Capacity Coaching

Experience from the front lines:

Dan Abraham Healthy Living Center and VA Medical Centers

Image credit: Discovery Doodles
CAPACITY COACHING
Mayo Clinic DAHLC experience

DAN ABRAHAM HEALTHY LIVING CENTER
Objectives (DAHLC)

• Define capacity coaching

• Practice and demonstrate baseline readiness for the use of the ICAN Discussion Aid in practice

• Explain one way in which capacity coaching skills could add value to the patient and the health care team experience

• Identify strategies for implementing capacity coaching at participants’ home facilities.
DAHLC: What, How, Where

• The Dan Abraham Healthy Living Center
  • Comprehensive Wellness Center
  • Employee Well-Being and Clinical Integration

• Provider Referral Program 2012-2017
  • 250 unique providers referring at least one patient; 25 providers referring >15 patients
  • 1575 referrals and 836 patients seen (53% show rate)

• Here, There, and Everywhere
  • In-person Provider Referred Wellness Consults
  • Virtual offerings
ICAN in a Provider Referral

1:1 Wellness Coaching

• Logistics:
  • 1 hour
  • Coach has access to EMR

• ICAN research
  • Kasey observed PR (patient’s first contact with coach)
    • Patient already a DAHLC member
    • Completed ICAN
    • Chose 1:1 wellness coaching
“Capacity coaching” conceptualized
Case Study: ICAN (initial)

Completed during Provider Referral before deciding to engage in 1:1 Wellness Coaching.

Prototype version of ICAN Discussion Aid.

<table>
<thead>
<tr>
<th>Are these areas of your life a source of satisfaction, burden, or both?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Satisfaction</strong></td>
</tr>
<tr>
<td>My Family and Friends</td>
</tr>
<tr>
<td>My Work</td>
</tr>
<tr>
<td>My House &amp; Neighborhood</td>
</tr>
<tr>
<td>My Finances</td>
</tr>
<tr>
<td>Free time, Relaxation, Fun</td>
</tr>
<tr>
<td>Faith or Personal Meaning</td>
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<tr>
<td>Being Active</td>
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<tr>
<td>My Rest and Comfort</td>
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<tr>
<td>My Emotional Life</td>
</tr>
<tr>
<td>My Senses and Memory</td>
</tr>
<tr>
<td>Eating Well</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the things that your doctors or clinic have asked you to do to care for your health?</th>
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<tbody>
<tr>
<td>For example:</td>
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<tr>
<td>Come in for appointments</td>
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<tr>
<td>Take aspirin</td>
</tr>
<tr>
<td>Do you feel that they are a help, a burden, or both?</td>
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<tr>
<td>Exercise</td>
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<tr>
<td>Eating better</td>
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<tr>
<td>blood sugars</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes, A1C, weight, hip, shoulder, hernia surgery, liver, depression, allergies:</td>
</tr>
<tr>
<td>Don’t feel like I get enough support:</td>
</tr>
<tr>
<td>Work full time:</td>
</tr>
<tr>
<td>Financial burdens:</td>
</tr>
<tr>
<td>Conflicting advice between providers and condition management:</td>
</tr>
<tr>
<td>4 children, one at home:</td>
</tr>
<tr>
<td>3 children with mental illness:</td>
</tr>
<tr>
<td>Currently in Diamond Program:</td>
</tr>
<tr>
<td>Hearing impaired:</td>
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<tr>
<td>Salvation Army church:</td>
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</tbody>
</table>
Case Study:

BREWS model applied
Case Study: ICAN (final)

Completed after 12 wellness coaching sessions.
Prototype version of ICAN Discussion Aid.

| Are these areas of your life a source of satisfaction, burden, or both? |
|-----------------------------|--------------------------|-----------------------------|
| My Family and Friends       |                          |                            |
| My Work                     |                          |                            |
| My House & Neighborhood     |                          |                            |
| My Finances                 |                          |                            |
| Free time, Relaxation       |                          |                            |
| Faith or Person              |                          |                            |
| Being Active                |                          |                            |
| My Rest and C               |                          |                            |
| My Emotional Life           |                          |                            |
| My Senses and Memory        |                          |                            |
| Eating Well                 |                          |                            |

| What are the things that your doctors or clinic have asked you to do to care for your health? |
|-----------------------------------------------|-------------------------------------------------|
| For example:                                 | Take aspirin                                    |
|                                                |                                                |

| Do you feel that they are a help, a burden, or both? |
|-----------------------------|--------------------------|-----------------------------|
| Food                        |                          |                            |
| Workout                     |                          |                            |
| blood sugars                |                          |                            |
| emotional                   |                          |                            |
| Family                      |                          |                            |

