VHA’s Whole Health Transformation

2019 VA Psychology Leadership Conference

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OBJECTIVES

• Describe the major components of the Whole Health System

• Articulate the relationship between Whole Health and Complementary and Integrative Health (CIH) and Mental Health

• Share examples of how psychologists are advancing Whole Health

Connection and Partnership
WHY TRANSFORM OUR APPROACH TO HEALTHCARE?
We have put the disease at the center, *not the person*.
Deficit Model

What’s the matter?

What’s wrong?

Chief Complaint

Problem List
CURRENT SYSTEM

Disease Burden

Initiating Events

Time

Typical Current Intervention

Cost

1/reversibility

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Heart disease remains the #1 killer of Americans

- 1.3 m angioplasties, $48k each, $60B (2006)

- 448,000 bypass, $100k each, $44B

- Angioplasties and stents do not prolong life or prevent heart attacks in stable patients (95% of those who receive them)
  

- Bypass surgery prolongs life in less than 3% of patients

AND

Changing lifestyle could prevent at least 90% of all heart disease

Lancet. 2004 Sep
OUR UNDERSTANDING OF HEALTH AND DISEASE

• **1900s Reductionism:**
  Single Factor causes disease.
  Resulted in “find-it, fix-it” approach.

• **2000s Systems Approach:** Multiple Factors
  Scientific advances – systems biology, chaos theory, quantum physics.
  Complex Adaptive Systems: Genomic risk, environmental factors, social determinants, and lifestyle choices.

  *This calls for a new approach.*
The Opportunity - to change the WAY we deliver healthcare to partner with Veterans and improve their whole health, something that other systems cannot do. VA is already leading this movement nationally.

We meet a huge need for our Veterans - we improve well-being, clinical outcomes, access to our system with additional points of entry, AND we serve as the model for the future of healthcare for our nation.
“We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival.

But really it is larger than that. It is to enable well-being.

And well-being is about the reasons one wishes to be alive.

Those reasons matter not just at the end of life, or when disability comes, but all along the way.”
SYSTEMS APPROACH

Initiating Events

- Baseline Risk
- Earliest Molecular Detection
- Earliest Clinical Detection
- Typical Current Intervention

Baseline Risk
Earliest Molecular Detection
Earliest Clinical Detection
Typical Current Intervention

Personal Engagement
Personalized Health Planning and Self Care

Cost
1/reversibility

Disease Burden

Time

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<table>
<thead>
<tr>
<th>AS IS</th>
<th>TRANSFORMED</th>
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<tbody>
<tr>
<td>• Focused on disease</td>
<td>• Focused on the person</td>
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<tr>
<td>• Problem based</td>
<td>• Aspiration, values and strengths</td>
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<tr>
<td>• Physician-directed</td>
<td>based</td>
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<tr>
<td>• Disease management</td>
<td>• Person partners with team</td>
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<tr>
<td>• Find it, fix it</td>
<td>• Health optimization</td>
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<tr>
<td>• Reactive</td>
<td>• Identify risk, minimize it</td>
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<td>• Sporadic</td>
<td>• Proactive</td>
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<tr>
<td>• Biomedical interventions</td>
<td>• Lifelong planning</td>
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<tr>
<td>• Individual left to enact</td>
<td>• Whole person approaches</td>
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<td></td>
<td>• Skill building and support</td>
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HOLD IT! THIS SOUNDS VERY FAMILIAR…

PATIENT CENTERED CARE

Values-Based Approaches
What If...
WHAT EXACTLY IS WHOLE HEALTH?
Whole Health is an approach to health care that empowers AND equips people to take charge of their health and well-being, and live their life to the fullest.
The Whole Health Approach: Mission, Aspiration, Purpose
WE NEED A WAY TO...

• Help Veterans connect with their Mission, Aspiration and Purpose (MAP), and connect our work to their MAP

• Empower and equip Veterans to live their lives fully and offer opportunities that support health and well-being, in addition to excellent clinical services

• Minimize burden on our clinical care teams

• Look beyond symptoms and disease to the whole person, and into what makes life and health meaningful for our Veterans and ourselves

• Maximize what is working, and spread and share the wisdom
The WHOLE HEALTH SYSTEM

THE PATHWAY (Empower)
Partners with Veterans to discover their mission, aspiration, and purpose and begins to create an overarching personal health plan.

