

Walking the Talk for Patient-Centered Care: An Interview with Eileen O'Grady, Wellness Coach



Eileen O'Grady



Deborah Gardner

ONE CERTAINTY IN LIFE IS change. Nurses are experiencing dramatic change in health care in part due to the implementation of the Affordable Care Act (ACA). The interface between policy and practice has never been more visibly linked. However, nurses often struggle to see the relevance of national policy in their practice. Eileen O'Grady, PhD, RN, NP, is using the context of national health policy change to pioneer an innovative practice model. In this interview, she shares her vision of a patient engagement model designed to create partnerships that improve health outcomes. She demonstrates the individual involvement nurses can have to make a difference. Her example poses the question: Will we lead or just try to fit into health reform?

The Reluctant Entrepreneur

Deborah Gardner (DG): Eileen, you have been a certified nurse practitioner (NP) in primary care for 20 years as well as one of the founders of the American College of Nurse Practitioners. How did you end up in creating this innovative wellness practice?

Eileen O'Grady (EO): My two decades of experience as a primary care provider taught me that the strategy of serving as "the expert" by telling people what to do, does not work. We need more than knowledge on diseases, we also need knowledge on the science of human motivation. If knowledge was sufficient, then nobody would smoke or be overweight, and we would all be fit. After leaving a very busy practice, I realized what was really making people sick was what they were doing *between* office visits. They were interacting with their environments in ways that set them up to host a chronic illness. While it's a well-known fact we can reverse some disease processes by changing our behavior, the average patient achieves little success. I was prescribing fistfuls of medications

and the visits were set up such that I did not have the time or necessary skills to really help patients meaningfully explore how they could improve their health status.

Working with patients to alter behaviors that are detrimental to them is core to nursing. I became deeply interested in patients who are able to drastically lower their health risks by changing their behavior and wanted to know how to get that switch to flip on. I realized that in order for me to work with people who want to transform their lives, I needed to apprentice myself. I needed to develop mastery in techniques that led to lasting behavior change.

After being trained as a wellness coach and then a life coach, I set out to find employment. I discovered quickly there were no positions that would support an NP who wanted to use this model in traditional health care. Knowing I had to engage patients in self-care conversations to succeed, the only way forward was to start my own practice. So, I became the reluctant entrepreneur.

Engaging Conversations in Self-Care

DG: How would you describe your NP role that is focused on wellness coaching?

EO: Let me start with the context of health reform as I see it. I think this groundswell for change emphasizes clear accountability for the total care of the patient. Working with patients upstream in their care and given the increase in chronic illness, we must develop new incentives and new models of care to help people obtain optimal health. I think a redesign of patient engagement is an essential part of the effort to improve health outcomes.

In my practice, patients hire me directly to help them create bold goals, often around behavior change. Through this collaboration they safely take risk reduction into their own hands, often after decades of unsuccessful attempts. My role as a wellness coach is to create, with the client, a container for emotional safety, where he or she can explore what it would take to improve his or her health status and develop an understanding of his or her role in achieving it. Encouraging patients to be participants in their own health improvement is key to success. There are deeply rooted causes for a person's behavior and thoughtfully excavating this dimension of self-care takes focused time and skills. Using goal-setting theory, I actively listen to how concerns are presented as well as the content of those concerns. We then develop goals and an action plan to break down identified barriers.

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Adding new therapeutic skill sets (training in both wellness coaching and life coaching) to my nursing practice facilitates a deeper conversation. Through this conversation, I am better able to uncover what the patient wants versus imposing my knowledge as the shortcut to health. This is key to empowering the patient to “own” the process. I shape the conversations through questions and suggestions. They set the agenda, which makes coaching distinctly different from “patient education.” My coaching encounters are done over the phone, which is very popular, convenient, and enables me to engage with patients all over the United States, United Kingdom, and Canada.

Value-Based Health Care

DG: You possess a great deal of health policy expertise and experience. You speak nationally and hold adjunct faculty positions educating nurses in political competence as well as coaching methodology. How would you connect your practice redesign with the ACA implementation changes?

EO: The ACA goals are to improve health outcomes through access to better care experiences, and provide quality and cost-effective health care. This change in policy, while just starting to be implemented, was one of the tipping points in rethinking my practice. The ACA has also recognized nurses and nurse practitioners as valuable providers for care and thus critical for the health care delivery system. The ACA has made some provisions in the right direction on risk reduction, such as no co-pay for preventive services and no fee for an annual history and physical. However, it doesn't go far enough. For example, I think nursing must take a strong leadership position on developing better patient engagement models. The ACA and health care home models hold great promise if we can change the existing culture and truly put patients' needs at the center. Any truly value-based health care system must be intentional, invest heavily in risk reduction, and engage with each patient differently.

I have clear beliefs about what doesn't work. The paternalistic medical model is not serving many patients well and is still very much provider centered. While there are new delivery models being developed, most are not focused on changing the role of the patient. The value-based delivery models forming as a result of the ACA are intended to truly keep people healthy, but we are not going to get there with the same old skill sets we have relied on (e.g., provider as all-knowing). I do a lot of weight loss coaching, for example, where each person has his or her own

unique obstacles. If these obstacles are not identified and remedied, little progress is likely to be made.

Coaching, Guiding, Strengthening

DG: What are your biggest challenges as a nurse innovator/entrepreneur and what is most satisfying?

EO: The most challenging has been developing my administrative business skills, since I am really only interested in dealing with patients. I have hired competent people to help with billing. Another challenge has been gaining visibility. I use word of mouth. I do not advertise, so the business has been slow to build. I am hoping, through iterative practice, that I can verify and refine this patient engagement model in such a way that it can become part of nursing's repertoire for effectively engaging patients. Finally, there is a critical need for health care transformation to include payment incentives for more prevention services. Until there is, diffusion of innovations like the one I am trying to develop will take longer.

Most satisfying? Well, I can think of nothing more fulfilling than to be invited to accompany people on long, hard journeys. Recently, I celebrated with a client who lost 75 pounds in 6 months. She is so joyful and has taken on more challenges as she has learned to have a far more healthier relationship with food. It is a privilege to witness. I also love public speaking and working with nursing students.

DG: What advice would you give to other nurse innovators who want to meet patient needs more directly in their practice?

EO: Innovating and taking risks to change your practice into something you believe can make a difference is not for the thin-skinned. Establishing your own business takes, on average, a good 5 to 7 years to be profitable, so one needs a long runway to launch. Try to stay positive and focused, ask for and hire help. Do not go it alone.

DG: How do you see the role of nursing changing in the future?

EO: It is my hope that we become the health care provider recognized as experts in helping people change behavior. In the future, we will have very specific information on human genes and, therefore, on personalized risk profiles. If we are not taking the lead in lowering specific risk factors and becoming truly masterful in working with people to lower risk, then another profession will step in. A core competence of nursing is coaching and guidance. More must be done to strengthen our ability to help people's behavior become inhospitable to disease. \$