## Introduction to Health Coaching

everyone, I have Doctor Sandra Sanborn today and she is a wonderful person and she's really guided me over the years on several different things. But it has been such a great mentor for me.

And, I'm really excited to have her on to talk about something that's really special, which is health coaching, which is now actual thing within the United States.

And it's recognized by CMS. So, Sandy is a fantastic human being. She is, has a PhD and she is, an integrative psychiatrist or psychologist, I should say, and is the founder and CEO of something called SMK, which is the Functional Medicine Coaching Academy.

And, and so this academy actually trains health coaches. And if you don't know what a health coach is, there's a reason why we're having an on the Physician Automation Summit, because there's a lot of automation that you can actually have, through health coaching that is extremely valuable for patients.

And it's a system that I've run for the last four years. So, Sandy, welcome to the show. Appreciate you coming on. Thank you so much. It is a pleasure to be here. Thanks.

And we and we met a few years ago, at the Institute of Functional Medicine and, one of the, one of the training courses. And so that was really the first time I even heard of what a health coach was.

And it kind of boggled my mind a little bit. And so, well, what I'd like for you to do is just kind of introduce to people what exactly is a health coach and what is it?

What are the rules? Sure. So, to really look at what a coach does, think about an actual stagecoach. The stagecoach takes somebody that did when it was a horse and buggy.

The coach would come and pick you up, take you from where you were to where you wanted to be. Essentially, that's what a health coach does. A health coach takes you to where you want to be.

So first and foremost, coaching is what we call client centered. And I want to say the ad says that to differentiate between the coach, a coach is not a legal a licensed provider and by any state government body.

And so they are not somebody who has patience. They have clients to differentiate from a clinician who would have patients. And what the coach does is they act as the behavior change specialists, they help people change.

And it's really important to first and foremost recognize what that individual wants. So the coach does not go in and superimpose what they think is going to be best for a given individual.

They honor that person and the whole field of health and wellness coaching actually comes from life coaching. And life coaching evolved from humanistic psychotherapy.

So that was way back in the 70s. I was training as a clinical psychologist at that time, and I trained at humanistic psychotherapy, and there was this notion of unconditional positive regard.

And what that means is that the person that you are working with, you are holding them in unconditional positive regard. In other words, if they don't want to follow your plan, if they are going off in a different direction, if they have beliefs that don't resonate with your beliefs, you are right there with them.

You are listening, they feel heard, and the skills of a coach would be to help them make the right choices, to decide

for themselves, to change, to take a healthier path.

And that comes about when they have that moment like, yeah, what I've been doing isn't working. So maybe I need to start moving more.

## What Health Coaches Do

Maybe I need to go to bed earlier, but it's not the coach who's the expert who is developing that plan to say you need to get to bed earlier. It's that client coming to that decision.

And that is really the magic of the coaching process, where they are listening and they are really accepting that person wherever they are, so that they could make that decision to change.

So one thing that you said, is really empowering the patients to, to do what is what is, what is necessary to do. But I'm curious on how a health coach is different from, let's say, like what, a nutritional, coach or nutritionist?

Can do because I think, like, you know, for most doctors, like if someone has diabetes, the very more much likely to refer to a dietitian, right? Someone has obesity, either a dietitian or nutritionist.

And then there are different classes within, within dietetics as well. So, so as I understand it, health coaching is not just about diet, but what do you what do you see that fitting in and how do you compare amongst these services.

Yeah. So a coach is not a dietician. They are not a nutrition specialist unless they happen to have had that training. Many coaches who come who study with us at FMC, they are already dietitians.

They are already nutrition specialists. So in that case they may wear two hats. And that's a totally separate, way of working as a coach. And for somebody who is a coach and they are not a registered dietitian or they are not licensed in nutrition, they are not acting as the one who's making the recommendations or analyzing.

They're not going to look at a lab profile and look for nutritional deficiencies and then come up with a treatment plan that may say, here's your meal plan.

Here's the supplements you need to be taken. If they are doing that, they are functioning outside of their scope of practice. So what does the health coach do?

Their role is to be the support. So they are relying on the experts, on the doctor, on the dietitian to be that expert, to develop that treatment plan.

In this case, if it's nutrition, a food plan, a meal plan, a supplement plan, and then they take that and then they engage with the patient to see, okay, is this do they understand it first, because they can act as an educator.

If they are confused about what is why do I need the supplement? What is that for? They also can be the one who asks that question or profound questions about, what is it like for them to receive this or where would they like to start?

Is this doable for them, or are there obstacles that they can foresee? And then they work with that patient to look at making it fit for them and holding them accountable?