WELL-BEING PROGRAMS (Equip)
Self-Care/Skill Building and Support
Complementary & Integrative Health (CIH)
Health Coaching & Health Partner Support

PERSONAL HEALTH PLAN

WHOLE HEALTH CLINICAL CARE (Treat)
Outpatient & Inpatient Health & Disease Management within a Whole Health Paradigm (i.e., Personal Health Planning, CIH, Health Coaching)
When “I” is replaced by “we”, even illness can become wellness
SO, WHAT IS COMPLIMENTARY AND INTEGRATIVE HEALTH (CIH)?

Not to be confused with the fabulous VHA Center for Integrated Healthcare!
COMPLEMENTARY AND INTEGRATIVE HEALTH APPROACHES (CIH)
CIH and WHOLE HEALTH

CIH approaches

• are an important part of Whole Health, but do not equal Whole Health

• are resources that further EQUIP our Veterans in their pursuit of health and well-being,

• can be offered in clinical settings (WH Clinical Care), but also outside of clinical settings (Well-being Programs),

• can be delivered within VA or in the community or via telehealth.
CIH DIRECTIVE

• Signed by USH May 2017: Dictates that CIH approaches are part of the medical benefits package

• LIST I: evidence of promising or potential benefit
  – VA must provide a mechanism to offer these approaches either within the VA facility or in the community if they are recommended by the Veterans health care team.
  – Acupuncture, Meditation, Yoga, Tai Chi, Biofeedback, Hypnosis, Guided Imagery, Massage, *Chiropractic

• LIST II: Generally Considered Safe
  – Optional for inclusion in VA facility, depending on capability (staff/space) at sites
• Not meant to replace or substitute for EBPs

• Can be used in conjunction or together with treatment

• May support treatment of MH and other conditions to help improve quality of life, support self-efficacy, wellbeing and potentially in some cases, to help with symptoms

• Do not necessarily need to be offered in MH program by MH providers

• FAQs are coming!
WHAT IS THE STATUS OF WHOLE HEALTH IN VHA?
Dr. Stone’s Support of Whole Health

“We are about cultural change – this is the Whole Health approach. THAT is the foundation of what we are about. We will lead American medicine as we transform.”

Veterans Affairs, Executive in Charge, Richard A. Stone, MD
History of VHA Commitment to Whole Health

• **2012:** VHA Strategic Plan FY 2013-2018, Personalized, proactive, patient-driven care designated number one strategic goal. New Directions Design Summit (national thought leaders envision this model), 8 Centers of Innovation (COI’s) established and more than 200 Innovation Grants.

• **2013:** NLC Approved this as the VA Model of Care (01/22/13), Executive Decision Memo signed by USH.

• **2014:** COI’s and Innovation grants evolve the model; Integrative Health Coordinating Center established.

• **2015:** SEC VA approved Whole Health as VA’s approach to Personalized, Proactive, Patient-Driven Care.

• **2016:** Whole Health Design Sites launched; CARA legislation signed into law; delivery model refined; aligned with Opioid Safety and Suicide Prevention.

• **2017:** 18 Flagship Facilities identified; Secured funding; CARA required report specific to Whole Health delivered to Secretary.

• **2018:** IHI Learning Collaborative Initiative practice adopted and kicked off via virtual and face-to-face sessions.
<table>
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<tr>
<th>Lane of Effort</th>
<th>VHA Co-Lead</th>
<th>VISN Co-Lead</th>
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<tbody>
<tr>
<td>Commit to Zero Harm</td>
<td>Gerry Cox (10E)</td>
<td>Bill Patterson (VISN 15)</td>
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<td>Streamline VHA Central Office Organization</td>
<td>Lu Beck (10P)</td>
<td>DeAnne Seekins (VISN 6)</td>
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<tr>
<td>Reduce Unwarranted Variation Across Integrated Clinical and Operational Service Lines</td>
<td>Teresa Boyd (10NC)</td>
<td>Jeff Milligan (VISN 17)</td>
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<td>Engaging Veterans in Lifelong Health, Well-being, and Resilience</td>
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<td>Revise Governance Processes and Align Decision Rights</td>
<td>Dee Ramsel (10A2C)</td>
<td>Skye McDougall (VISN 16)</td>
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<td>Develop Responsive Shared Services</td>
<td>Jessica Bonjorni (10A2)</td>
<td>Denise Deitzen (VISN 10)</td>
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<td>VA MISSION Act: Improving Access to Care</td>
<td>Kameron Matthews (10D)</td>
<td>Cynthia Breyfogle (VISN 9)</td>
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<td>Valerie Mattison-Brown (10P1)</td>
<td>Ralph Gigliotti (VISN 19)</td>
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<td>Modernize Electronic Health Records</td>
<td>Charles Hume (10A7)</td>
<td>Mike Murphy (VISN 20)</td>
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<tr>
<td>Transform Financial Management System</td>
<td>Rachel Mitchell (10A3)</td>
<td>Michael Fisher (VISN 22)</td>
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<tr>
<td>Transform Supply Chain</td>
<td>Tammy Czarnecki (10NA)</td>
<td>Rob McDivitt (VISN 23)</td>
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What Does This Mean for Veterans, Family and Caregivers?

