:

1. _____
2. _____
3. _____

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Health Coaching Resources

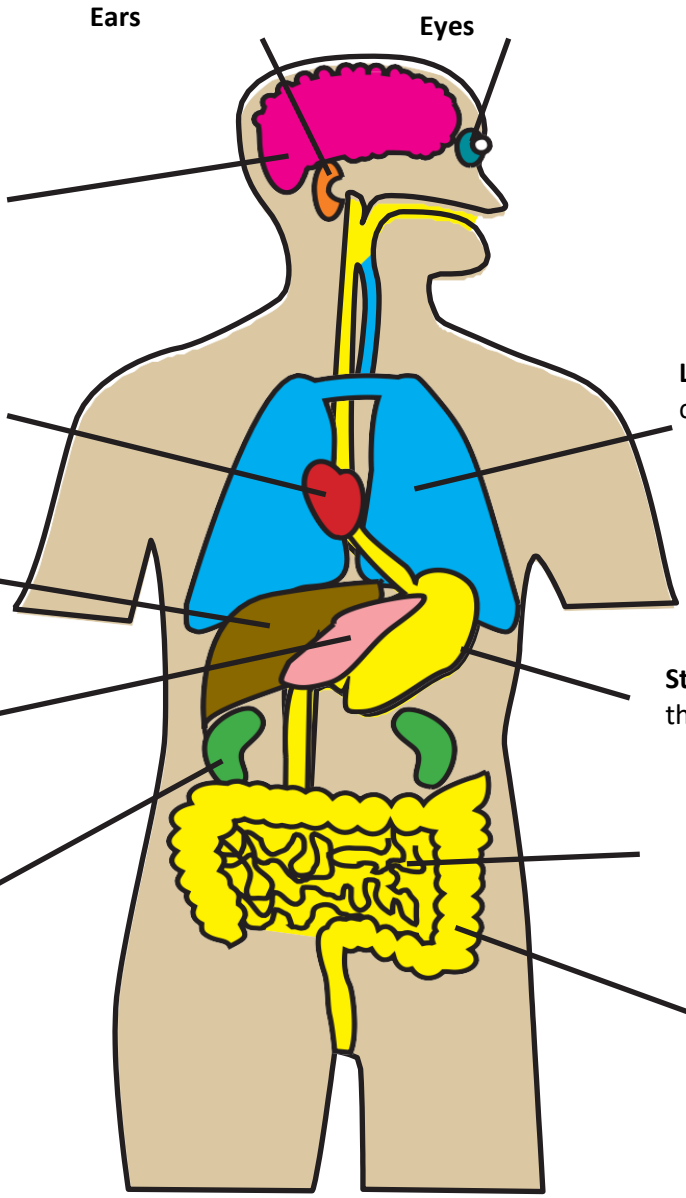
Basics of Human Anatomy

All organs need blood. The heart and the brain are organs.

All organs are connected to each other by nerves. Nerves are like telephone lines that help the organs talk to each other.

Blood travels to organs through blood vessels. Vessels are like the pipes that carry water in a house.

Just like every sink in the house gets water through the pipes, every organ gets blood from vessels.



Brain controls the body, stores information and

.

Heart pumps blood through the body

Liver cleans the blood and stores sugar

Pancreas makes insulin – a chemical that helps move sugar out of the blood through the body

Kidney removes waste from the blood. The waste leaves the body in urine.

Lungs give the blood oxygen from the air.

Stomach breaks down the food that we eat.

Small intestine helps us absorb the food that is broken down by the stomach.

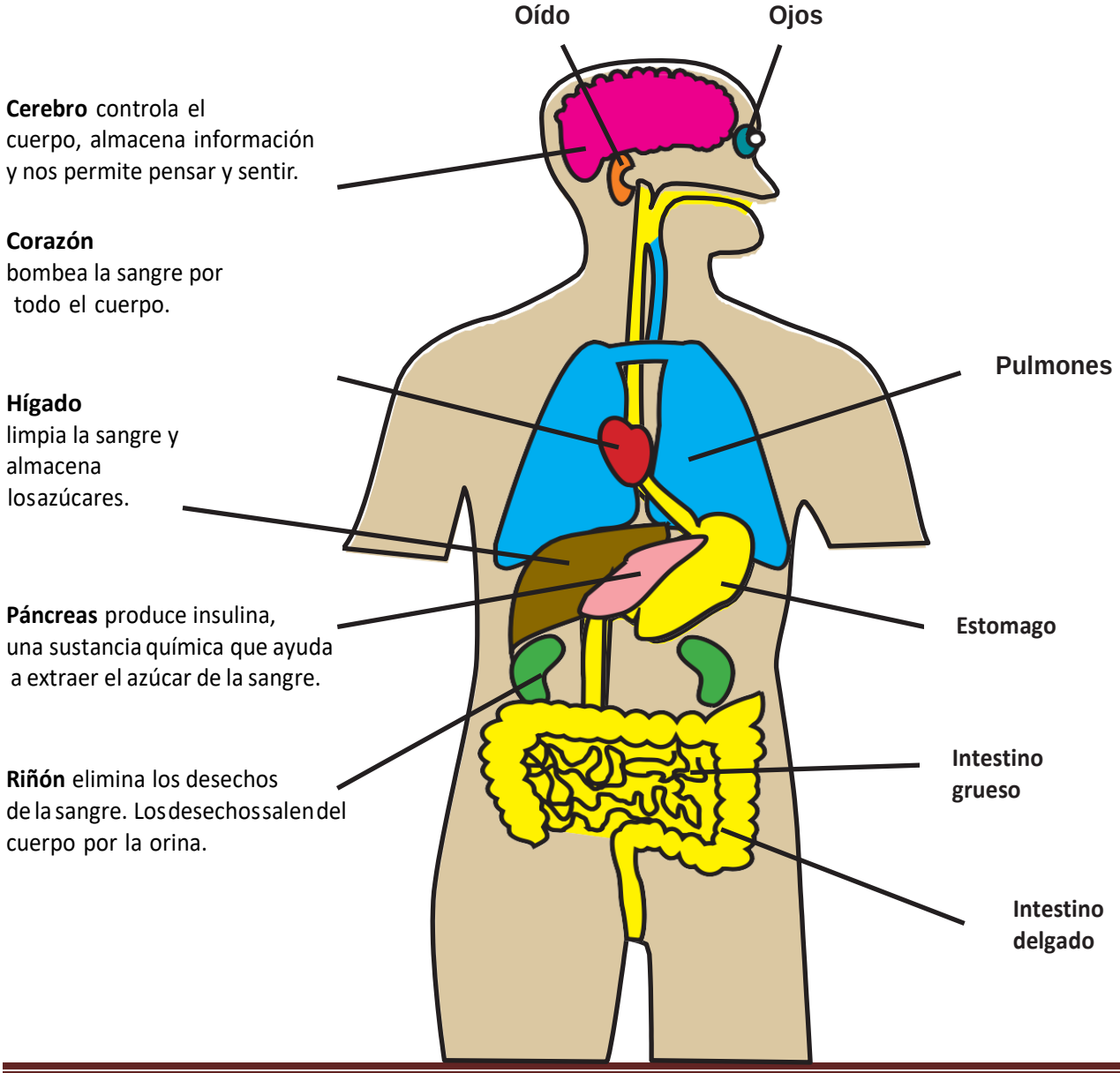
Large intestine is the last stop for the food we eat. It helps us get rid of the waste material.