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### Activity: Joan’s ICAN

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<th>Comments</th>
</tr>
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<tbody>
<tr>
<td><strong>Satisfaction</strong></td>
<td><strong>Burden</strong></td>
<td>Diabetes; weight; heart medication. Work full time, sometimes don’t know if bills will get paid. Taking classes online, trying to earn degree to change income. I watch my grandchildren, in the evenings because my daughter doesn’t have childcare. Blood sugar is out of control, hard to follow strict diabetic diet and exercise 3 -5x per week. Wonder if my dr hears me, understands? I miss my husband.</td>
</tr>
<tr>
<td>My Family and Friends</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>My Work</td>
<td>X</td>
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**Image credit:** Discovery Doodles

Prototype version of ICAN Discussion Aid.
DISCUSSION & QUESTIONS

burow.nicole1@mayo.edu
soyring.jason@mayo.edu
THE WORK OF BEING A...

PATIENT

"Sense-Making" Work

Organizing & Enrolling Others

Doing the Work

Reflection, Monitoring, Appraisal
This presentation will prepare you to perform capacity coaching and deliver the kind and careful healthcare we value ... and that our women veterans deserve!

We strive to provide care that:

• **Acknowledges** the work of being a patient
• ** Strikes the words** “non-compliant” and “difficult” from our vocabulary
• **Respects** our patients’ values and priorities
• **Creates** careful ways to reduce the burden of chronic disease without compromising health outcomes
PATIENT-ALIGNED CARE TEAM (PACT)

• **What** does a Women’s Health PACT look like?

• **Why** are we bringing PACT + PSS + Capacity Coaching together? How do I, the Peer Support Specialist, fit into the team? What do we hope to accomplish?

• **Will** PACT team members understand my role? Do they know about my training in Whole Health? Are they on board with the concept of MDM, the ICAN, and Capacity Coaching?

• **How** will my time be divided between Mental Health and PACT?
PATIENT-ALIGNED CARE TEAM (PACT)

COMMUNICATION & CARE COORDINATION

• Pre-visit Communication
  – PSS informs PACT members and supervisors about what type of patient might benefit from meeting with her and participating in HCD-driven Capacity Coaching, such as no shows, patients with multiple chronic conditions, polypharmacy issues, and patients who were doing well until “life happened” (e.g., experienced a crisis).
    • Empathy check: These are not difficult patients, just people with difficult lives!
  – Patient can self-refer; services will be advertised via brochures and posters
  – Agreement form regarding confidentiality and the co-partnering dynamic, which is necessary for fully understanding the patient’s issues and devising effective solutions
PATIENT-ALIGNED CARE TEAM (PACT)

Post-visit Care Coordination:

• PSS completes CPRS Minimally Disruptive Medicine note:
  - Patient’s story (each visit)
  - Responses to ICAN questions
  - Responses to:
    - What is the most important thing to you this week?
    - I like, I wish, I wonder
  - PLAN: (describe co-designed plan; will be reviewed with PSS’s supervisor and appropriate PACT member)
  - Preferred method of communication (in person, phone, My Health-e-Vet email, Clinical Video Telehealth (CVT) to Home)
  - Resources added
  - Signatures
PATIENT-ALIGNED CARE TEAM (PACT)

- PSS meets with supervisor to discuss and agree on the patient’s plan
- PSS + supervisor huddle with appropriate PACT member(s)
- PSS + supervisor invite PACT member to interact/participate with patient
- PSS documents agreed-upon plan (goal, timeline, etc.) into CPRS
- PSS “closes the loop” with appropriate follow-up
What is HCD?

Blair de Corcoran, an Office of Professional Management (OPM) employee, describes HCD this way--

“At its heart, HCD is about creating new solutions that address the root causes of problems by deeply understanding the people affected by the problem.”

This means that the development of new ideas is grounded in an understanding of the needs, behaviors, and context of the people. How is this done?

Embedded within the discipline are a number of methods that help you engage with people on a deeper level and assist in making sense of what you see, hear, experience and learn as a result of your interaction with people.

