Returning to the Vision – Whole Health Resources, Research & Promising Practices

Promising Practices

VA North Texas Health Care System

Two Whole Health / PHI Group formats:

- MHICM SW
  - Trial of 6 weekly PHI-themed groups

- MHICM Peer Specialist
  - Trial of more than one year, weekly Circle of Health & Meditation Practice groups on inpatient psychiatric unit

Introducing Veterans to the PHI

- Positives
  - Appreciated questions, felt cared about
  - Realized connection between physical and mental health
  - Helps break through denial about some behaviors
  - Circle of Health visual VERY helpful
  - Practicing explaining components of health and well-being over time got easier

- Challenges
  - Shifting Veteran identity from “I’m sick” to “I can actively improve my overall health.”
  - Veterans who tire easily or have attention limitations
  - Getting Veterans to come up with own goal, in their own words

Feedback on this Whole Health Approach

- “When people have a mental illness, people don’t think you have anything to say that’s worthwhile. Something is wrong with you, so whatever you have to say isn’t important. But now you’re sitting down with me, and you WANT to hear what I have to say. It gives me a sense of finally being HEARD. For someone to ask me what matters to me, that’s HUGE.” - Veteran

- “I’m better able to identify and notice willingness and what matters to the Veteran... I know better how to reach some Veterans.” - Clinician

Admissions, Bed Days of Care, ED Visits

- The sample size consisted of 21 patients that had a Personal Health Inventory during June 2014. The patients were mostly males with no combat experience and over 50% service connection

- Several measures were evaluated 6 months pre and post implementation of the Personal Health Inventory. Due to the small sample size, no statistical significance was taken into consideration.

- Total number of Admissions was reduced from 13 to 3. Average number of bed days of care (BDOC) was reduced from 18 days to 1.7 days. Total number of ER visits was reduced from 13 to 2 visits.
**Central Arkansas VA Health Care System**

**Integrative Medicine Patient Aligned Care Team for Pain**

**IMPACT**
- Hybrid service combining both PACT concepts and pain rehabilitation concepts
- Utilizes Health Coaching perspective and the Personal Health Inventory and Personalized Health Planning process
- Focus is on the quality of life of each individual Veteran
- Functional Medicine informs treatment plans
- IMPACT takes over Primary Care responsibilities for the Veterans and may order, adjust, coordinate, and plan any or all aspects of care.

**Veterans who participate in IMPACT assess that:**
- When all is said and done, I am the person who is responsible for managing my healthcare: 95%
- Taking an active role in my healthcare is the most important factor in determining my health and ability to function: 97%
- I am confident that I can take actions that will help prevent or decrease some problems associated with my health condition: 91%
- I am confident I can maintain lifestyle changes like diet and exercise even during times of stress: 83%

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**New Approaches and Research Findings**

**The Whole Health Pathway**

**Whole Health Partnership**

**Whole Health Pathway** - partners with Veterans at the point of enrollment and creates an overarching personal health plan that integrates care both in the VA and the community.
- Partners with Veterans from the outset of care, improves access to care, and promotes patient empowerment

**Health & Well-Being Center** - The core offering of complementary and integrative health (CIH) services.
- Proactive, integrative health approaches
- Not diagnosis or disease based

**Healthcare Clinic** - VA or community, or both
- PACT, specialty clinics, etc.
- Include: healing environments, healing relationship, complementary and integrative health approaches, personal health planning

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**The Vision: Whole Health Partnership**

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**White Paper on PHI**

Personal Health Inventory White Paper: Click [here](#)
Approaches to PHP in VA – EPCC

Results of a Multi-Site Evaluation
Goals of the Project:
• Evaluate how PHP was being implemented across VA
  ✓ Sites were selected to represent variation in size, location, and relationship with OPCC&CT (some pilot sites; no COIs)
• Understand how sites had adopted and adapted PHP
• Identify strong practices and challenges implementing PHP

Strong Practices, Challenges and Recommendations noted in PHP Implementation

- Strong Practices
  ✓ Tailoring the PHP to the local context
  ✓ Adapting the process to integrate PHP with other VA tools
- Challenges
  ✓ Responsibility for PHP and implementation of full process cannot reside with a single provider
  ✓ Finding the balance between reach and depth of implementation
- Recommendations
  ✓ Thoughtful consideration of which patients, providers, clinics
  ✓ Build follow-up into process from onset (Including time to follow-up & persons responsible)

