

Institute of Coaching

McLean, Affiliate of
Harvard Medical School

The Coach joins the the Healthcare Team
Path to Reimbursement in the USA

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AMA Category III CPT Codes
Health and Well-Being Coaching Services
0591T code family available January 1, 2020

Reference: AMA CPT 2020 Changes: An Insider's View

AGENDA

USA PERSPECTIVE

1. Population Need
2. Evidence
3. Standards for Health & Wellness Coaches
4. Positioning of Coach on Healthcare Team
5. Business Model
6. Reimbursement
7. Future

more than
165 million US
adults & children
have diseases
related to health
behaviors

97% of adults aren't engaging in top 4 lifestyle medicines (exercise, healthy weight, diet, weight, non-smoking)

more than 65% of adults have high risks (pre-diabetes) or chronic diseases related to unhealthy lifestyles

45% of adults have diabetes (10%) or pre-diabetes (35%)

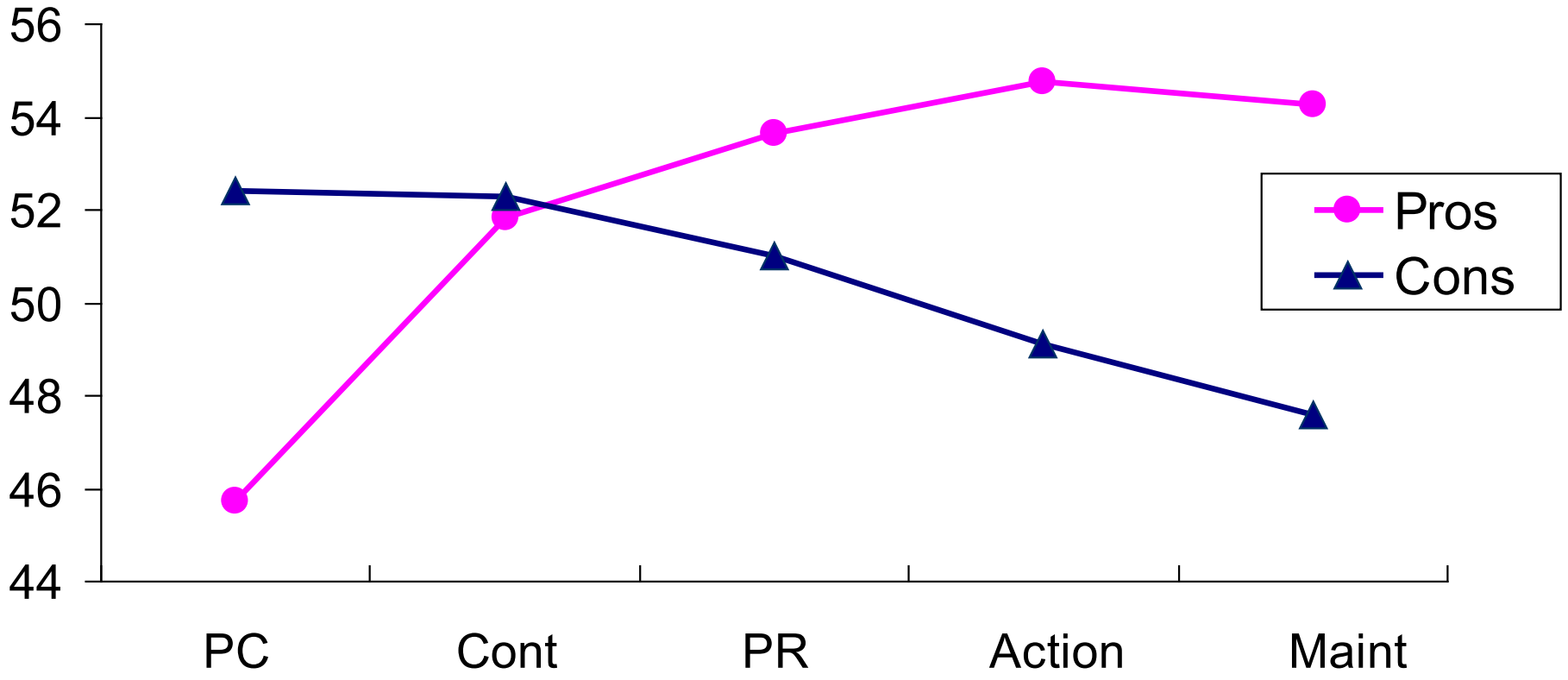
40% of adults + 19% of children have obesity

Reducing the Burden of Chronic Disease, A Report of the Aspen Health Strategy Group, 2019
https://www.cdc.gov/chronicdisease/about/index.htm
Loprinzi, et al. (2016). Healthy Lifestyle Characteristics and Their Joint Association With Cardiovascular Disease Biomarkers in US Adults. Mayo Clinic Proceedings. 2016 Apr;91(4):432-42



