



Topic Brief: Health Benefits of Clinician Strategies

Date: 8/7/2020

Nomination Number: 0910

Purpose: This document summarizes the information addressing a nomination submitted on June 12, 2020 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominator would like to know the extent to which skills for increasing patient health behaviors (e.g., health coaching, motivational interviewing) are taught to clinicians in educational settings, and how and to what extent clinicians are applying these skills in practice.

Program Decision:

The EPC Program will not develop a new evidence synthesis product because the nominator's main concern is not best addressed by an evidence synthesis product.

Background

Health coaching is a patient-centered method for motivating individuals to improve their health.¹ Health coaching often involves motivational interviewing, in which the coach listens and directs the patient in a way that empowers the patient to change health-related behaviors.^{2, 3}

Health coaching has been demonstrated to facilitate improved physical and mental health status in chronic disease patients.⁴ Chronic disease represents a particularly large area of healthcare where interventions to facilitate health behaviors may be particularly impactful. Six in ten adults in the U.S. have a chronic disease and four in ten adults have two or more chronic diseases. Chronic disease is the leading cause of death and disability and costs \$3.5 trillion in U.S. annual health care costs.⁵

While training for medical providers on skills to promote health behaviors (such as motivational interviewing) in patients exists, the extent and prevalence that formal training for medical providers occurs is unclear, as is the extent to which medical providers apply these skills in practice. Further, if these skills are underapplied, it is unclear if there are effective interventions to facilitate application of these skills by medical providers.

Assessment Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.

3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Summary of Selection Criteria Assessment

The nominator's request for information regarding the prevalence of medical provider education in skills for increasing patient health behaviors, and the extent to which medical providers apply these skills in practice would not be optimally addressed by an evidence synthesis product, and is therefore outside of the scope of the AHRQ EPC Program.

Related Resources

We identified additional information in the course of our assessment that might be useful.

We found primary studies related to medical provider education in skills for increasing patient health behaviors.⁶⁻²³

We found primary studies related to medical providers' application of skills for increasing patient health behaviors in medical practice.²⁴⁻³⁰

We found an AHRQ Evidence-based Practice Center Technical Brief on patient and family engagement strategies to help people manage chronic conditions, which includes direct patient care strategies (e.g., self-management support, shared decision making, mobile health and electronic health record tools to improve engagement).³¹

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Conflict of Interest

None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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