EPCC

Personal Health Planning as a Process in VA

Our findings overlapped with OPCC’s model of PHP in VA, yet we found additional components that were critical to the process of starting and continuing the conversation:

- Starting the Conversation
- Ongoing Components of Personal Health Planning
  - Whole Health Assessment
  - Shared Goals
  - Personal Health Plan
  - Skill Building & Support
  - Review & Reform PHP
- Continuing the Conversation

Dynamic Process over Time

Setting Intention to Your Teams Plans

- One size does not fit all- consider modalities that work for your setting and client
- Multiple tools available for reflection
- Piloting with a few patients may be helpful to build comfort with the tools and to define what works best
- Consider the entire Personal Health Planning Process and that it starts with “Changing the Conversation” but moves to shared goals, a personal health plan and support and training
- How can your team work together so each member can contribute to this Whole Health Approach?

Internal and External Resources

Whole Health Education & Resources

- Whole Health Clinical Program
- Whole Health Coaching Program
- Whole Health 101 for Clinicians
- Whole Health Facilitator Program
- Whole Health Engagements
- Whole Health Library
- Community of Practice Calls

Whole Health Education & Resources
Whole Health is patient-centered care that affirms the importance of partnership between the provider and the veteran, focusing on the whole person while co-creating a personalized, proactive, and patient-driven experience. Our programs help expand the conversation beyond treating disease to achieving overall improved health and well-being.

**Whole Health in VA**
- **Whole Health 101**
  - Duration: 6 day in-person training, divided into 2 parts, 1 month apart, and coaching/consulting for implementation and sustainment
  - Audience: VHA clinicians and non-clinicians, peer support specialists
  - Goal: Provide in-depth Whole Health Coaching skill development over a 6-day period. Intention is to train dedicated health coaches as well as providing health coaching skills to clinicians and staff.
- **Whole Health Change the Conversation**
  - Duration: 2.5 day in-person training; optional online materials, TMS modules, and coaching/consulting for implementation and sustainment
  - Audience: VHA clinicians
  - Goal: Advance skills in the delivery of whole health care and identify non-surgical and non-pharmaceutical tools for optimizing health.
- **Whole Health Care in VHA Introduction**
  - Duration: Partnership/on-going consultation. (virtual or in-person)
  - Audience: Any VHA facility interested and/or engaged in Personal Health Planning in their approach to Whole Health
  - Goal: Assist in the development of facility specific strategies to implement/enhance Personal Health Planning. Experts assist in the planning, preparation, deployment, and evaluation of the developed strategies.
- **Whole Health Practice**
  - Duration: 1 – 1 ½ days
  - Audience: Clinical staff
  - Goal: To offer in-room facilitated Whole Health program for facilities that have either hosted the Whole Health: Change the Conversation program and wish to disseminate it broadly to the clinical staff, or for facilities that have not yet hosted the program and wish to have an introductory program.
- **Health for Life**
  - Duration: 1 hour (virtual or in-person)
  - Audience: All Staff
  - Goal: Share how healthcare teams are incorporating Whole Health approaches. Deepen understanding of changes being piloted around the practice of care. Introduce the tenets of Personal Health Planning (PHP) and share tools such as Components of Proactive Health and Well-being and Personal Health Inventory.
- **Internal VA eBook**
  - Includes Links to Research, Toolkits, Videos, Audio Podcasts, the PHI and Other Resources to Support the Patient Centered Care Journey
  - Driving Transformation
  - Listening to the Voice of the Veteran
  - Fostering Evidence-Based Practices to Support Whole Health
  - Experience and Innovation: Exploring the Domains of Transformation
  - Looking Ahead: The Future of PCC in VA
  - Bringing the Elements of Patient Centered Care to Life
  - VA Office of Patient Centered Care and Cultural Transformation Leadership Team and Staff

**Resource Navigator**
- **Experience of Health Care**
- **Practice of Whole Health**
- **Organizational Support Structures**
- **External links to resources**
New Veteran Facing Internet Site

Veteran Facing eBook
Includes Links to Videos, Audio Podcasts, Research, the Personal Health Inventory, and Other Resources to Support Whole Health

Veteran Facing eBook

Comprehensive Online Library

- Introducing Whole Health Care
- What Matters Most to You?
- How We Get There
- Find Your Community
- Write Your Next Chapter
- Research Glossary