Información Básica de la Anatomía Humana

Todos los órganos necesitan sangre. El corazón y el cerebro son órganos. Todos los órganos están conectados entre sí por los nervios. Los nervios son como líneas telefónicas que permiten que los órganos hablen entre sí.

La sangre viaja hacia los órganos por medio de los vasos sanguíneos. Los vasos son como la tubería que lleva el agua a las casas.

Al igual que llega el agua a los lavamanos de la casa a través de las tuberías, llega la sangre a los órganos a través de los vasos.

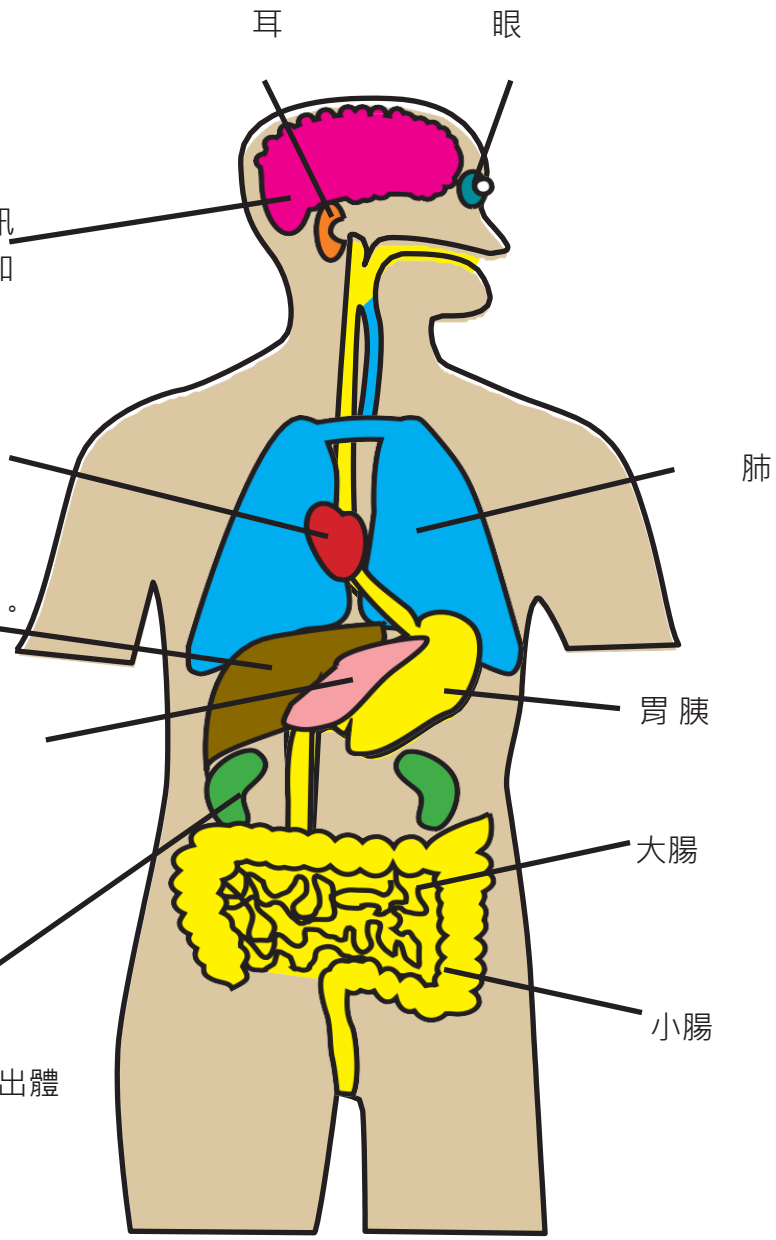


人體解剖學基礎知識

所有器官都離需要血液。心臟和大腦也是器官。 神經將所有器官連接起來，好比電話線，實現了器官與器官之間的交流。

血液透過血管流經各個器官。 血管好比房屋中的水管。

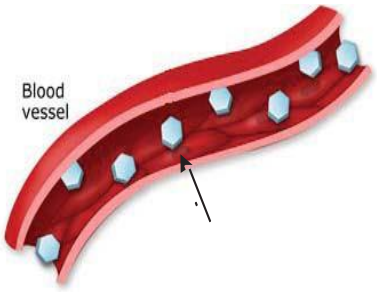
如同屋內每個水槽都透過水管取水一樣，每個器官都透過血管獲得血液。



WHAT IS DIABETES?

Diabetes is high blood sugar

Some of the food you eat turns into sugar.
Your body uses insulin to send sugar to your organs and muscles.

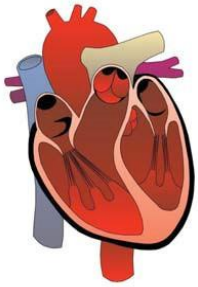


But, if you have diabetes, you either don't have enough insulin or your body doesn't use insulin properly. The sugar gets stuck in your blood vessels, and can't get from your blood into your heart,
muscles, brain and other organs.

This makes the sugar in your blood get too high. Too much sugar in the blood can cause serious problems in the body.