• The approach that focused only on ‘the diseased part’ is phasing out.

• With Whole Health, the Veteran, their family, and caregivers are invited into a conversation about their life overall.

• All aspects that impact our health and well-being are explored – our communities, our relationships, our environment.

• This approach at long last aligns the healthcare delivery system with what Veterans, family, and care givers have always known.
HOW DOES WHOLE HEALTH RELATE TO MY WORK?
WHOLE HEALTH and MENTAL HEALTH

CHANGE THE CONVERSATION

MEANING & PURPOSE

HEALTH

Working Draft, Information Only
Decision Making-No Funding Impact

Photos by Steve Rosenfield, What I Be Project
<table>
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<tr>
<th>MORE AREAS of ALIGNMENT</th>
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<tr>
<td>• Whole-person care</td>
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<td>• Health and well-being</td>
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<td>• Veteran-centered</td>
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<td>• Peers</td>
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<td>• Education and skill-building</td>
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<td>• Values-driven</td>
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<td>• Community</td>
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<td>• Relationships</td>
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<td>• Connection</td>
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<td>• Integrated and integrative</td>
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<td>• Quality of life</td>
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<td>• Goals</td>
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<td>• Personal Health Planning</td>
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<td>• Modernization</td>
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<td>• Transformation</td>
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OPPORTUNITIES
PUTTING IT INTO PRACTICE

• Map to the MAP
  – Integrate conversations about Mission, Aspiration or Purpose into assessment and treatment
  – Explore how treatment to address diagnosis/symptoms will impact what matters most to them in their lives
  – Connect your treatment recommendations back to the MAP and revisit this connection/motivation

• Equip
  – Clinical treatment
  – Refer to Pathway or Well-being Programs
  – Connect with CIH or WH Coaching
  – Actively support your teams in applying WH approach
PUTTING IT INTO PRACTICE

- Empower
  - Patient-driven
  - Shared-goal setting
  - Incorporate self-care
- Leadership
- Incorporating Personal Health Inventory and Circle of Health
- Education
- Exploring how WH system and approach can help you address priorities and goals
- Participation in implementation consultation
PUTTING IT INTO PRACTICE…

• Employee Whole Health
  – **YOU MATTER**
  – Connect with what matters most to you, and what you want your health for
  – Reboot self-care commitments
• Integrate moments of pause or self-care into team meetings
  – Mindfulness, movement breaks
• Share Veteran stories
• Support one another
• Learn and share

Why does WH matter to you as a person, a clinician and/or a leader?
COLLABORATIONS - EXAMPLES

- Program-based
- Facility-based
- VISN-based
- Flagship-based
- Design site – based
- Clinical Champions
- Education Champions
- Learning Collaborative 2
- Communities of Practice
NATIONAL COLLABORATIONS - EXAMPLES

• Evidenced-Based Psychotherapy

• PTSD VISN Mentors

• Suicide Prevention

• Primary Care Mental Health Integration

• Recovery

• IHCC Advisory Workgroup

• WHEC Practice Subcommittee

• SME for Whole Health Clinical Care Taskforce
HOW ARE PSYCHOLOGISTS ADVANCING WHOLE HEALTH TRANSFORMATION?
MOVERS AND SHAKERS

• WH and Clinical Champions
• Clinical education strategies and tactics
• Whole Health team leaders and members
• WH committees chairs and participants
• Research and evaluation
• Organizational change and system thinking SMEs
• Using Personal Health Inventory in outpatient and inpatient settings
• Facility well-being programs
MOVERS AND SHAKERS

- Using WH approach to help inform readiness and progress with EBPs
- Providing coaching for medical providers
- Providing SME to national efforts
- Voices for self-care and connecting with Veterans
- Interdisciplinary expertise
- Assessing and driving implementation and transformation strategies and tactics
SOUNDS LOVELY, but SHOW ME SOME DATA (please)
IMPACTS WE HOPE TO SEE

• **Improve Veteran and family satisfaction and well-being**, by offering a true partnership across time, focusing on all aspects of health and well-being.

