Better Care for People with Complex Needs

Enhance Patient Engagement Strategies through COACH

Developing authentic healing relationships is critical to applying interventions that fully support patients in achieving their goals. The Camden Coalition’s patient engagement framework, COACH, focuses on building these relationships and empowering patients to take full control of their health. This practical play outlines how to use the COACH model and offers tips to providers who wish to enhance patient engagement.

What is a Play?
If you are not a sports fan, then the concept of a “play” may be unfamiliar. Yet the idea is simple: a play is a plan designed to help deliver a win through highly coordinated teamwork. This idea can be applied to help redesign systems to better serve individuals with complex health and social needs. Explore additional plays on the Better Care Playbook at bettercareplaybook.org.

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1. Connect tasks with vision and priorities.
2. Observe the normal routine.
3. Assume a coaching style.
4. Create a care plan.
5. Highlight progress with data.
How to Run the Play

1. **Connect tasks with vision and priorities** — Develop a shared understanding of the patient's goals and overall vision for their life with the patient, provider, and any patient support systems.

2. **Observe the normal routine** — Take time to understand the patient's strengths, and the positive and negative factors that impact their health. This is a crucial and often foundational part of the process because it provides critical information for the care plan and informs decision-making about the most effective coaching style to employ.

3. **Assume a coaching style** — Consider patient needs and ability to support goal-related tasks when assessing whether a patient is in one of the following categories:
   - **I do:** "Can you show me?" — The patient has difficulty identifying the first step to accomplish a task, so the care manager performs the task and models it for the patient.
   - **We do:** "Can we do it together?" — The patient can identify the first few steps to begin the task, but has difficulty completing the task. The care manager works with the patient to complete the task together.
   - **You do:** "I can do it." — The patient has completed the task or similar tasks numerous times on their own. The care manager is there to boost the patient's confidence when needed. The ultimate goal is to transition all goals into the fully independent "You do" category, where the patient is able to complete goal-related tasks on their own.

4. **Create a care plan** — Create a collaborative care plan driven by the patient's own priorities and vision for themselves. Develop a set of benchmarks that can be tracked and are clearly connected to the long-term goals of the patient. Revisit the plan often and be prepared to alter it whenever necessary.

5. **Highlight progress with data** — Track progress toward health goals and celebrate success with the patient at every opportunity.

**Tips and Tricks**

- The steps within the COACH framework are not meant to be performed sequentially. The steps are fluid and may occur simultaneously, depending on patient needs. For example, a care manager may need to revisit the “Create a Care Plan” or “Connect tasks with vision and priorities” steps during the process, given that a patient's long-term goals could change over time.

- When determining a patient’s long-term vision, which can then be connected to tasks that fulfill this vision, ask open-ended questions and use reflective language, such as “It sounds like...” or “I get the sense that...”

- Try as much as possible to avoid the “tug of war” scenario, where there is a mismatch between provider and patient goals. Providers can mitigate this by clearly identifying the patient's dominant need and reflecting that back to the patient often to ensure that it remains at the forefront of the engagement.
Additional Content

- **COACH Manual** — This training manual describes the Camden Coalition's set of techniques and tools for building authentic healing relationships with patients that empower them to take control of their health.

- **COACH Reference Guide** — This guide identifies practices and techniques to be employed by care teams with patients to establish an authentic healing relationship. It can be used to track progress in patients' goal attainment.

- **The Core of Care Management: The Role of Authentic Relationships in Caring for Patients with Frequent Hospitalizations** — This is the first study to define and discuss the importance of authentic healing relationships between providers and patients with frequent hospitalizations. The article draws on 30 interviews with former clients of the Camden Coalition of Healthcare Providers.

- **Strengthening Capacity for Delivering Better Care: Camden Coalition Partners with Providence St. Joseph Health to Train Staff in Complex Care Techniques** — This article describes the Camden Coalition's partnership with Providence St. Joseph Health to train their caregivers in the COACH method.

This Better Care Play is part of a series developed in partnership with the Camden Coalition of Healthcare Providers to share practical lessons in serving complex populations.

- **Related Blog Post: Our COACHing Nature: The Camden Coalition’s Approach to Patient Engagement** — This blog post highlights Camden Coalition's COACH framework that can be used to increase engagement with patients with complex health and social needs.

- **Better Care Play: Mapping Community Supports for Patients with Complex Health and Social Needs** — This play provides steps for health care organizations to get started with asset mapping in their community to locate and catalog services and identify critical care gaps and potential partners.

- **Better Care Play: Building Shared Outcomes with Community-Based Organizations** - This play outlines steps to help health systems and community-based organizations build relationships that draw on each other's strengths, put patients first, and support ecosystem development in local communities.

- **Better Care Play: Initiating Health Care Data Sharing with a Social Service Organization** - This play is designed to help health systems provide access to health-related data to social service organizations in their community.

**About the Better Care Playbook**

The Better Care Playbook is an online resource center designed to help health care stakeholders find the best in evidence-based practices and promising approaches to improving care for people with complex health and social needs. It is made possible by six leading health care foundations — The Commonwealth Fund, The John A. Hartford Foundation, Milbank Memorial Fund, Peterson Center on Healthcare, the Robert Wood Johnson Foundation, and The SCAN Foundation — that are working together to accelerate health system transformation. To learn more, visit [bettercareplaybook.org](http://bettercareplaybook.org).