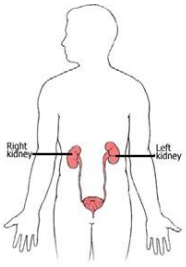
You can control your blood sugar with healthy food choices, physical activity, and medication.

Diabetes can damage different body parts.



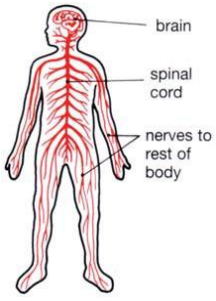
Heart:
Heart attack

Kidneys:
Kidney failure



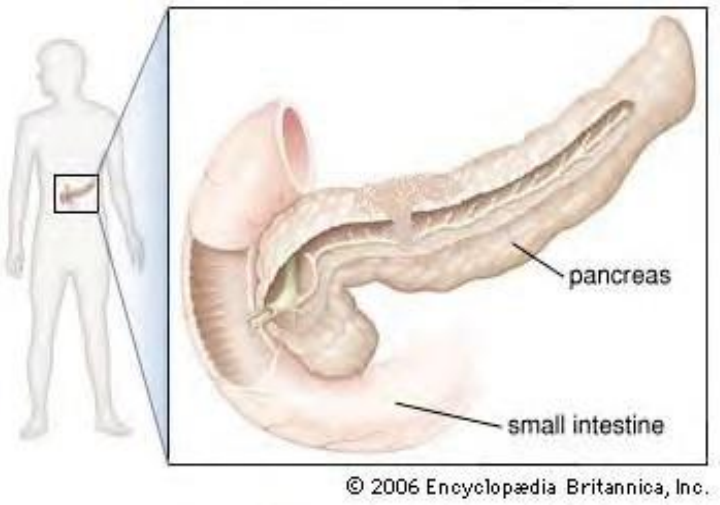
Brain:
Stroke

Eyes:
Poor vision or blindness



Nerves:
Loss of feeling in your feet

CAUSES OF DIABETES



There are two types of Diabetes

In **type 1** diabetes the body can't make insulin. This means sugar stays in the blood.

In **type 2** diabetes the body can't use the insulin in the right way. This means sugar stays in the blood.

Insulin is made by the pancreas. Insulin is a chemical that helps the body move sugar out of the blood. This lowers blood sugar levels.

Type 2 diabetes

What are the risk factors for type 2 diabetes?

- Being overweight
- Little Exercise
- Family members with diabetes
- Over 45 years old
- Race/Ethnicity

Risk factors are things that increase the chances of getting a disease.

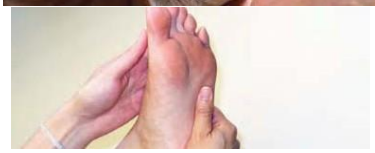
Taking Care of Your Diabetes

1. It is good to be active every day. Walking can help you feel good and control your blood sugar.

2. It is good for you to eat five servings of fruits and vegetables a day.

3. It is good for you to eat less sugar and starch (carbohydrates). This includes sweets, sugary drinks like soda, and foods that contain a lot of starch like bread, rice, potatoes, and pasta.

4. Take your medicines as prescribed. If you don't know what medicines to take, ask.



5. Check your feet every day for cuts, bruises, or sores.

6. Know your ABC numbers. **A** stands for A1C, a measure of your blood sugar. **B** stands for blood pressure. **C** stands for cholesterol.

7. Get regular check-ups at your medical office or clinic. Don't wait until you are sick.

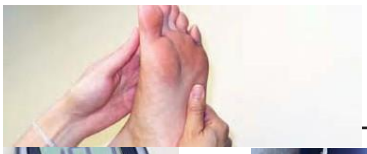
El Cuidado de la diabetes

1. Es bueno estar activo todos los días. Caminar le ayuda a sentirse bien y a controlar el azúcar en su sangre.

2. Es bueno comer cinco porciones de frutas y vegetales cada día.

3. Es bueno consumir menos azúcar y almidones (carbohidratos). Esto incluye dulces, bebidas azucaradas como las bebidas gaseosas, pan, arroz, papas y pasta.

4. Tome sus medicamentos según las indicaciones de su médico. Si no sabe cuáles medicamentos debe tomar, pregunte.



5. Revise sus pies cada día para detectar cortadas, moretones o ampollas.

6. Conozca sus números de ABC. **A** significa A1C, una medida relacionada con el azúcar en la sangre. **B** significa presión arterial. **C** significa colesterol.

7. Hágase exámenes regularmente en el consultorio o clínica de su médico. No espere hasta estar enfermo.

Diabetes– Important Things to Know

Test	What is it?	Why is it important?	Goal	When should I get it?
HbA1c (A1C)	Blood test to measure your average sugar level over the last 3 months	It tells you how well you are taking care of your diabetes	For most people—below 7 Check with your provider about the goal best for you.	Every 3 months if not at goal Every 6 months if at goal
Blood Pressure	Measures your blood pressure	It tells you if your blood pressure is too high	Below 140/90	Every visit and as your doctor recommends
LDL Cholesterol	Blood test to measure LDL cholesterol level	It tells you the amount of fat in your blood	Depends on your risks. Traditionally under 100	Every 3 months if not at goal Every year if at goal

Exam	What is it?	Why is it important?	When should I get it?
Foot	Check the skin for cracks, blisters or other problems	Prevent foot infections and amputation	At every visit
	Check the feeling in your feet	Prevent foot problems caused by nerve damage and poor blood flow	Once a year
Dental	Cleaning and checking teeth	Prevent tooth and gum disease	Two times per year
Eye	Doctor puts drops in your eyes to check for problems	Prevent eye problems that may lead to blindness	Once a year
Urine kidney Test	Testing your urine for small amounts of protein	Help prevent kidney disease and kidney failure	Once a year

Vaccine	What is it?	Why is it important?	When should I get it?
Flu Shot	Vaccine against the flu	Helps prevent getting the flu	Check with your doctor
Pneumonia vaccine	Vaccine against pneumonia infections	Help prevent getting a pneumonia infection	Check with your doctor

HEALTHY TEETH AND GUMS

Diabetes can cause problems with your teeth and gums.

"How can I keep my teeth and gums healthy?"

- Floss at least once a day.
- Brush your teeth (false teeth too!) after each meal. Use a soft toothbrush.
- See a dentist if you have red, sore, or bleeding gums; gums that are pulling away from your teeth; a sore tooth that could be infected; or soreness from your dentures.