And then they are also the communicator. Back to that dietitian, that doctor, to say, oh, you know, Mrs. Smith, she's just, you know, she's not following up on these supplements.

She told me that she can't afford them. And so she's not following up. And we know there's a lot of documentation that people will tell the coach things that they will not tell their doctor, for example, or that nutritionist, because they were afraid they'll be judged, but they see the coach as closer to their peer.

And so they've developed such a rapport with their coach that they will often disclose things like not following through. I didn't renew my prescription.

I'm not following that meal plan. And then the coach could go back and get course with permission from the patient, communicate that, and then they could go to plan B.

Yeah. So that is a great way to put it. So I think that what it sounds like is so in the hospital system back when I did hospital, medicine, there was a assigned, patient advocate, for, you know, medical surgical floor, and the patient advocate's job is to really advocate for the patients and the family, what they really need within the hospital stay.

And then there's a program to even develop a post-discharge, patient of C program to make sure they don't bounce back to the hospital, then follow up with the primary cares and stuff like that. Right.

And so I think, I think if you have that sort of an outpatient setting, that could be very powerful because right now, let me guess who's doing it. And it's the doctors is the medical assistance, is the front desk, is the back office, sometimes is the builders and depends on whoever's on the phone with that patient and what it creates.

I think, is what's mainly wrong with medicine these days. It's just a really broken level of communication, because I do think that, you know, most patients really want to do well, but sometimes things get in the way.

So, our health coach is, you know, for example, they see things that we do not, death of a spouse, death of a family member or family member of being ill.

The patients being ill themselves. So they pick up so many different things. That is truly valuable to the practice of medicine. I have someone else who is a friend of mine who's a health coach for orthopedic practice.

So it's basically like a patient advocate. And they go out to make sure that, hey, you're post-op day three on your shoulder surgery. How are you feeling today?

Hang in there. You know, and making sure that they're okay with their pain levels and stuff like that. So there's a quality that's associated with it.

And then I have another example really is where, you know, one of my, my health coaches is a mind body medicine practitioner is that, you know, she, she holds sessions with people not really in counseling, but just kind of supporting them through the tough times and giving them tools meditative practices and stuff like that that really allow them to be.

It's informed that resilience, what's great about it is it makes us look great, you know, makes the practice look great, makes the practitioners within the practice look great.

And, and we get a lot of five star reviews just because of our health coaching. So I definitely see the, the, it's there. So, you know, earlier we you talked about how the health coaches are not the providers, if you will.

They're not the ones, you know, providing the the actual cure in terms of, of, of a legal definition. Right. So how how do you how have you seen health coaches interact with either physicians or the staff of other practices so that patients have good outcomes, like what are some examples you can you can, talk about. Sure.

So one example would be if there are some things that are going on with that patient, they're not disclosing them to their medical provider or they're making decisions to, let's say they're they're have hypertension.

They're making a decision to go off their medication. So coach would alert the practice that that is happening. They also are very focused on the social determinants of health.

And these are, again, the things that in a rushed visit with a practitioner, it might not come out that they are living in an unsafe environment. For example, you know, maybe they cannot sleep because there's gunshots going out all

night and outside of their, their building, or they can't go out for a walk because the sidewalk is, there.

Maybe there is no sidewalk. Maybe it's dangerous.

## How Coaches Support Clinical Care

Maybe they don't have access to the kind of food that is being recommended. And sometimes, well-meaning, practitioners will make recommendations, and it's really out of reach.

I had somebody I was monitoring a clubhouse room. Which is a wonderful the social platform that you and I have been involved with. And, somebody came up from the audience and she said, worked with a functional medicine doctor.

And she said, well, she got a whole list of supplements, probiotics, for example. And, she couldn't afford it. She had this, which she said was no longer working.

And so she was really struggling. And so, this is an area often where people will be reticent to bring this up with their practitioner, or they won't seek care because they can't afford it and the coach can help them.

One of the things we talked about with this individual was saying, you're having, access to a group, and I know we will talk about the power of medical visits and how coaches can facilitate that.

So that is one way where they can communicate back to the practice of the other is that they can really lighten the load for the clinician and staff because, there tends to be what somebody has a complex chronic condition, is a high level of service that is necessary.

A lot of follow up phone calls and consultations. They have a lot of questions and the health coach can take over a lot of that. They could provide the education and what's a very efficient powerful models.

They could do it in groups rather than giving the same talk about blood sugar control or what you should or shouldn't be having for breakfast one at a time.