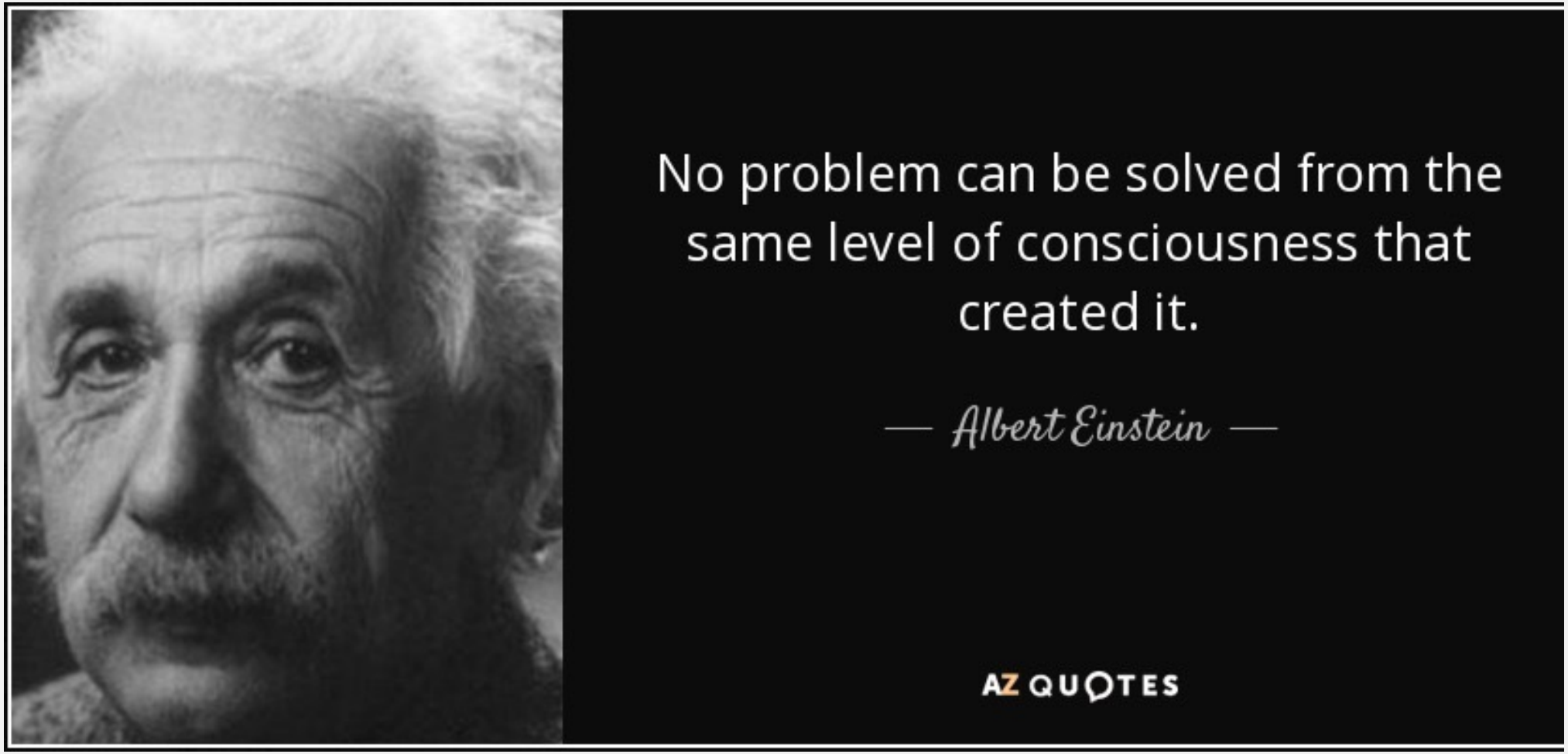
reverse
chronic disease crisis
with
health behaviors

~ 80% of Patients Need Help to Improve Readiness to Change (48 Health Behaviors) by Improving Motivation (Increasing Pros) and Improving Confidence (Decreasing Cons)



readiness stage					
prevalence estimate	40%	40%	20%		

Data from Hall, K. L. & Rossi, J. S. (2008). Meta-analytic examination of the strong and weak principles across 48 health behaviors. *Preventive Medicine, 46,* 266-274 . https://bit.ly/2SgB08o
stage prevalence estimates from James Prochaska, 2018.


No problem can be solved from the same level of consciousness that created it.
— Albert Einstein —
AZ QUOTES

art and
science
of
facilitating
change





Coaching

Goal

Integrate health and wellness coaches (HWC) into the clinical team to improve health, including primary, secondary, and tertiary prevention, and help reduce burden of chronic disease.