Most importantly is to solve problems with a curious and empathetic mindset and to cultivate respectful listening.”
Carol S. Dweck, a professor of psychology at Stanford University, describes the mindset that is essential to HCD, what she refers to as a “growth mindset:”

“One of the most basic beliefs we carry about ourselves … has to do with how we view what we consider to be our personality. A ‘fixed mindset’ assumes that our character, intelligence, and creative ability are static givens which we can’t change in any meaningful way, ---

A ‘growth mindset,’ on the other hand, thrives on challenge and sees failure not as evidence of unintelligence but as a heartening springboard for growth and for stretching our existing abilities.
This is the basic diagram of the HCD process. As you can see, each step has options for revision and even reversion to a previous step. This flexibility and focus on iteration means that we have a high probability of making best solutions for complex problems.
**Guiding Principles of HCD**

1. Listen deeply for what people say they want and need and how they may be using workarounds to meet their needs.

2. Find the root causes of attitudes, behaviors, and beliefs of the people with whom you’re working.

3. Have an awareness of your own internal biases.

4. Fail early; fail fast; fail small. Know that iteration is learning.

5. Don’t jump to solutions.

6. Be inclusive and make sure you’re always hearing multiple perspectives.

7. Be flexible in your thinking and plans. Adapt to conditions in the patient’s context.
HUMAN-CENTERED DESIGN (HCD) – Overview

- PSS using HCD show patients and colleagues:
  - Curiosity
  - Kindness
  - Playfulness
  - Respect
  - Flexibility
  - Confidence
  - Courage
  - Agility

- HCD Summary

Start with people, build deep empathy, generate LOTS of ideas, test those ideas, and iterate, iterate, iterate!
HUMAN-CENTERED DESIGN – “In Practice”
HCD-driven Capacity Coaching!

This is the fun part! This is where you will learn about all the tools, questions, and guiding thoughts to carry you through each interaction with your patient—let’s change that to “client.”

We’ll present the basic process in a linear fashion (Parts 1, 2, and 3), but it’s a lot more flexible than that. This is where your expertise and judgment comes in. You’ll need to figure out which tools/activities will be the most helpful and enjoyable for your client.

To get warmed up, let’s hear about some examples from the Hines VA in Chicago. While names have been changed to protect patient privacy, these stories are constructed based on real patients’ stories.
Toni

“When I know my weight’s not goin’ down, and my sugars are gonna be bad, I don’t wanna see my doctor. With her, it’s always about the things I’m not doin’ right and never about the good stuff I do. I know that’s kinda her job, but it makes me feel bad. I’m tryin’, but it’s hard to eat right and exercise all the time. It makes me feel like I can’t do anything right, so I don’t even wanna try. My capacity coach is great, though. The other day she said, ‘Your skin looks amazing! What have you been doing?’ I told her I’ve been trying to drink more water every day. I really appreciated that she noticed, you know. I’ve stopped drinking soda for good now; it’s all just water for me, and I feel great.”
Emily

“I hate swallowing pills, always have—gummy vitamins were a lifesaver for me [laughs]. My capacity coach suggested I talk to the pharmacist. The pharmacist worked with my doctor to adjust some of the doses I was on so I wouldn’t have to take so many pills. She also told me which ones I could put in applesauce to make them easier to swallow. It’s still not as good as my gummies, but it makes taking my meds so much easier.”
Diana

“Back in the day, I used to play all sorts of sports: Field hockey, soccer, volleyball, you name it, I’d try it. I actually liked boot camp: I loved challenging my body like that. On my second tour to Iraq, the jeep I was in was overturned by an IED. Broke both my legs. Healing and rehab took forever. I got really depressed, and even when I was good enough to walk and do stuff again, I just didn’t want to. I gained a lot of weight and have zero motivation to do anything about it. About a year ago, I was diagnosed with diabetes. I’m ashamed to see my doctor. She didn’t know me when I was healthy; all she’s gonna see is someone who’s fat and lazy and not managing her diabetes very well. A friend of mine suggested I see this gal at the VA, a capacity coach. She told me about an online support group for women that helps them advocate for themselves with providers. Now I rehearse what I’m going to say and how I’m going to say it before I see my doctor. It’s helped me a lot.”

HUMAN-CENTERED DESIGN – “In Practice”
The HCD mindset behind capacity coaching

“I am here to help my client creatively reframe her situation such that her strengths come to the fore and her resilience is acknowledged and celebrated. Our path forward will be guided by her life and not her disease.”

• “Listen generously” (i.e., non-judgmentally) to your client’s responses.*
• Strive to understand beliefs that may be holding her back, but are not true. Challenge those faulty beliefs. Help her see her situation from a new perspective—foster a growth mindset.
Part #1 – FRAME:
Frame the relationship with your client:

Learn her unique story
This is the core of HCD! Hearing her story in her own words will help you understand what she values, her hopes and fears, and what is truly important to her. She learns from telling her story, too!