They could get a group of people who are suffering from type two diabetes. They get together and they could talk about food, or if they're going on an elimination diet or whatever it might be, they can, run these groups providing the educational component, for example, or whatever it might be.

That might be stress and running, breathing technique groups, meditation groups, and many coaches are, I would say most that, I've encountered and that we teach, we teach my body medicine techniques, for example, mindfulness practices.

Now that's great. Yeah, you're absolutely right. I mean, a lot of these things do work well in groups. The other thing that we notice is that, it's not just about supplements.

A medication compliance is actually huge. And and I can't tell you how many times our health coaches call it people like going off on specific medicines, or they're in a coaching session and the patient breaks down and you find out that they went off their antidepressant cold turkey, which you can't do without feeling some effects, side effects from it.

So we've caught a lot of those as well. And I think that it really caters to, the patients and advocates for the patients. For us to know exactly what's going on as well as the social determinants of health if they can't afford a medication or a supplement, if can't afford a food item that was recommended and stuff like that, it doesn't do any good to, to recommend it.

And, and also I think from the subspecialty feel like surgical subspecialties. I think that, one of the ways that, that surgeons are, are, are assess with insurance companies, claims and stuff like that, or outcomes.

And so, the outcomes data, which is really hard to get, unless you have someone going out to do it or unless you have some sort of automated system, to do it.

And I think the health coaches are really perfect for the pro data, which is patient reported outcome, data. And a lot of times we use that, to fight with insurance companies for reimbursement of specific services.

And once we have that data and we show the insurance company that this is the outcome that we want to achieve, it would approve it. We're able to to get that going across.

I think, you know, the coaches have have multiple benefits from that. But, I mean, you just talked about a group of group settings. So, you know, doctors are trained to practice in a group setting unless, the trained as a psychiatrist.

And so and so from most of the MDS and years kind of listening to this, the physicians, the group setting is, it's very it's it's a bit of a black box.

So, can you can you sort of tell us, a little more about some of the structures of what you see health coaches doing in groups, and how the heck do you get a patient to agree to show up to a group session?

How does that work? This is one of my favorite topics, something I'm passionate about. And I actually have a long, long history with groups. It started I was a school teacher before I was a psychologist before I, started, like she was in coaching academy.

And as a teacher, I was in special education and this was way back in the early 70s. So we're talking a long time ago. And, I had children in my classroom at that time.

We call them kids with behavior disorders or learning disabilities. And, so I pulled together the parents and got together. They came into the classroom.

They sat around in the tiny chairs and made it work. And they talked about what it was like at home. And then, so they were starting to share their experiences.

They started to learn from one another, and they started to feel like I'm not alone. Oh, you're having that issue with your child as well? I was embarrassed to even talk about it, but I see that it's commonplace.

Well, I started then doing those groups for teachers, teachers to prevent burnout, and they would come together as a group. And it was part education about breathing techniques or about ways to release that stress.

And then it was partially I'm not alone. We're going to get together and just the communication amongst each other, sharing what I love about groups for the participant, first and foremost, it's an opportunity for them to to be a giver.

They can share and they can be of service to somebody else. And that is one of the main reasons why groups have this powerful healing potential. And we like to say the community is the medicine, and then it's a social proof idea that, oh, I'm not alone.

You have this too. So there's no, I'm not crazy. I'm not weird. And I feel safe in this space to talk about my experiences. And so they also have that social proof that, well, if if he could make that change, if he could, start eating more vegetables.

Well, I guess I could do it too. And so there's that, there's that, that community of they become a true community supporting one another. And many people think that they have to be an extrovert.

They're shy of public speaking and actually a doctor. Jeffrey Geller says there's the introverts do better because they're good listeners. And he says he started groups.

This is, through the center for integrative. I think it's called the center for Group visits. It's in the massive Lawrence,

Massachusetts. And he started groups to treat loneliness, and that's one of the reasons.

So I went on, I did a lot of stress management, relaxation groups. And then now I'm training coaches to run groups and they're the facilitator. So groups are different.

You're not a teacher. You don't have a lesson plan. You don't have an agenda. Again, it's client centered. What does that. But now your client is not only every individual.

So you have to honor every different person. And they're diverse, but you also sense the group. The group has a personality. And what does the group want.

And anyone who has ever taught, may realize that. Well, one class that you taught, responds a certain way, and then your next period class. Well, they they're totally different.

And so they the group itself takes out a personality. And as a coach, you recognize that, and then you recognize all of the nuances, like somebody who's talking a lot, somebody who never says anything.