Primary prevention – no disease

Secondary prevention – just diagnosed

Tertiary prevention – established chronic disease

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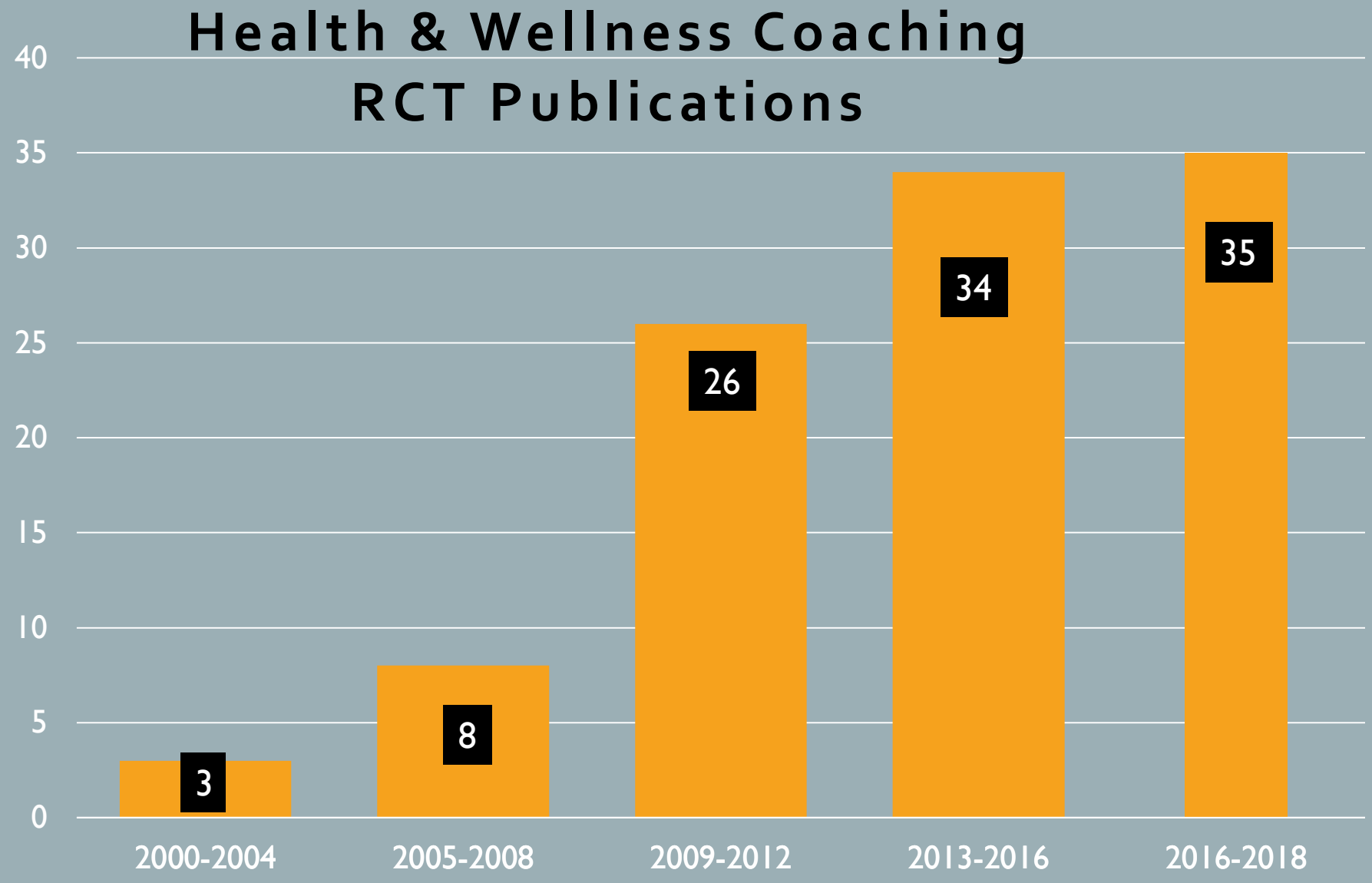
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Systematic Review Defined Common Elements of Health & Wellness Coaching

Coaches trained in behavior change, motivational techniques
Patient-centered (guided by patient values)
Patient determined goals
Self-discovery
Accountability
Combined with education
Ongoing relationship

Wolever et al. Systematic Review of the literature on health and wellness coaching. Global Adv Health Med J. 2013; 234-53

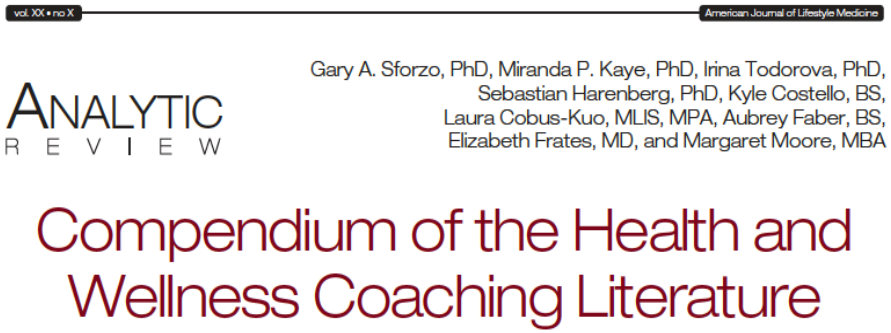


Sforzo GA et al. Compendium of Health & Wellness Coaching: 2019 Addendum Am. J Lifestyle Med.