CONTROL YOUR WEIGHT

If you have diabetes and are overweight, losing weight could help you better manage your diabetes.

How does losing weight help?

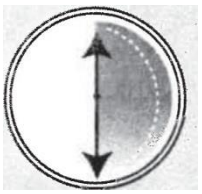
- Lower blood sugar
- Reduce blood pressure
- Improve cholesterol levels
- Lighten the stress on hips, knees, ankles and feet
- Plus, you'll probably have more energy, get around easier, and breathe easier.

Exercise and changing what you eat can change your blood sugar level.

It is important to work with your diabetes team before and during your weight loss plan.

Sample Walking Program

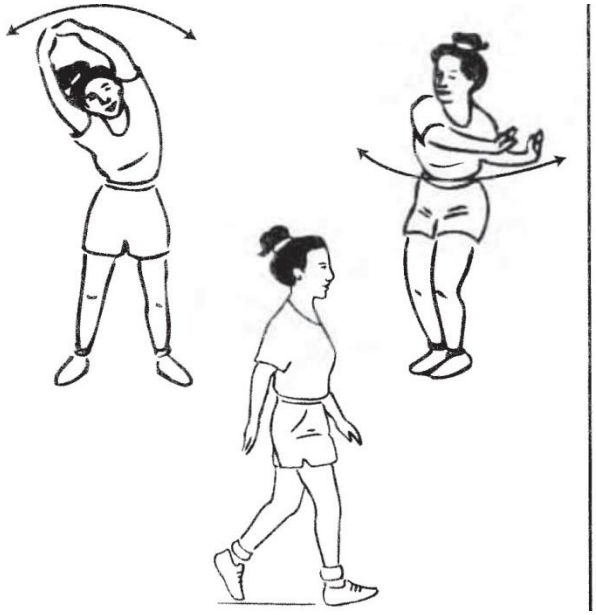
\1



	Warm Up	Walk	Cool Down	Total Time
FORMATTING PROBLEMS				
Week 1*	Walk slowly 5 minutes	Walk briskly 5 minutes	Walk slowly 5 minutes	15 minutes
Week2*	Walk slowly 5 minutes	Walk briskly 7 minutes	Walk slowly 5 minutes	17 minute
Week3*	Walk slowly 5 minutes	Walk briskly 9 minutes	Walk slowly 5 minutes	19 minute
Week4*	Walk slowly 5 minutes	Walk briskly 11 minutes	Walk slowly 5 minutes	21 minutes
Week5*	Walk slowly 5 minutes	Walk briskly 13 minutes	Walk slowly 5 minutes	23 minutes
Week6*	Walk slowly 5 minutes	Walk briskly 15 minutes	Walk slowly 5 minutes	25 minutes::
Week 7*	Walk slowly 5 minutes	Walk briskly 18 minutes	Walk slowly 5 minutes	28 minute
Week8*	Walk slowly 5 minutes	Walk briskly 20 minutes	Walk slowly 5 minutes	30 minutes

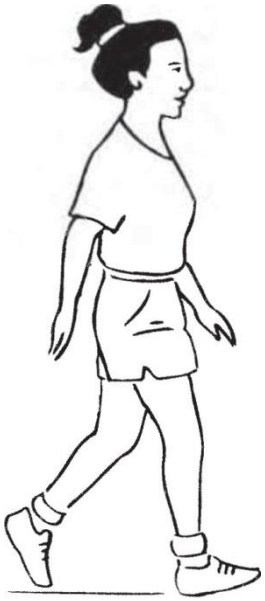
*Do every day of the week

How To Exercise

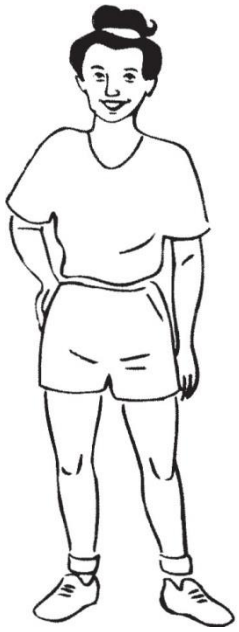


1. Do stretching exercises. (See handout on stretching exercises.) Then walk slowly for 5 minutes.

2. Walk briskly for 20 minutes.



3. Walk slowly for 5 minutes.



4. Relax!

Stretching Exercises

Do these stretches gently and slowly. Do not bounce.

1. Deep breathing

Arms up, breathe in, arms down, breathe out. Two times each.

2. Neck Stretching

Side to side, front to back. Two times in each direction.

3. Shoulder Stretches

Up and down five times on each side.

4. Side Stretches

Up and down five times in each direction.

5. Waist Stretches

Side to side three times in each direction.

6. Twists

Side to side three times in each direction.

7. Back and Leg Stretches

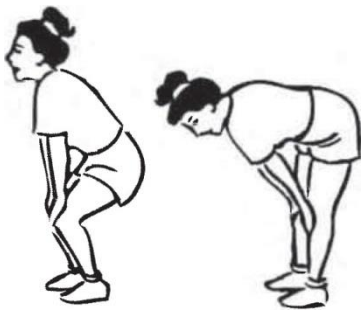
Down and up five times.

8. Back Stretch

Arms through legs six times.

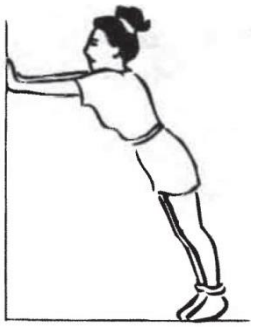
9. Leg Stretch (1)

Hold on to ankle, four times on each side.



10. Leg Stretch (2)

Down and up five times.

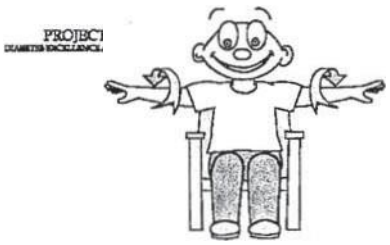


11. Leg Stretch (3)

Move heels up and down six

times.

SEATED PHYSICAL ACTIVITIES



Arm Circles: Sit up straight in a chair. Keep your feet flat on the floor. Tuck in your tummy. Extend arms out to the sides at shoulder level. Make sure the elbows are straight. Circle the arms to the front 4 times. Then, circle the arms to the back 4 times.