You want to be very mindful of diverse backgrounds, cultural differences that may be coming into play.

## Group Visits and Shared Support

So, and then there's the issue of confidentiality, which is the assurance that you are, abiding by HIPAA. But each group member, is not legally bound.

So you set the good, the rules of engagement at the onset. And, but it is so, so powerful and I highly, highly recommend groups and a coach who's traded how to facilitate group visits can be the guide.

So. Yeah. So if, people think this is a foreign concept, this is actually talked about in the American Academy of Family Practice. And if you, if you just kind of Google search this on group visits, I mean, I think that article came out in 1993 and 94.

So a lot of this has been around for a while. This is nothing new and innovative, but I think it's the first time we're we're probably seeing more of a need for something like this, especially in the pandemic era.

And I would love to say, you know, post pandemic era, but I don't know when that's going to be. So the pandemic girls feel that way. And so I think that, I think that within the, the, the health coaches, then within Fatca, they're so they're actually framed as part of the curriculum to facilitate the groups. Yes.

And so go ahead. This could be also, I want to point out that this does not have to be live. It can be remote. And what we're finding is that zoom is a remarkably effective platform.

It's here. But you get the hit, the compliant platform and the, people like it. In fact, they like it more than a lot. They don't have to be in traffic.

They don't have to disrupt their day and, take time out. They can do this, from home. And there's an intimacy. They, we have found that they like to share.

Oh, this is, you know, here's pictures of my grandkids behind us. Or here I'm in my kitchen. Sometimes there's activities you can go around that, like, let's all, you know, clean out our pantry at the same time that we're doing this visit.

So there's a lot, a lot of potential for that, that you can be doing this virtual. And then with breakout rooms, you can have your providers of the coaches to the facilitation, the education and then one by one, people can be taken into those breakout rooms for their individual session to be reimbursed.

So for those of you who are trying to figure out how insurance and all this stuff works, they'll be covered on, another interview, and pretty much, very much in depth, actually.

And so, but for this one, we're going to continue talking about coaches for so, so okay, so now we know that the coaches are can be trained or are trained as could be school facilitators to run these different things.

So one of my questions earlier is like how do you get patients? How do you funnel patients into these groups? Because it's it's all I feel. I feel like it's all in the cell. Right?

I think of me as a doctor. I'm saying, hey, I want you to go to this group and that's it. And no one's going to go. But, how do I how can a physician say or communicate a value add, for what the group of visitors are supposed to be?

Yeah. So it really all depends on how the physician, how you communicate the value of the group at the beginning. And often it is during a one on one consult where you talk about, the value and perhaps share a story.

And certainly for confidentiality, it wouldn't be, you know, real, real person. But you can, have a story of how somebody, made remarkable changes because of the group.

So, so for the first person to convince the value of the group is you, the clinician, that this experience is actually more powerful than a one on one consultation.

So, let's say, or a coach, a health coach working one on one with a client versus seeing that person in a group. Now you've got you've increased exponentially.

The opportunity for that person to make progress towards their health goals, because they are in this community of others who are often like them, who are supporting who.

Now you have multiple cheerleaders, not just the coaches, your ally and cheerleader, but now you have the entire group. And if you think about groups that you may have some experience with, perhaps it was Weight Watchers or AA or all of that, those histories that we have of support groups where people really got better because of the group support.

So groups are part support group, they are part educational process. So it's part of like a being in a classroom. It is the engagement though, where you can give back.

You people can provide service to you. So that is the power of the group. So basically you documented and you you tell a story. People learn by stories.

You can talk about, somebody who was in the group and made tremendous progress for many, many years. When I was a psychologist, I facilitated a group for oncologists.

It was a large oncology practice. I took over their staff kitchen every Friday at noon. We cleared out the drug reps pizza boxes leftover. We had, and it was an ongoing group.

It lasted for two years. People came and went and the doctors sold it because they would come in and participate in the group. They would, but they would particularly tell about somebody who was in the group who was able to reduce their medication.

It was able to start walking again, and made remarkable progress. And so it was those kinds of real life stories that sold people. And so I think that's something that's really tremendous to really, reveal, because when we started doing these group sessions, actually started with a lot of the cancer and diabetes patients.

What we're noticing is that not only are the patients more engaging, in, in their improvements, their outcomes were actually better. The people who who have diabetes, the illness, he's actually got a lot better, a lot quicker because, you know, we run, a program at Texas Center for lifestyle, medicine, you know, Dsm's, which is diabetes self-

management.