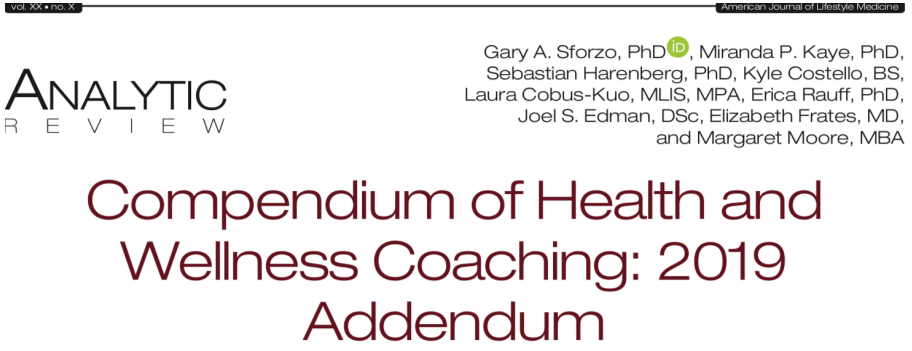
Evidence of Positive Outcomes from Health & Wellness Coaching Literature

- literature screened using systematic review definition
- compendium – 2000-2016, addendum – 2016-2018
- 2 meta-analyses in 2018 – diabetes and hypertension show statistically significant positive outcomes
- 108 randomized controlled studies; 82.4% of RCTs show statistically significant positive outcomes

2017



2019



Health & Wellness Coaching RCTs Most Relevant to Primary Care Show Positive Outcomes in Diabetes, Hypertension, Obesity

Disease	Number of RCTs 2000-2018	Percentage of RCTs with Significant Positive Outcomes
Diabetes	13 (A1C)	77%
Hypertension	7 (SBP)	71%
Obesity	18 (Weight or BMI)	83%

The NEW ENGLAND JOURNAL of MEDICINE

Large RCT of HWC for Obesity

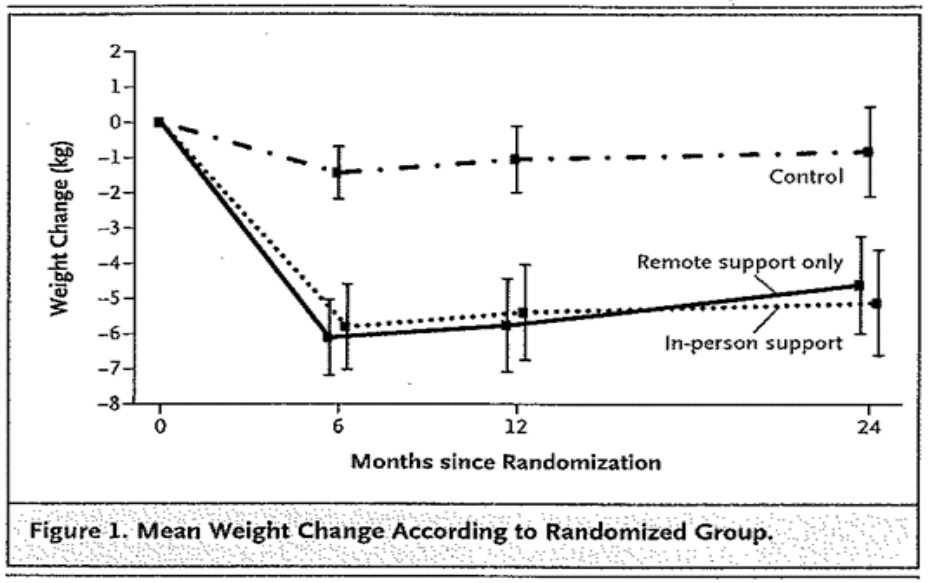


Figure 1. Mean Weight Change According to Randomized Group.

	control	phone coaching	in-person coaching
5% weight loss at 2 years	19%	38%	41%

- RCT with 415 obese participants referred and supported by primary care physician
- statistically significant and clinically relevant weight loss sustained for 2 years

Appel, L. J., et al.. (2011). Comparative effectiveness of weight-loss interventions in clinical practice. The New England Journal of Medicine, 365(21), 1959–1968.