• **Improve immediate access** by creating new Whole Health portals into VA that do not bottle neck primary care.

• **Improve long term access** by increasing engagement and self care, reducing clinical demand.

• **Improve coordination with community care** by establishing a Veteran-driven Personal Health Plan.
IMPACTS WE HOPE TO SEE

• **Improve health outcomes and reduce costs**, by redesigning what healthcare to invest in the Veteran’s Whole Health.

• **Improve employee health and well-being**, by bringing Whole Health to them.

• **Rebuild trust in VA** by doing the right thing for our Veterans.

• **Create the future** of healthcare for our Veterans and for our Nation.
EARLY FINDINGS: WH Impact on Cost

![Chart showing distribution of expenditures by price group for the general population (POP) and WH population.]

68% of expenditures for 19% of the population.
EARLY FINDINGS: Continued

Active Cohort Per Capita Outpatient Costs

N = 4,430

FY18 January Cohort 12 months in WH
EARLY FINDINGS: Continued

Pharmacy per Capita Monthly Cost WH Active

- 5.8% reduction at 12 months
- 8.5% at 18 months

n = 4,430
Employees

• High percentage of dieticians, psychologists, physical therapists, and SW using and referring patients; involvement among MD/NP/PA was modest suggesting opportunities for growth

• Primary care, mental health and rehabilitation services had highest involvement, but wide variation among other clinics

• Clinical employees involved in WHS activities reported more favorable workplace perceptions
  – Best places to work index (part of SAIL)
  – Drivers of engagement; turnover intentions
AND, WHAT ARE VETERANS SAYING?
Veterans Health and Life Survey (18 flagship sites): Patient-Reported Interest in Whole Health

- Veterans Health and Life survey item asking about patients’ interest in Whole Health Services (target n=10000)
- Results based on analysis of 1395 returned surveys
- 97% responded they were either somewhat interested, very interested or already using at least one WH service listed.

97% of respondents interested in Whole Health*  
(n=1395)

*Indicated they were somewhat interested in, very interested in, or already using at least one of the Whole Health components
WHOLE HEALTH – VETERAN DEMAND

Interest in Whole Health Components at 18 Flagship Sites (n=1395)

- Somewhat Interested
- Very Interested
- Using In VA
- Using out of VA

WH Clinical = “Discuss with a clinician what matters most to you”
Whole Health began my journey to joy, I am a changed person. I no longer need my cane. The Whole Health group has become my family. My neurologist says he doesn’t need to see me anymore!"

J. 50+ year old male Veteran

“I have lost 33 pounds. I go to FIT class, nutrition class, Battle-field acupuncture, and regular acupuncture. My wife says I have a positive attitude now! And my diabetes is under control, blood pressure down and lipids good. I see my primary care doctor much less”

R. 70+ year old male Veteran

I used to drive over the Mississippi River Bridge, to Jefferson Barracks VA, and think about jumping every time. The whole health system has helped me explore my purpose, find ways to use nutrition to reduce my pain, and use iRest and Tai Chi to get moving again. Now I drive over that bridge and think about tomorrow…. I have hope”

K. 35+ year old female Veteran
HOW CAN I LEARN MORE?
WHOLE HEALTH EDUCATION

**VA Staff**

- Clinical Programs/Points of Entry (WH in Your Practice, Pain, Nutrition, Mental Health)
- Training for Non-Clinical Roles (WH Coaching, WH Facilitated Groups, WH Partner, WH Mentor)
- Training Local Education Champions (to deliver WH102 and 202)
- Whole Health Engagements, Nursing & Whole Health 102/202 (FIT)
- Community of Practice Calls (Clinical, Coaching, Peer Facilitated Groups)
- Virtual Programs (TMS/TRAIN) and Whole Health Library
Online
Intranet: https://vaww.va.gov/patientcenteredcare/
Pulse: VA OPCC&CT Pulse Site

Field Implementation Team

Please contact the following Regional Field Implementation Team Leads to connect with your site or VISN FIT, and/or to request FIT Consultative services.

- Region 1: Kathy Hedrick, Regional Field Implementation Team Lead, VISNs 19, 20, 21, 22
- Region 2: Amanda Hull, Regional Field Implementation Team Lead, VISNs 12, 15, 16, 17, 23
- Region 3: Christian DiMercurio, Regional Field Implementation Team Lead, VISNs 5, 6, 7, 8, 9
- Region 4: Donna Faraone, Regional Field Implementation Team Lead, VISNs 1, 2, 4, 10
What If...
Whole Health and Mental Health
Thank you!

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