This program, through the Ada. And so, we have to get these numbers and outcomes to see how people do. And so as part of the accreditation, we learned how to get those, outcome data and then applied across the board, for the cancer patients and autoimmune and under health patients, chronic pain.

That's probably one of our most powerful groups. And what we've noticed is that the stories that come out of there is just this is very mind blowing. And a lot of the practitioners and providers on their break, they just want to be sort of part of that energy because it's always positive.

It's always positive coming out of it, and it's very cathartic and it really dramatically decrease all of our burnouts, you know, going a thousand miles an hour.

And not only that, we made it part of our core core values and core business to have coaching be the, the core elements, and have us be the actual guides, that support the coaching on the physician side.

So I see that as being a very valuable component. So we do have a combination of 101 and group coaching as well. And so, we sort of run through, some of the curriculum that the health coaches are taught, and not.

And then how, how should we execute that in the outpatient setting using, what the coaches learn in the curriculum? Sure. So at SMK we have six branches.

The first is functional medicine because we are a collaboration, a partnership with the Institute for Functional Medicine. So they are training is that, is training the doctors we are training health coaches and so we're educating on functional medicine principles.

We are not focusing on a heavy dive into cellular biology, for example. But we are focusing everything at the level of how would you explain this to a patient?

How do you take these concepts and really be able to dial them down? So that, when somebody says, I don't understand why my doctor said this, the coach could make that come to life and make, and educate in a way that they really understand.

The second branch is nutrition, functional nutrition. So we are not going to, have them emerge as dietitians, for example. But these are need to know concepts.

And so if they are speaking with a doctor, with the nutritionist, they need to be aware. Just as when I was a clinical psychologist, I could not write a prescription for, medication, but I took psychopharmacology.

In fact, it was a huge part of our state licensing exam, to know pharmacology just because we had to have that education to recognize when a patient, might be overmedicated misusing medication, communicate.

We needed familiarity with each of those medications. And so then the third branch was one that's near and dear to my heart, because it was what I was an expert in.

And that is positive psychology. That's the study of what's right with people, not what's wrong with them. And that is how people change. They change through their character strengths, the, pillars of well-being.

What makes a life worth living? How do people thrive and so we do a real deep dive into positive psychology integrated with those other two branches. And then we have another branch which is the mind body medicine piece.

And that is how does your mind influence your body. What about this parasympathetic response? How could you guide somebody to be more mindful?

## Training Coaches at FMC

Moment by moment to do some relaxation, whatever type might fit for them, for example. And then the fifth branch is the art and science of coaching. That is where you learned to be a listener.

You learn how to ask open ended questions. You learn how to roll with resistance to create rapport, to really become an ally. And that is in behavior change, to set accountable and realistic goals that can be achieved.

And then, what we are calling the coach navigator, to set up a business. And that means whether you are going out as an entrepreneur, many coaches establish their own business.

But also whether you are when you're working for a practice, you can be that person often in the practice who can help to elevate the practice, you can bring in added revenue.

You could go out and give community talks. You can be a spokesperson for what this practice is about. And so we have a parallel track, in, navigating to build your career and put your best foot forward.

It's pretty comprehensive, in all aspects. Right. And it's something I think, I wish I got some training within, medical school or residency, but that's usually not the case with, most, most programs.

So with all the stuff that the health coaches have learned, and marrying in that, marrying that to, physician offices sometimes get a little tricky, which is, I guess, why you kind of put out that, that track with the business.

But you know, where I see health coaches going because, you know, I'm biased. We have we have great health coaches within our practices. Ethics center for Lifestyle Medicine.

I can actually see a pretty good business plan, where it could be incorporated into, a lot of primary care or other point of entry practitioners like obagi and and chiropractic and stuff like that.

But I think the biggest like missing out, people missing out on health coaching is surgical because I talked about it before. And so, you know, with, with surgery, the best thing to do is have the best outcomes.

If your surgeon, the minute you have a poor outcome, that's that's the last thing that you really want to to deal with. Right. And, what what we have learned within, several of our, our continuing medical educations, especially with your patients, is that from a surgical side?

It's not, you know, the the risk is not necessarily what procedures you do, but how do you communicate that an expectation that's set up so that, you can provide a lot of value indications of the patients.

And I think that's where the coaches can really come in on the surgical side, and especially in groups, two of you have, a group of people that's planned for, for doing certain things.

And the coaches can come and facilitate that and post up the can follow up. And, and that's the sort of guidance, to, to know what to do. I think that's will dramatically influence the outcome of the surgery and make the physicians shine as well.

So that's something I definitely want to to highlight. I think it's it's a great missed opportunity for a lot of surgeons, a chronic pain management to, to, to kind of dive into.