“You are a co-designer/partner with me in this process, and we’ll collaborate with members of your PACT when we need their help and expertise.”
QUICK HOW TO:

Part #1 – FRAME:
Frame the relationship with your client:

ICAN The ICAN questions are great ice breakers!

- WHAT ARE YOU DOING WHEN YOU'RE NOT SITTING HERE WITH ME?
- WHERE DO YOU FIND THE MOST JOY IN YOUR LIFE?
- WHAT'S ON YOUR MIND TODAY?
QUICK HOW TO:

Part #2 – DISCOVER:

• Gather information, verbal and non-verbal, to help you understand her “pain points” and their root causes

• Augment what you learn from your interaction with your client with contextual discovery, i.e., information from her PACT providers about perceived problems, skills, and learning abilities. Find out why the provider asked you to meet with this woman. Learn more about your client’s medical conditions.
QUICK HOW TO:

- Interviewing Ask open-ended questions like, “Tell me more,” “Walk me through this,” “What were you thinking when you decided to,” “Can you help me understand what you mean by that,” and “Why do you think it’s like that?”
- Observation Consider her facial expressions, body language, dress, eyes, etc.
- Which flower are you? Is she thriving or surviving?
- Timelines & Anchors Ask about her daily and weekly patterns of sleeping, eating, and working—this can be very helpful!
- The 5 WHYS
- Walk a Mile Consider her lived experience and potential limitations, e.g., Does she need handicap support? Does she feel safe walking in her neighborhood?
• Storyboards Draw her experience with a problem she identifies

• Ripple Effect Think of her problems as a stone thrown in the water: Who else is impacted by the ripples that are formed? Who comprise her social support system?

• Identify Strengths and Resources
Part #3 – DESIGN:

When the one problem to address in the coming week has been identified, it’s time to design! Ask the question, “How might we?”

- How: There ARE solutions!
- Might: We can put ideas out there, lots of them—even “crazy” ones!
- We: We can do this together and build on each other’s ideas
  - Brainstorming The basic goal is to generate a ton of ideas, no judgment! Along the way, help silence her “inner critic” and play with a “can-do” attitude.
  - Lots of ideas = more insights = more choices = you choose better!
  - Build on her skills and strengths
  - Reframe the problem as needed to get unstuck
Part #3 – DESIGN:

Ways to reframe the problem as needed to get unstuck

- Improv
- SMART Goals
- Asking for Help, Assertiveness
- What Does Success Look Like?
- Masks
- Halt
- CBT skills
Time to review, choose, and experiment!

– I like... these potential ideas/solutions (review)
– I wish … to try this one (choose)
– I wonder … what will happen if I do it (experiment)

• **Encourage** her to articulate her problem concisely and pitch her “I like, I wish, I wonder” to friends and family. Practice with her.

• **The ASK:** Find out what your client needs from her care team, if anything, to proceed with her experiment.

• **Practice** the plan, do it again, iterate lovingly. We learn by doing!
Remember

- What works today may not work tomorrow.
- We change and grow as a person as we make new choices.
- We can always change our goals and solutions.
SYNTHESIS

At the end of each visit, verbally summarize what you’ve covered to make sure you’re on the same page. Document the visit in CPRS. Communicate with your supervisor and the client’s PACT. Plan for follow-up, and repeat as needed!
We have piloted this program at both the Milwaukee VA in the Women’s Health Clinic and at the Hines VA in Chicago in the Women’s Mental Health and Women’s Clinic. In Milwaukee, we used a social worker as the capacity coach. Although we had some promising initial impact, it was when we saw what happened at Hines with the Veteran peer support capacity coach that we knew something powerful was evolving. Of import is that the whole PACT team and PC-MHI team were trained in the process and supported the model. Hand-offs among the providers were supported and encouraged. Flexibility and iteration allowed the program to become fluid and supportive for their women patients involved in the program. Finally, building the program using all of the strengths of PC-MHI, PACT, and peer mentoring allowed them to create a shared sense of responsibility between the caregivers and the patient.
Here are some “Lessons Learned” from piloting Minimally Disruptive Medicine (MDM) at Hines VA:

- The central aim of MDM is to reduce treatment burden and help women increase their capacity for self-care. For this reason, it is especially important to design MDM services so that they themselves don’t add to the treatment burden. It’s also important not to add to the burden of harried providers and busy clinics! To achieve this, our team:
  
  – Introduced MDM concepts to all WHC providers.
  
  – Trained several providers to be MDM coaches—a PC-MHI psychologist, a PC-MHI social worker, a peer support specialist, and a clinical pharmacist.