AMERICAN JOURNAL of Health Promotion

Meta-Analysis of HWC for Type 2 Diabetes

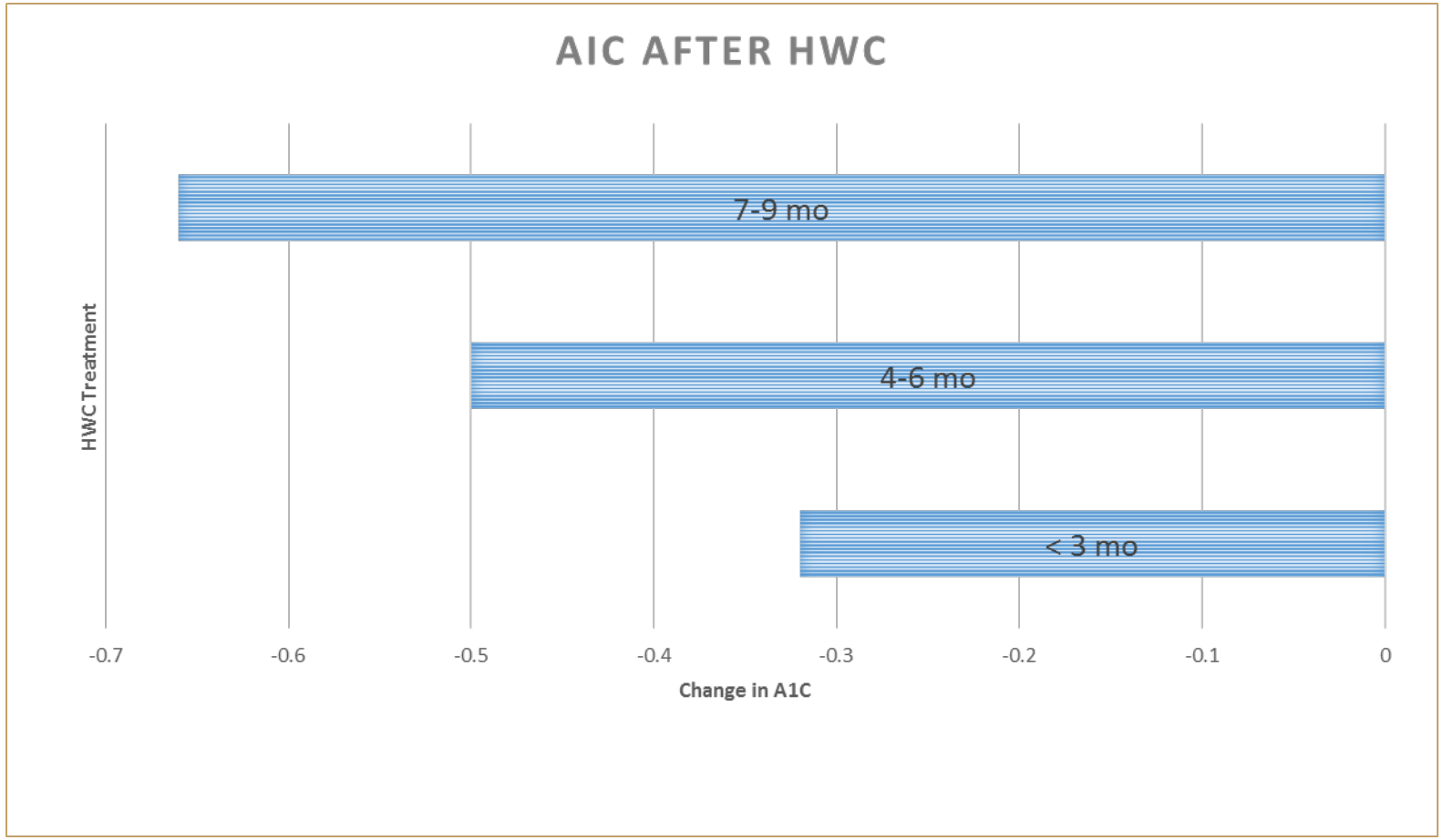
systematic review & meta-analysis of 22 RCTs of HWC for Type 2 diabetes. Mean age = 60.

Total # coaching sessions – 8-12 sessions over 3-18 months

Pooled mean A1C values (across all studies) lower at all follow-up time-points:

- ≤ 3 months (A1c decreased by 0.32%)
- 4-6 months (A1c decreased by 0.5%)
- 7-9 months (A1c decreased by 0.66%)

NOTE: clinically significant outcomes = 0.3 to 0.5 % A1C reduction



Pirbaglou et al. (2018) Personal Health Coaching as a Type 2 Diabetes Mellitus Self-Management Strategy: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Am J Health Promotion

ACP American College of Physicians
Leading Internal Medicine, Improving Lives

Annals of Internal Medicine

Established in 1927 by the American College of Physicians

Meta-Analysis of HWC for Hypertension

- Comparative effectiveness of 8 hypertension management strategies using meta-analytic techniques
- Health & Wellness Coaching alone
  - 38 RCTs; reduction in Systolic BP = 3.9 mm Hg
  - 37 RCTs; reduction in Diastolic BP = 2.1 mm Hg
- Team-based care including Health & Wellness Coaching
  - 29 RCTs showed reduction of Systolic BP = 6.2 to 7.1 mm Hg
  - 26 RCTs showed reduction of Diastolic BP = 2.7 to 3.1 mm Hg

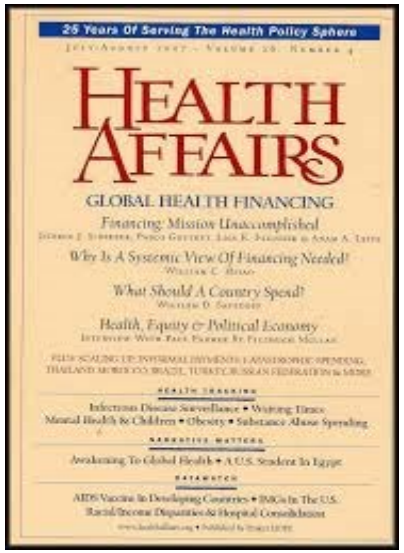
Mills KT, et al. (2018) Comparative effectiveness of implementation strategies for blood pressure control in hypertensive patients: a systematic review and meta-analysis. Ann Intern Med. ;168:110-120. doi:10.7326/ M17-1805

HWC for Prediabetes using 12 Month CDC Diabetes Prevention Program Combining Group Coaching and Health Education

AMERICAN JOURNAL OF Preventive Medicine

Diabetes Prevention Program at YMCA

- 92 enrolled in Randomized Controlled Study
- 6% body weight loss maintained at 12 mo (3x > controls; p < .01)
- significant reduction in cholesterol (decreased 21. 6 mg/dL, p < .01)



YMCA Diabetes Prevention Program reduces Medicare Costs

- 3-year follow-up on 3,319 Medicare beneficiaries with prediabetes
- $278/pp savings per quarter over comparison group
- decreased in-patient stays and ER visits

Ackermann, RT,. Et al. (2008). The Diabetes Prevention Program into the Community The DEPLOY Pilot Study. Am J Prev Med. 2008 Oct; 35(4): 357–363.