And so the so I, I'm, I'm curious about and this is something I've always been curious about. I don't have an answer to this. And, I'm gonna ask you is that when you have a coach that is is reaching out to the patient, has a session with a patient, establishes that rapport.

And what we see is that generally, whenever there's a group session that's available, like that patient's entire family comes into that group. Right. And so, from the clinician side, there's a whole legal aspect that, hey, everyone in the

group has to sign a hip, happy agreement and be our patients and make sure that, you know, nothing leaves the room.

And so, I'm curious to to hear how coaches deal with. Okay, let's say this. I have this exact same situation that we had with a group of 16. Okay. And they were in, our, What group is a dementia, memory loss group?

And our group of 16 nine were from one family, and there were actually all patients as well, but really there to support, each other, to support one family member.

How does how does a coach talk within a group knowing that half the group or majority, the group is actually with one family and the other ones are sort of more individualized?

Is there is there a dynamic there that that that we have to kind of cater to? I would first and foremost, so talk well, first regarding the confidentiality.

So you wrote you review that at the onset, internal and often giving very specific examples, like not to go out and, and post on Facebook what you just talked, but someone else just talked about in the group.

But legally, you as a clinician, they sign the, the regular HIPAA waivers. But each individual in the group can't legally be bound, to protect, somebody else.

If somebody discloses something and that person, that someone else in the group goes out and discloses it, everybody who is in the group takes that risk.

And so that's something that before they enter the group, you do discuss that and give those examples. What happens in reality is people honor that because they come to see they're bonding with one another.

They come to see this as a sacred space. And so I think this that would apply for those people who are within that one family. Each of those are individuals.

They have their own wants, desires, preferences, and they're going to become active participants within the group. And I think they mentioned that, I think the type of group.

So particularly with cognitive decline, I ran groups for people who were caregivers when I had the, college group, it was common that people would come with a relative.

We encouraged it. And, I remember one couple, they they she always came with her husband many times they were the drug. And this is when they were live groups.

So this was years before Covid, but they needed transportation. And rather than having that person sit out in the waiting room, it was more beneficial.

It was therapeutic to have them come in, because we know that the stress of caregivers is sky high. So if a spouse is taking care of someone with a chronic illness, that they are exhausted, they are going to get sick as well.

So it was it was healing and therapeutic for that person. So we saw them not just as a tagalong, but as a vital, important participant in that group. And so I would suggest that each of those family members would be seen as group participants.

And the fact that they were family, oh, that's just an interesting statistic. But they are all participating as individuals. Okay. So in reality, which is all see them as individuals, even though they're supporting a person in their family.

Right. And then also have them sign the individual releases, as well, or those like the, the HIPAA, confidentiality criminals. Yeah, exactly. Yeah. Okay.

And I would, I would give specific examples about breaches of confidentiality and that those are so that you have everybody go around and they acknowledge that they understand the importance of this as a sacred space and everything that's here.

You know, it's just like Las Vegas. What's what's here stays here. Stuff. Yeah. No. Absolutely. And that's important to understand because whenever you want to do groups, especially with coaches, you really want to make sure that everything is nice and buttoned up and especially if there's other people in the room and especially, sometimes they could be, younger, maybe 18, 19 years old in the social media era and just kind of give them examples of what not to do.

So that's a really good, really good point. There. So what about, and, what about when there is a patient, coach sort of relationship that's within a practice?

And let's say that, a coach is coaching someone and they, they explore, symptoms with them, and there's new symptoms. And because of the new symptoms, the coach, we then have to talk to the physician or have to talk to some of the, the medical staff to really address those symptoms, to, so that there's no sort of delay of care.

And we find that within our coaching population because especially during coronavirus, you know, my coach is like, oh, hey, this person just said you had a temperature of 101, you know, can we, can we, you know, get this patient booked and stuff like that and which which, which you generally do.

If it's not, it was not too much. And so, so, so from the physician patient relationship, there is a provider patient relationship that's, you know, with protective gear and all the stuff like that.

Are there any nuances of the coach patient relationship, like what exactly are the boundaries? Are they the same as a physician patient relationship? So it depends.

So if a coach is, health is their own business. So they let's say they just hang a shingle. I'm a health coach and I have my clients. They are not covered entities.

So because they are not licensed providers by any state in the United States, they are not legally bound by HIPAA because HIPAA is privacy of medical records and coaches, because they're not covered entities, they're not licensed providers.

