PROJECT INFORMATION

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Does Working with a Health Coach Help Patients with COPD Improve Their Quality of Life and Breathe Easier?

Principal investigator

David Thom, MD, MPH, PhD

Organization

University of California, San Francisco

What was the research about?

People with chronic obstructive pulmonary disease, or COPD, have a hard time breathing and cough often. Although there is no cure for COPD, treatments can help patients' symptoms. But managing care for COPD can be complex. Patients need frequent doctor visits and often take more than one medicine. Patients with low incomes may have fewer resources to help them manage their care.

In this study, the research team wanted to know whether support from a health coach would help patients with COPD who have low incomes improve their quality of life, breathe easier, and improve their ability to manage their own care compared with people who didn't work with a health coach. Health coaches support people in making everyday decisions about their health, like taking medicines, exercising, or quitting smoking.

What were the results?

When comparing patients who worked with a health coach with those who didn't, the study found no difference in

- Quality of life
- Ease of breathing
- Ability to manage COPD

- Ability to exercise
- Number of COPD emergencies

Who was in the study?

The study included 192 patients with COPD living in San Francisco, California. Of these patients, 57 percent were African American, 21 percent were white, and 22 percent were other races. In addition, 10 percent spoke Spanish, 44 percent made less than \$10,000 a year, and 13 percent were homeless. The average age was 62, and 66 percent of patients were male.

What did the research team do?

The research team recruited patients from seven health clinics. These clinics serve patients who have low incomes and who have public insurance. The team assigned patients by chance to receive either their usual care plus a health coach for nine months, or to receive usual care only.

For this study, the research team trained two health coaches to actively listen to patients and to help them set goals for managing their COPD. Coaches received 100 hours of training over three months and spoke English and Spanish. Patients in the health-coaching group met with their coach in person at least three times. They also talked with their coach at least once every three weeks on the phone. A coach went with each patient to at least one doctor's visit. A nurse practitioner with experience caring for patients with COPD met with the coaches to review each patient's information and share medical advice with the coach.

The nurse practitioner also entered the advice into the patient's electronic health record, so their doctor could see it.

Patients in both groups continued with their regular doctor visits during the nine-month study.

During the study, the research team worked with patients with COPD, clinic staff, public health officials, and experts in COPD. These people helped the team design the study, recruit and keep patients, and review findings.

What were the limits of the study?

The study took place in one city. Results might be different for people living in other areas.

Future research could look at other ways to improve quality of life for patients with COPD who have low incomes and live in urban areas.

How can people use the results?

Clinics may use these results when working to support patients with low incomes who have COPD.

To learn more about this project, visit www.pcori.org/Thom117.