Hand Reaches: Sit in a chair. Place both hands on your shoulders. Extend your arm and reach toward the ceiling with your right hand. Return your right band to your shoulder and repeat with your left hand. Gradually build up to 8 repetitions with each band.

Lateral Stretch: Sit in a chair. Lift your right arm over your head and lean to the left. At the same time, make a C shape with your left arm (as if you were holding a baby). Gently stretch to the left. Change sides and repeat the exercise. Slowly build up to 8 repetitions on each side.

Marching in Place: Sit in a chair. Lift your left knee so that the foot is 6 inches off the floor. Lower your left knee. Lift your right knee so that the foot is 6 inches off the floor. Continue marching, lifting knees up and down.

Ankle Circles: Sit in a chair. Extend the right foot out in front. Circle the right ankle in 4 times. Circle the right ankle out 4 times. Repeat with the left foot.

Knee Pull: Sit in a chair. Pull your right knee into your chest. Hold the knee in for 4 seconds. Lower the leg. Repeat with the other knee.

CARBOHYDRATES/SUGARS

Eat fewer carbohydrates at each meal.

Carbohydrates are the sugars in the foods you eat.

In your body, **carbohydrates turn into a sugar**.
Your body needs sugar to work.

But, eating too many carbohydrates can make your

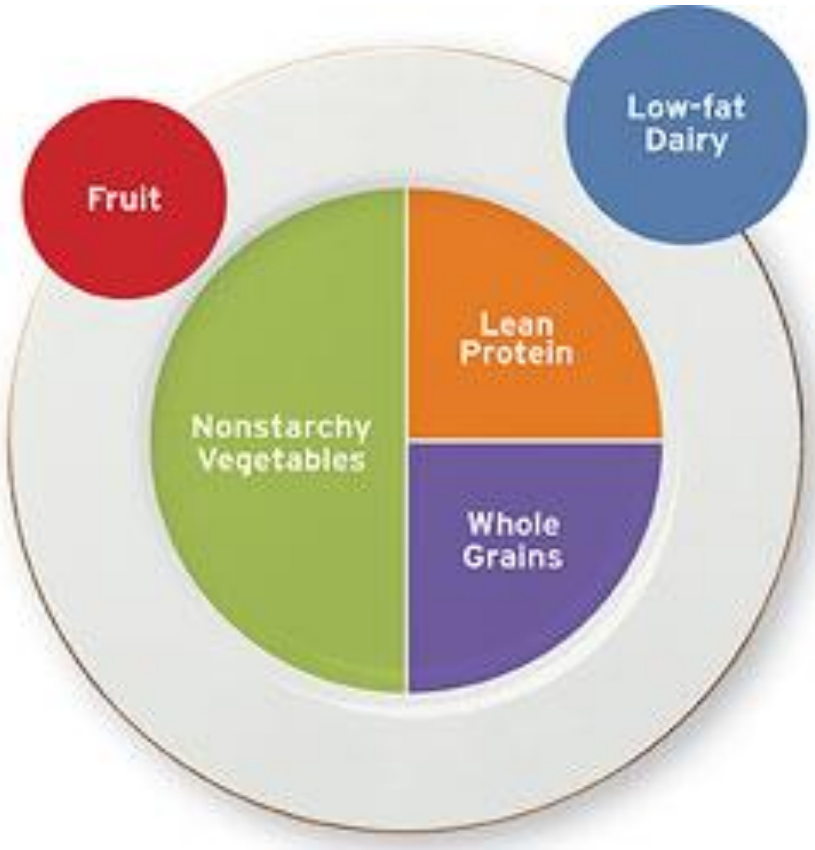
blood sugar go up too high.
Eating less sugar will help keep your blood sugar at a healthy level.

Which foods have many carbohydrates?

- Sweets: sugar, honey, syrups, pastries, cookies, sodas and candies.
- Breads, tortillas, and bagels
- Rice, cereals, and pasta
- Dried beans
- Fruit and juices

Instead of	Try
Flour tortillas	Corn tortillas
A whole bagel	Half a whole wheat bagel
A bowl of white rice	Half a bowl of white or brown rice
Sugary juice and soda	Water, diet soda, non-sweetened tea
Cakes and ice cream	Fruit and sugar-free pudding

Create A Healthy Plate



Diabetes Healthy Plate

Choose healthy items for each part of your plate

Source: American Diabetes Association

Hand Guide To Portion Control

HEALTHY SNACKING

Snacks in between meals can help control your blood sugar.

Choose healthy, low–calorie snacks from below.

Calorie-Free/Very Low Calorie Snacks

- Salad greens (lettuce, spinach and romaine)
- 1 cup raw vegetables (cucumbers, mushrooms, celery, broccoli, etc.)
- Sugar-free Gelatin
- 2 cups air-popped popcorn
- 1 small apple or pear
- ½ small banana
- ½ cup sugar-free pudding made with non-fat milk

Low Calorie Snacks

- Toasted whole-wheat English muffin with peanut butter
- 1 small tortilla with 1 ounce low-fat melted cheese and salsa
- 1 cup low-sugar cereal with ½ cup non-fat milk
- Small baked potato with salsa, non-fat sour cream or non-fat yogurt topping
- ½ sandwich made with lean turkey or chicken, lettuce, tomato and mustard
- Non-fat cottage cheese with fresh fruit

HEALTHIER FAST FOOD

Fast food is easy and tasty, but it is often high in sugar, fat, and sodium.

Fast food can make your blood sugar go too high.

Tips for making healthier choices at fast food restaurants.

Tip	Avoid	Try
Avoid "double," "jumbo," and "super-size" items	McDonald's Double-Quarter Pounder with Cheese → 740calories	McDonald's Hamburger → 250calories
Skip the "extras" such as high-fat sauce, spread, dressing, cheese and sour cream. Try reduced- fat and fat-free choices.	Subway 6" Cold Cut Trio Sandwich (with vegetables, cheese, oil, vinegar, salt, and pepper) → 415calories	Subway 6" Turkey Breast & Ham Sandwich (with vegetables and 2 tsp. mustard) → 275calories
Choose grilled, broiled or baked meat instead of breaded and fried.	KFC's Extra Crispy Chicken Breast → 510calories	KFC's Grilled Chicken Breast → 210calories
Choose low-calorie beverages and nonfat milk when possible.	Large Coca-Cola → 310calories	Water or Unsweetened iced-tea → 0calories

Eat Less Salt

Salt (sodium) is found in most foods. Too much salt is not good for your health. Most of the salt we eat comes from

Processed Foods: bacon, sausage, lunch meats, cheese, chips, crackers, frozen dinners

Prepared Foods: fast food, restaurant food

Canned foods: soups, vegetables, beans, pickles, meats

Seasoning: salt, soy sauce, steak sauce, seasoning blends, bouillon, fish sauce, salad dressing

Why is too much salt bad for me?