They don't keep medical records. They could keep notes. However, both the National Board for Health and Wellness Coaching and at Function as Coaching Academy, we take a strong stance to abide by HIPAA regulations.

Now, that means that, if you run a business as a coach, you don't have to give those people when they come in the door. They don't have to. They they're not filling out those legal help forms.

But the ethical way to do this is to abide by confidentiality. And in your client agreement, you state clearly the nature of the sessions confidentiality.

You may even have a duty to warn when you're going to disclose something. And then if they coach and in this instance, we're talking about a coach who would be working in your medical practice because they are part of your practice, and they might be entering a note in a medical record, then they would be held to that.

They are abiding by HIPAA. The strict interpretation of that. Okay. Gotcha. So that so that's the that's that really is the main difference. And I'm glad you guys, as well as the National Board of Health, the walls coaches are really promoting the, the, the HIPAA ethics, if you will, even though it's not a necessary thing to do.

So, but, what we now know is that in 2021, there's a new taxonomy within CMS, which is the health coach taxonomy, which, health coaches have their own NPI numbers.

And actually, can can be within in-network with insurance and stuff like that. This is brand new. And so I guess if they're and they have an NPI number, then they're definitely bound with the with the Hippo contract.

Is that true? Yes. Yeah. So and so so that's that's relatively new. I'm going to cover that on a whole other other interview with Margaret More of National Board of Health wellness coaches love Margaret.

## The Future of Coaching and Remote Monitoring

Yeah. So wonderful. And so and so we talked about some of the legals and ethics of health coaching. We talked about how the health coaches are trained, and we talked about how can they possibly be incorporated into medical practices.

Now, I want to talk about you for a second. So, why did you start this in 2015? Right. You started this, like, why did you why did you start this? Why did you make that transition from a, from a, from a psychologist to doing, doing stuff like this?

Yeah. So because I had a background originally as an educator, I had spent so many years when I was a psychologist, I was focusing on mind body medicine.

I, was very involved in world of biofeedback, did some control studies on biofeedback for attention deficit disorder. But I saw the power of these mind body medicine techniques, and I saw the power that was be on steroids when you took those and you blended them with cognitive behavioral techniques with positive psychology philosophy.

And I started studying functional medicine through the Institute for Functional Medicine. And I always was, somebody who saw the power of integration of strategies or principles rather than sticking to like, okay, this is my approach, and we're going to put everybody into this approach because it works.

I was always using a personalized approach, even back in the day, learning disabilities, where we would do a comprehensive diagnostic evaluation of a child and that fit the strategy like there's one reading method, and it's got to fit every kid.

Well. Back in the late 60s, when I was studying this, we had this approach that was personalized. We evaluate a child. We look at his strengths, weaknesses, and we would say, okay, now how are we going to tailor this program?

How are we going to personalize and create a reading approach that will work for this particular child? Well, fast forward now to functional medicine.

It's personalized. And so I put all those I felt like I could put all of these strategies that I, had, you know, we're going back so many, many years that I didn't do it all this.

And I thought I could put all this together and teach health coaches because we were seeing a need for people. There was a big desire for people wanting to become health coaches, and they were wanting to learn this integrative approach with first and foremost with these functional medicine coaches, which is root cause if you're digging down to what is the root cause of these conditions, and typically it's related to chronic inflammation, that's systemic.

And how can we apply diet and lifestyle change. And those are the coach zones. And so I felt I was really I was 65 at the time. And I didn't want to retire.

My friends were retiring. And frankly, I didn't like to play canasta. And what that was so many people were involved in it by age. So if I had been a canasta player, we might not have functional medicine coaching academy.

But, that just didn't resonate with me. And so I felt like I had a big mission and my mission and still is, to see a health coach in every, every primary care practice.

And, more and more, this is this is happening. So, and it was also by commitment to teach through cluster groups because when I got my doctorate in psychology, that was how this approach was, at that time, pretty radical, but it was where you're an adult learner and you come together in regional cluster groups.

But learning is basically remote and so we when we started FCA, there's this new fangled system called zoom, and people tried to talk me out of it. Like what?

You can't possibly have people come together virtually. It'll never work. And you need to have them have a live retreat sessions. You know, you need to do all this in person or at least partially in person myself, if we could do it all in remote.

So, this is a labor of love. That's wonderful. So where do you see the health coaching field be in five years? Yeah, well, I think there's this. A merger of AI and coaching.

I'm very, very excited by remote patient monitoring. The potential that this has to take off. We think of where we were just a few years ago, and the explosion of the technology, where more and more people can have access to data so they don't have to just go to the doctor once a year and get their blood sugar measured.