Alva, MA, et al. (2017) Impact Of The YMCA Of The USA Diabetes Prevention Program On Medicare Spending And Utilization. HEALTH AFFAIRS 36, 417–424

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National Board For Health & Wellness Coaching



Formed as a collaboration with NBME in 2016, NBHWC predecessor launched in 2010

Defined Health & Wellness Coach (HWC) competencies using job analysis and NBME methodology

Developed HWC training and education program standards (5 year facilitated group process)

Approves HWC programs that prepare eligible coaches for coach certification

Develops and delivers national board certifying examination for HWC twice per year

Maintains registry of National Board Certified Health and Wellness Coaches (NBC-HWC)

Established NBC-HWC continuing education and recertification standards

NBHWC Standards for the National Board Certified Health & Wellness Coach

COMPETENCIES

4 categories, 26 domains, 140 competencies

1. coaching structure
2. coaching process
3. health & wellness education
4. professional standards
5. *group coaching underway in collaboration with CDC DPP program*

PROGRAM APPROVAL

- >60 hours training in coaching skills and knowledge (> 40 live hours)
- >15 hours in health & wellness education
- 3 mentor coaching sessions
- pass-fail practical skills assessment
- >75 total hours

COACH CERTIFICATION

- complete approved program
- submit log of 50 coaching sessions
- associate's degree or higher

NBC-HWC – approx. 3,500 certified plus 11,000 certification eligible

www.nbhwc.org

How Coaches Support Health Behavior Change

1. **Review and understand personal health data, risks, and health determinants**
   - review medical history, biometrics, assessments (including HRA, depression screening, alcohol screening)
   - explore personal and social determinants of health (upstream health drivers)
   - help patient assesses current state of his/her health and/or wellbeing
2. **Cultivate autonomy and intrinsic motivation**
   - explore patient's vision of his/her optimal health and wellbeing
   - explore patient values and how optimal health connects with what's most important to patient
   - explore and clarify patient priority areas of focus with adequate motivation and confidence
3. **Foster self-efficacy and sustainable engagement**
   - identify patient's strengths, resources, and support in other life domains and past successes
   - support patient in experimenting with new behaviors
   - help patients develop tools to navigate around obstacles, including back-up plans
4. **Enable creation, implementation, and ongoing development of a personalized plan to improve health**
   - support patient in translating his/her personal vision, values and motivation into smart goals or action steps that can be easily implemented
   - establish patient's needs and preferences for learning and maintaining accountability

https://nbhwc.org/wp-content/uploads/2019/04/HWCCE-Content-Outline-with-Resources-April-2019.pdf

How Health & Wellness Coaches Support Health Behavior Change (cont'd)

5. Provide health education as needed

- health and well-being concepts – CDC well-being concepts, quality of life
- chronic disease basics – risk factors for hypertension, diabetes/pre-diabetes, overweight/obesity, cardiovascular disease, metabolic syndrome, arthritis, inflammation, dyslipidemia
- health behaviors, reduction in social and behavioral risk factors – healthy weight, optimal nutrition, physical activity, sleep, stress/emotional wellness, decreased tobacco, alcohol, and substance use

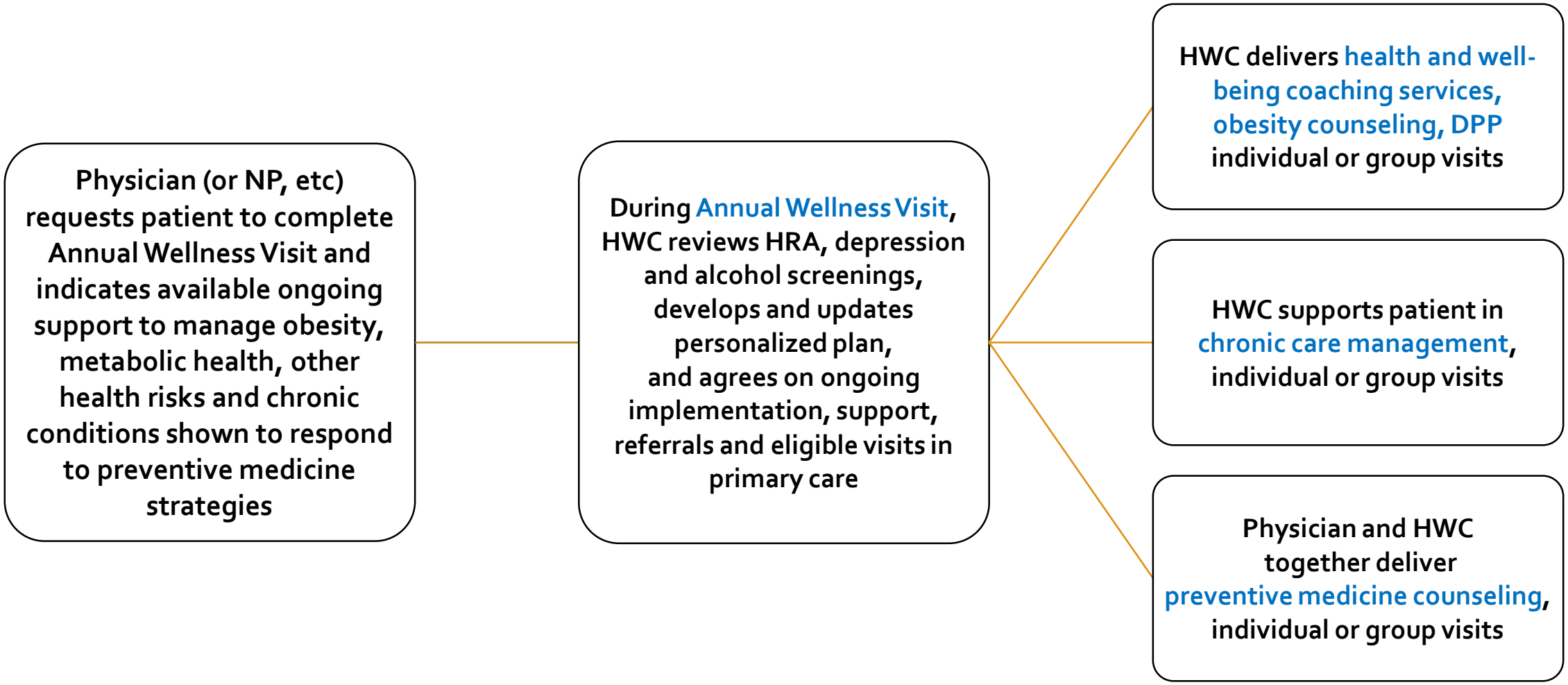
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How HWC Enable Primary, Secondary, Tertiary Prevention in Primary Care