Too much sodium can cause high blood pressure (hypertension). High blood pressure can cause:

- **Heart Attack**
- **Stroke**
- **Eye Problems**
- **Kidney/Liver Damage**

To eat less salt

Choose more of:

- Fresh or frozen vegetables and fruit
- Salt-free or low sodium foods
- Low-fat dairy products (yogurt and milk)
- Fresh herbs or garlic
- Low-sodium seasoning blends
- Lemon juice and Vinegar

Eat less of:

- Snack foods
- Processed cheeses and meats

Use less of:

- Salt in recipes
- Garlic/Onion salt
- Soy sauce
- Steak sauce and meat tenderizers

Eat Less Salt Translation of this publication was supported by HRSA HCAP Grant #G920A02204.

Consuma Menos Sal

La sal (sodio) se encuentra en la mayoría de alimentos.
Consumir demasiada sal no es bueno para su salud. La mayor parte de la sal que consumimos proviene de

Alimentos procesados: tocino, salchichas, embutidos, queso, frituras, galletas saladas, comidas congeladas

Alimentos preparados: comida rápida, comida de los restaurantes

Alimentos enlatados: sopas, vegetales, frijoles, pepinillos encurtidos, carnes

Condimentos: sal, salsa de soya, salsa para carne, mezclas de condimentos, consomé, salsa para pescado, aderezo para ensalada

¿Por qué me hace daño consumir demasiada sal?

Consumir demasiada sal puede causar presión arterial elevada (hipertensión). La presión arterial elevada puede causar:

- **Ataque al corazon**
- **Derrame cerebral**
- **Problemas oculares**
- **Dano a os riñones y al**

Para consumir menos sal

Elija comer más

- Frutas y vegetales frescos o congelados
- Comida sin sal o con bajo contenido de sodio
- Productos lácteos con bajo contenido de grasas (yogur ye leche)
- Hierbas frescas o ajo
- Mezclas de condimento con bajo contenido de sodio
- Jugo de limon y vinagre

Coma menos:

- Frituras
- Carnes y quesos procesados
- Comida rapida

Use menos:

- Sal en las recetas
- Sal de ajo o de cebolla
- Salsa de soya
- Salsa para carne y suavizadores de carne

Consuma menos sal La traducción de esta publicación cuenta con el apoyo de HRSA HCAP Grant #G920A02204.

少吃鹽

大多數食物均含有鹽（鈉）。
攝取過量鹽份對健康無益。








我們攝取的鹽份大多數來自於以下途徑：

加工食品：熏肉、香腸、午餐肉、奶酪、 薯片、餅乾、冷凍食品 製熟食品：快餐、餐廳食品
罐裝食品：湯類、蔬菜、豆類、泡菜、肉類 調味料：鹽、醬油、牛排醬、混合調味料、 高湯、魚露、沙拉醬

為什麼攝取過量鹽份有害健康？

攝取過量鈉可導致高血壓。
高血壓可誘發：

U 心臟病
U 中風
U 眼部疾病
U 腎 / 肝損害

如何少吃鹽

應多選擇：

U 新鮮或冷藏蔬菜和水果
U 無鹽或低鹽食品
U 低脂乳製品（酸奶及牛奶）
U 新鮮香草或大蒜
U 低鈉混合調味料
U 檸檬汁及醋

應少吃：

U 零食
U 加工奶酪及肉類 U 快餐食品 應少用：
U 鹽
U 大蒜 / 洋蔥鹽
U 醬油
U 牛排醬及嫩肉粉

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Sick Day Plan

When you're sick, even with just a cold, your blood sugar level may rise. Your healthcare team can help you make a sick-day plan for controlling blood sugar.

Don't!

Don't stop taking your diabetes medication unless your provider tells you to.

Call your clinic or provider if:

Vomit or have diarrhea for more than 6 hours.

Your blood glucose level is higher than 300 for more than 2 readings in a row.

If you have a temperature of 101°F or higher.

Do!

Continue to take your diabetes medication unless your provider tells you to stop.

Test your blood sugar more often.

Eat regularly. If you can't eat, try broth, fruit juice, regular gelatin, or frozen juice bars.

Drink water, tea, or broth every hour.

Rest. It is best not to do exercise.

Away from Home

Tips to take care of your diabetes when you're away from home

Before you travel

Tell your provider about your plans. Discuss your emergency plan.

Long trip? Ask your doctor for a written prescription for your diabetes medicines.

Leaving the country? Take along all the diabetes medicine and blood testing supplies you'll need while you are away.

By plane? Bring food and drinks. Carry your diabetes medicines and your blood testing supplies with you. Never put them in your checked baggage.

By car? Always carry snacks like fruit, crackers, or juice in case your blood sugar is too low.

Always carry your diabetes medications and blood sugar testing supplies

During your trip

- Test your blood sugar often and keep track of it.
- Make sure someone knows you have diabetes, and what to do in an emergency
- Follow your meal plan as much as possible when you eat out.

Diabetes and Alcohol

You can drink some alcohol if:

You talk to your provider about drinking alcohol.

Your sugar is in control.

You are not pregnant or nursing.

Alcohol and Blood Sugar

Alcohol can make your sugar go low or high.

Mixing alcohol with your medicines may cause your sugars to become out of control.

Alcohol can hurt the

- heart,
- brain,
- kidneys,
- liver,
- eyes, and
- pancreas

Alcohol makes blood pressure go up.

Talk to your provider about how to control your diabetes when you drink alcohol.

DIABETES AND SMOKING

Nicotine is an addictive drug. Nicotine is in all tobacco products. It makes you feel calm and satisfied. The more you smoke, the more nicotine you need to feel good. Soon, you don't feel "normal" without nicotine. Then you are hooked!