You know, I'm I'm wearing my CGM here, my continuous glucose monitor and, checking it. And the health coach is the one involved. That is going to be the one, overseeing, monitoring all this data.

And, so this is a huge area that will only grow, that people are going to have access to more and more information. That will be direct to consumer. But they need to there's they need support because it could be too much.

It could be overwhelming. It'll be drowned out. They don't know what to do with it. And so the health coaches that human touch. So it is I trust that human voice that is then communicating back to the the physician as the expert, who is the one that is, really supervising all, all of this.

So, with lots of health coaches involved, more daily basis, interacting with people through texting, through other types of technology. Yeah. So for those people who don't know what remote patient monitoring is, we also cover this on on a whole other segment as well.

But in recent years, the, the, there has been an explosion in remote patient monitoring technologies and devices and stuff like that. You know, Apple's come into the game, Withings is coming to the game.

Google has come into the game that supports the technology. And so I think there's a lot of large institutions is doing remote patient monitoring. But I think, where the power lies is still within the private practice private physician population.

So, so remote monitoring is basically, us, physicians monitoring the patients, with either the vitals or some sort of biometrics, that's available. And this and we utilize that to, to screen for all sorts of different things.

Like, one example, of course, is coronavirus and stuff like that. But you can also look at diabetes continued reports monitor and stuff like that. So I think health coaches, is able to really help a lot of us within private practice expand that portion where it's going to be mimicking a monthly revenue, almost like a concierge type, revenue where there's predictable, revenue cycle and, reimbursement streams, whatever remote patient monitoring give us a safety net within, within, the medical practice to allow us to, to really scale and execute on that.

So I do think that's what health coaching is, you know, really going as well. And so, so last question before, before I let you go, what do you know now, that you wish you knew back in 2015 when you started FMC?

Yeah. So, I would wish I knew the, way the the power of learning, through groups. So when we first started, we were focusing more on the power of webinar, the power of, kind of recording.

And we had groups early on, but we are seeing the, the power of that group being what makes the real difference

in, in education. And so we've amplified that where the community is people learn.

So at FMC they get together for in their cohort groups. And it's two hours twice a month. They learn to coach and they are receiving feedback, they are giving support to others, and they become really close in their group.

And so I always wanted that to be a huge part. But never envisioned how much this would come to be valued at a personal level, because people who go through this program are transformed.

They all say this I expected to come in and learn the content and learn to become a professional coach. What I didn't expect is that my life would be transformed on a personal level, my loved ones.

It has this ripple effect and that's what coaching does. And I also say the other thing that, I wish I knew is the power that it has to prevent physician burnout to be healing for the doctors so that when you join a practice as a coach, you are not only helping those patients, but you are helping those doctors.

Because burnout is a big issue. And, so you are of service, by bringing the coach approach, bringing mindfulness training, bringing so many things to that practice, and especially lightning, the load for it, it's, it becomes a true collaboration between coach and patient and doctor.

Yeah. That's powerful. And I do attest, you know, bringing health coaches on and we had help coaches on very early, but, but we always celebrated and my coaches still, you know, messaged me and say, hey, this patient did this.

It was awesome. And and she thinks everyone in this group, she thinks, you know, myself and other practitioners within the group. So we love getting those messages from coaches because, you know, once in a while you're busy, busy and busier.

Heads down on the get this messages like, oh well, I feel like we're doing something right here, you know, and you know, and a lot of times it's like the people who don't expect to do well, all of a sudden something clicked within the health coaching session.

And I mean, it could be an intelligence is there for a year and a half. Was something clicked on? Wasn't there like a different person? We see that so many times and so and and that's really rewarding for for me as a physician, for my entire group, for our medical systems as well.

You know, you know, a medical assistant celebrate with the patients. And it's just a very joyous thing to have coaching within a medical practice. And I get that from a lot of my other colleagues as well.

So thanks for being on. Thanks for taking the time out of your schedule and just chatting with me, very candidly. And, it's been it's been such a great thing.

And so, Sandy, how do people find you on social media and and sites and everything? Sure. Well, our website is functional medicine coaching.org. You can find us functional medicine coaching academy on Facebook.

It's, FCS medical or functional med coach on Instagram. I'm doctor Sandy. Sandy on Instagram and, on clubhouse as well. You could watch our clubhouse platform is is growing as well.

All right. Wonderful. So if you didn't catch that that's okay. It's in the description of this video and we'll go ahead and sign off tonight. So thanks for being on have. Good.

Thank you. It's been a pleasure. Bye. Right. And.