NBHWC exploration with Centers for Medicare & Medicaid Services (CMS)

HWC can use existing CPT codes under the category "health educator"

- annual wellness visits
- depression and alcohol screening
- obesity counseling
- chronic care visits

CPT codes for Health & Well-being Coaching available January 1, 2020

▶Health and Well-Being Coaching◀

▶Health and well-being coaching is a patient-centered approach wherein patients determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach. The coach is a nonphysician health care professional certified by the National Board for Health and Wellness Coaching or National Commission for Health Education Credentialing, Inc. Coaches' training includes behavioral change theory, motivational strategies, communication techniques, health education and promotion theories, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being.◀

● **0591T** Health and well-being coaching face-to-face; individual, initial assessment

● **0592T** individual, follow-up session, at least 30 minutes

▶(Do not report 0592T in conjunction with 96156, 96158 96159, 98960, 0488T, 0591T)◀

▶(For medical nutrition therapy, see 97802, 97803, 97804)◀

● **0593T** group (2 or more individuals), at least 30 minutes

▶(Do not report 0593T in conjunction with 96164, 96165 97150, 98961, 98962, 0403T)◀

Reference: AMA Publication
CPT 2020 Changes: An Insider's View
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Who Can Deliver Coaching Services

- **The coach is a non-physician health care professional certified by the National Board for Health & Wellness Coaching or National Commission for Health Education Credentialing, Inc.**
- The coach is typically a member of the healthcare team.
- The coaching services are typically referred by a clinician and coordinated with a clinician or team's supervision of clinical care.
- The services are reported by the coach in the medical record using the CPT codes.
- Billing policies for the coaching codes will be established with payers (health plans).

Business Model for Coach in Primary Care

CPT Code	Code Description	2020 CMS fee	# Patients	# of coaching hrs	PCP Income
G0439	annual wellness visit	$125	700	700	$87,500
	depression screening	$20	500	(included in AWV)	$10,000
	alcohol screening	$40	500	(included in AWV)	$20,000
G0447	obesity counseling - individual	$29 for 15 min visit	150 x 10 sessions	750	$43,500
G0473	obesity counseling - group	$14 per participant per session	100 x 10 sessions	100	$14,000
OR 0592T Category III	health & well-being coaching	$58 for 30 min visit	150 x 10 sessions	750	$87,000
TOTAL			**700 AWV 250 coaching programs**	**1550 coaching hrs per yr (32 hours per week)**	**$176,500** **Cat III $218,500**

Implementation Examples of HWC in Primary Care

Texas

Example of physician billing of HWC using existing CPT Codes

Massachusetts

Example using grants to fund HWC program

North Cypress Internal Medicine & Wellness – Houston, TX

- Dorothy Serna, MC, delivering HWC services for 6 years because health outcomes are much improved over usual care
- Physician delivers Annual Wellness Visits and oversees fully integrated HWC services
- 261 patients have participated in coaching visits only; most Medicare patients are in CCM services with integrated HWC services
- HWC deliver individual chronic care and obesity counseling services, focusing on health behavior change
- Health behavior change emphasizes nutrition, exercise, stress management, sleep, and social life

Patient quotes:

I've been dealing with diabetes for more than 20 years but no one had ever explained why or how to change my lifestyle to improve the condition. Understanding my trigger points with food, exercising four times a week, and learning to de-stress has literally saved my life

We tried every diet that has come along, from Nutrisystem to Weight Watchers, but nothing ever worked until this.