You can quit! Quitting is hard because your body is hooked on nicotine. Quitting is also hard because smoking is a big part of your life. You may smoke when you are stressed, bored, or angry. You may smoke when you do certain things. For example: drinking coffee, wine, or beer or being with other smokers.

Over time, you can kick the nicotine habit. Soon, you will do everyday things and deal with stress nicotine free!

What's in a cigarette?

Your body gets more than nicotine when you smoke.

There are more than 4,000 chemicals in cigarette smoke. The same chemicals are also in:

- **wood varnish,**
- **poison,**
- **nail polish remover**
- **rat poison**

Ready to Quit?

When you're ready to quit, set a "quit date." Tell friends and family who will support your decision when you're going to stop smoking.

Smoking and the ABCs of Diabetes

- Smoking increases insulin resistance (your insulin doesn't work as well).
- Smoking makes your heart pump harder and increases your blood pressure.
- Smoking increases the buildup of plaque in your arteries

- People with diabetes who smoke are three times as likely to die of cardiovascular disease as are other people with diabetes.

Control Your Stress

Too much stress is not healthy

Life events can cause us to feel stress. Stress can cause you to feel tense, anxious or irritable. You can control the stress in your life by learning how to deal with what causes your stress.

Stress hurts!

Too much stress may cause:

- Heart disease
- High-blood pressure
- Higher cholesterol levels
- Weakened immune system

When people feel stress, they may smoke, overeat, or use drugs or alcohol. All of these behaviors put you at more risk for heart disease and stroke.

Relaxation Exercises

Deep Breathing:

1. Pick a quiet place, where you will not be disturbed.
2. Sit or lie down.
3. Close your mouth and breathe in through your nose. Inhale deeply and slowly (count to 3).
4. Breathe out through your nose, slowly and deeply.
5. Repeat until you feel your muscles relax.

Focused Imagery

1. Pick a quiet place.
2. Sit or lie down.
3. Close your eyes.
4. Take a few deep breaths, to help you relax.
5. Begin to create a paradise in your mind. Imagine you are on relaxing on the beach or fishing at your favorite lake. Think of as many details as you can – how does it look, how does it smell, feel the warmth of the sun, or can you hear the sounds of the birds?

TIPS FOR STRESS CONTROL

Too much stress can hurt you. Use these tips to help you control your stress.

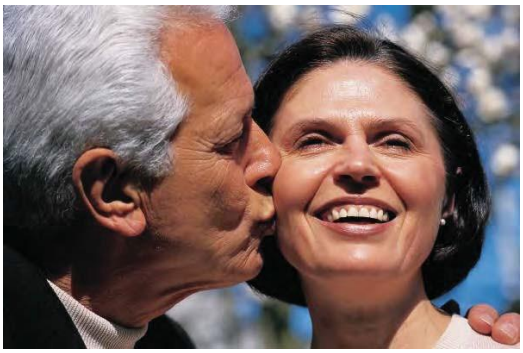
- Realize what causes you to feel stress.
- Stop negative "self-talk." ("I can't do anything right" or "I am ugly")
- Avoid "what-ifs". ("What if she really doesn't like me." or "What if I never find a good job."
- For things you can control, make healthy changes to lower your stress.
- Get answers to questions that may be worrying you (such as your health).
- Take time to praise yourself for a job well done.
- Take time out each day to relax.
- Exercise.
- Eat a healthy diet.
- Get enough sleep.
- At work, do a 5-minute relaxation exercise
- Get help. If you are having a hard time controlling your stress on your own or you are using bad habits, such as cigarettes, alcohol or drugs to reduce your stress, you may need help learning how to control your stress. There are many options:

    - Individual counseling
    - Group counseling
    - Community self-help and support

FOR THE FRIENDS AND FAMILY OF PEOPLE WITH DIABETES:

HOW YOU CAN HELP ME MANAGE MY DIABETES

Diabetes is difficult to handle alone.



Here are some things you can do to help me manage my diabetes.

1. Learn how it feels to live with diabetes**.**

- Read patient education material about diabetes.
- Attend a diabetes education class with me.

2. Ask about my feelings.

Managing diabetes can be difficult. People with diabetes may feel stressed, sad or alone. Find out what is stressful for me to manage. Ask me if I am sad or feeling depressed.

3. Ask how you can help.

Try asking these questions.

- What do I do that helps you with your diabetes?
- What do I do that makes it harder for you to manage your diabetes?
- What can I do to help you more than I do now?

4. Offer your help.

- Instead of being critical, find ways to be supportive and helpful.
- Take a walk with me.
- Offer to come to my next doctor visit.
- Help me with daily tasks such as cooking a healthy meal or checking my feet.
- Encourage me to stay positive.

Diabetes and Depression

Sadness or Depression?

Feeling down once in a while is normal. But some people feel a sadness that just won't go away. Life seems hopeless. Feeling this way most of the day for two weeks or more is a sign of serious **depression.**

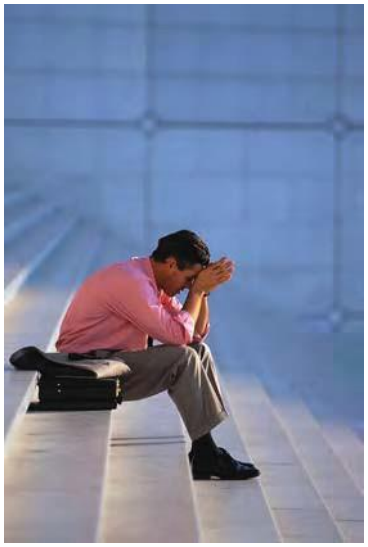
People with diabetes are at a higher risk of depression than people without diabetes.

The stress from managing your diabetes can build. You can feel overwhelmed and alone because of the extra work.

If you are having diabetes complications, you may feel like you are losing control of your diabetes.

Symptoms of Depression

- Loss of pleasure
- Change in sleep patterns
- Early to rise
- Change in appetite
- Trouble concentrating
- Loss of energy
- Nervousness
- Guilt
- Morning sadness
- Suicidal thoughts



If you are feeling depression, don't wait to get help. Talk with someone on your diabetes care team.

There may a physical cause for your depression.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** _____
- **Extremely difficult** _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

3. ***Consider Major Depressive Disorder***
—if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
—if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the provider and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

2. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
3. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
4. Add together column scores to get a TOTAL score.
5. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
6. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

MY ACTION PLAN

DATE: _____

I _____and_____ have agreed that to improve my health I will:

1. Choose ONE of the activities below:

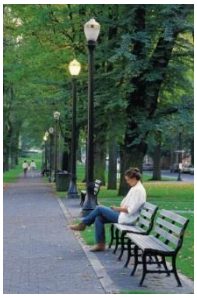
_____Work on something that's bothering me:

_____

_____Stay more physically active!

_____Take my medications.

_____Improve my food choices.



_____Reduce my stress.

_____Cut down on smoking.

2. Choose your confidence level:
How sure are you that you can do the action plan? (if < 7, then change plan)

10 VERY SURE

7 SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

3. Fill in the details of your activity:

What:_____

_____

How much:_____

When:_____

How often:_____

Where:_____

With whom:_____

Start Date:_____

Follow-Up Date:_____

Best Way to Follow-Up: _____

Action Plan Calendar

Draw a O in the box for the days that the action plan was set. If the goal for that day is reached, draw a check in the circle.

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							

Did you face any challenges doing this plan? If yes, explain below.

MI PLAN DE ACCIÓN

Fecha: _____

Yo_____y_____ hemos acordado que para mejorar mi salud, voy hacer lo siguiente:

1. Escoja UNA de las siguientes opciones:

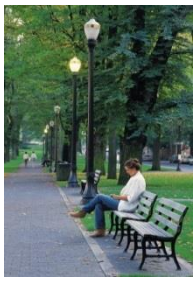
_____Trabajar en algo que me este molestando:

_____

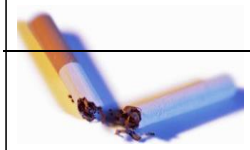
_____Mantenerme más activo!

_____Tomar mis Medicamentos.

_Mejorar mis decisiones alimenticias.



_____Reducir mi nivel de estrés.



2. Escoja su nivel de confianza:

¿Qué tan seguro(a) está usted de poder cumplir con su plan de acción? (si < 7, cambie el plan)

10 Muy Seguro(a)

7 SEGURO(A)

5 Un poco seguro(a)

0 Nada Seguro(a)

3. Llene los detalles de su actividad: _____

_____

Qué va a hacer: _____

_____

Cuánto:

Cuándo:

Con qué frequencia:

_____

Dónde:

_____

Con Quién:

_____

_____

Fecha para revisar el plan:

_____

_____Fumar menos.

Mejor manera para contactarlo(a):

_____

Calendario de Plan de Acción

Marque con un círculo ¨O¨ los cuadros de los días que fijó para hacer su plan de acción. Si cumplió su meta para ese día, márquelo con una palomita dentro del círculo.

	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado	Domingo
Semana 1							
Semana 2							
Semana 3							
Semana 4							
Semana 5							
Semana 6							
Semana 7							
Semana 8							

¿Encontró obstáculos haciendo este plan? Explique.

Health Coach Observation

Health Coach: _____ Date: _____

Preparation (Ask prior to visit)	
☐	Coach knows that preventive and chronic care patient is due for
☐	Coach has made warm reminder call and reminded patient to bring in medication bottles
☐	Coach knows patient's latest numbers
☐	Coach can describe patient's most recent action plan
☐	Coach can name his/her goals for the visit
Comments:	
Greeting	
☐	Coach gives the patient a VIP greeting.
Comments:	
Setting the Agenda	
☐	Coach asks patient what s/he want to talk about.
☐	Coach restates what s/he heard patient say
☐	Coach asks to saturation (until the patient has no more to say).
☐	Coach asks patient if it OK to talk about things coach wants to talk about (setting the agenda).
☐	Coach asks which 2-3 items are most important to the patient and writes list for provide that shows those items first.
☐	Coach and patient set the agenda for the visit using both patient and coach items
☐	Coach takes things off the list that s/he can address.
Comments:	

Ask-Tell-Ask	
☐	Coach listens without interrupting
☐	Coach's comments, tone, and facial expressions are friendly and not judgmental
☐	Coach engages in reflective listening – uses patient's words as cue for the next sentence
☐	Coach asks patient questions relevant to the topic at hand.
☐	Coach provides information or advice ONLY when patient asks or patient doesn't know.
☐	Coach provides accurate information.
☐	Coach did not know the information and said, "I don't know but I will find out and get back to you".
☐	Coach takes advantage of learning moments to ask questions ("What is your goal for your blood pressure?")
Comments:	

Medication Reconciliation (med-rec)	
☐	Coach reviews one medication at a time
☐	Asks name
☐	Asks dose;
☐	Asks what med is for;
☐	Asks how often to take it;
☐	Asks if they take it as prescribed;
☐	Discusses reasons not taking as prescribed;
☐	Asks if patient needs refills
☐	Coach repeats process for each medication
☐	If patient needs help with and is interested in improving medication adherence, asks if patient wants to make an action plan.
Comments:	

Action Plan	
☐	Coach asks the patient what they want to work on.
	Coach helps patient plan…
☐	What
☐	How
☐	Which days
☐	Where
☐	With whom
☐	Coach asks when the patient wants to start.
☐	Coach asks the patient about their confidence on a scale of 1–10 (7 or higher means patient is feeling confident).
☐	Coach sets date/time to follow up.
☐	Coach helps patient troubleshoot barriers.
Comments:	

Closing the Loop	
☐	Coach asks patient to retell the information, in a respectful manner.
	Coach asks patient close the loop about…
☐	Medications
☐	Action plans
☐	Health education (e.g., Know your numbers)
☐	Care plan
☐	Appointments
☐	Coach closes the loop around patient's agenda
☐	Coach closes the loop when uncertain about what the patient said
Comments:	

Coach/Patient Interaction	
☐	Coach warmly greets patient
☐	Coach makes eye contact
☐	Coach smiles
☐	Coach is relaxed
☐	Coach speaks slowly and clearly
Comments:	

Health Coach Role	
☐	Coach does NOT provide qualitative judgment (Rather than "Your blood pressure is <u>good.</u>" Health coach can use "Know your numbers" questions.
Comments:	

Main points from medical visit that health coach should close loop on (check off as you hear coach close the loop):

Appointments/lab work/referrals:

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Medications:

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Provider advice:

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Health coach follow up:

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Take home messages

Notes

Notes

Notes

Notes

Notes