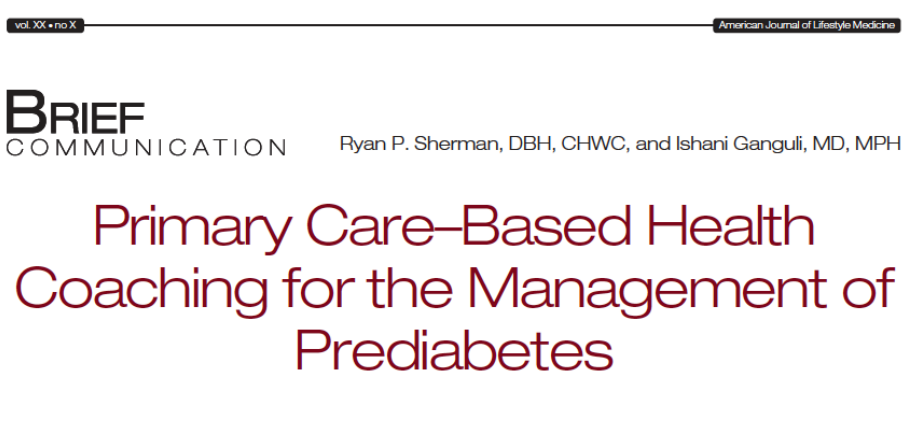
Coming to NCIMW was life changing for me, and continues to be. I'm one of the few in my family able to avoid the need for blood pressure or diabetes medications

https://journals.sagepub.com/doi/abs/10.1177/1559827618821865

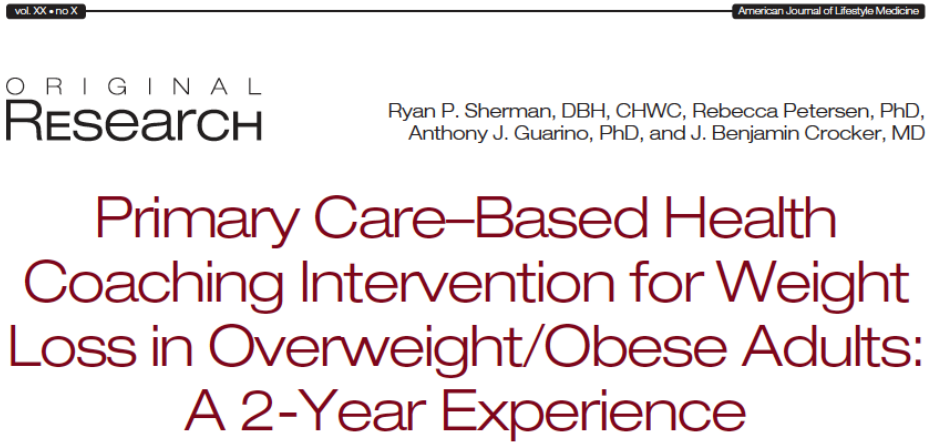
Massachusetts General Hospital
Primary Care Practice HWC Funded by Grants

- Ben Crocker, MD is Medical Director (IOC speaker)
- Introduced health coaching in 2011
- Approx. 3,000 patients have completed 3-month coaching programs
- Provider/patient discussion of health and wellness goals at new and annual visits
- Referral/warm handoff to HWC based on readiness to change
- HWC delivers 60 min in-office initial wellness planning visit; 5 - 7 follow up phone sessions (30 mins each for 3 months); Option for additional 3-7 sessions (total 6 months)
- Published two peer-reviewed papers on positive outcomes in obesity and prediabetes for patients who completed 3-month coaching programs

HWC in MGH Primary Care Practice
Average 5-7% Weight Loss Sustained at 24 Months



- 17 patients with pre-diabetes
- average of 7 coach sessions over 5 months
- average 5.9% weight loss at 24 months
- A1c average 5.9% decrease to 5.6% at 24 months



- 98 patients with obesity coached; 123 non-coached
- average of 11 coach sessions (9 by phone), avg 31 minutes
- -7.2% vs -0.5% weight loss at 12 months
- -6.8% vs -2.4% weight loss at 24 months
- 34% all coached patients ≥ 5% wt loss at 24 months
- cost of $480/per participant who lost ≥5% weight

case for reimbursement by payers

- **Evidence base** meets AMA standards for reimbursement of CPT codes
- **ROI** - CDC studies of DPP show that a $600 investment in group coaching that leads to 5% loss of body weight and regular exercise reduces risk of diabetes by 60% with an additional cost of $5,000-10,000 per year
- **Target patients** with obesity, pre-diabetes and diabetes, and/or hypertension
- **Economic base** for a job on the healthcare team
- **Outcomes tracking** to enable evolution of strategy

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20 Years as of January 4, 2020



adobe license 2020

20 Years to a Vision with Wings

Published on February 24, 2020 Edit article | View stats

Margaret Moore, aka Coach Meg
CEO, Wellcoaches Corporation; Executive Coach, Co-Founder, Institute of Coaching; Board member, NBHWC

23 articles

On January 1, 2020, the health and wellness coach earned the status of a health care professional who can use CPT codes to deliver coaching services in healthcare. This milestone aligns beautifully with the 20-year anniversary of Wellcoaches Corporation, which we started on January 4, 2000. I had just left behind a 17-year career of shepherding along biotechnology teams and scientific discoveries to treat and prevent diseases, in the UK, Canada, France, and the US.

The Coach joins the the Healthcare Team
Path to Reimbursement in the USA

THANK YOU!

Margaret Moore, Co-Founder, Chair, Institute of Coaching
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