WHOLE HEALTH IN THE VETERANS HEALTH ADMINISTRATION

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VETERANS HEALTH ADMINISTRATION
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.

Moving from “What’s the Matter with You?” to “What Matters to You?”
Whole Health = Health Care Transformation

The Whole Health Model is a balance of 3 pillars which when combined will help drive the continued success of the transition to personalized, pro-active, patient-driven care:

- Engage Veterans in their Mission Aspiration Purpose (MAP)
- Veteran Partners, Whole Health Coaches
- Encourage self-care
- Decrease reliance on provider delivered care
- Complementary and Integrative Health Approaches
- Cultural transformation of how clinical health care is delivered

Live Whole Health.
The Circle Of Health and Well-being – a Tool for Assessment

- How might these be interconnected?
- How might these affect your health?
- What are your strengths?
- How are you doing in each of these areas?
- Where would you like to be?
- Tool to address social determinants of health
Strategy 2.1.4: Emphasizing Veterans’ And Their Families’ Whole Health & Wellness

- VA will significantly improve Veteran health outcomes by shifting from a system primarily focused on disease management to one that is based on partnering with Veterans throughout their lives and focused on Whole Health. VA will provide *personalized, proactive, patient* driven health care to empower and equip Veterans to take charge of their health, well-being, and to adopt healthy living practices that deter or defer preventable health conditions.

- A Whole Health system focuses not only on treatment but also on self-empowerment, self-healing, self-care, and improvements in the social determinants of health.

- How will we know we have arrived? Veterans have a good quality of life, defined by presence of positive emotions in daily activities, participation in society, satisfying relationships, and overall life satisfaction.
The HPIDN will be the compass guiding VA’s care delivery advancements over the next 20 years. Designed to provide coordinated health care to Veterans no matter their care needs or location, it weaves together five concepts designed to promote quality, access, value, and Veteran-centric care. These are:

- **Empower Veterans**: Veterans are empowered with excellent health care choices through VA’s Whole Health approach, fully supported by care teams partnering to ensure their health and life goals are achieved.

The HPIDN provides a Value Proposition for VA’s High-Performing Integrated Delivery Network: personalized, proactive, Whole Health approach to improve Veterans’ health goals and outcomes; Veterans’ needs are met through integrated, coordinated care, no matter where they choose to be served; value-driven, ensuring that VA resources are maximized and directed to Veterans’ most critical health priorities; an extensive network of VHA and community providers who understand Veterans unique experiences; and efficient care.
Whole Health: National Drivers

- VA 2018 – 2024 Strategic Plan
- CARA/Flagship Effort
- EDM
- Network Director and MCD Performance Plan
  - Self Assessment Tool
- VERA
- Executive Order: “Supporting our Veterans During Their Transition from Military to Civilian Life.”
- VHA Modernization: Transforming Health Care Delivery
- Whole Veteran Act (passed 5/21/19)

• Utilization: 31% of Veterans with chronic pain engaged in some WH services across the 18 sites (Q3FY19).

• At 1 flagship site, engagement = 55%. Expectation: 44% Veterans with chronic pain will engage in WH services by the end of 2020.

• Increases in utilization since 2017:
  • Veterans with chronic pain: 193%
  • Veterans with MH diagnoses: 211%
  • Veterans with chronic conditions: 272%

• CIH utilization:
  • 26% of Veterans with chronic pain
  • Includes services delivered in the community
  • Increasingly being delivered within VA
PRELIMINARY FLAGSHIP OUTCOMES: VETERAN IMPACT

• Impact on Veterans
  o Whole Health had a positive impact on reducing opioid use among Veterans.
    ▪ There was a threefold reduction in opioid use among Veterans with chronic pain who used WHS services compared to those who did not. Opioid use among comprehensive WH users decreased 38% compared with an 11% decrease among those with no WH use.
  o Findings on Veteran-reported outcomes from our Veterans Health and Life Survey are preliminary, however compared to Veterans who did not use any WHS services, Veterans who used WHS services demonstrate trends towards improvements in patient-reported health and well-being outcomes. These early findings show improvements over a 6-month period and are promising for the future.
  o Compared to Veterans who did not use WH services, Veterans who used WH services reported:
    ▪ Greater improvements in perceptions of the care received as being more patient-centered.
    ▪ Greater improvements in engagement in healthcare and self-care.
    ▪ Greater improvements in engagement in life indicating improvements in mission, aspiration and purpose.
    ▪ Greater improvements in perceived stress indicating improvements in overall well-being.
PRELIMINARY FLAGSHIP OUTCOMES: OPIOID UTILIZATION

Change in opioid use by WH user category for Veterans with chronic pain (n=114357)
EDM signed 2/20: integration of WH into PC and MH over a three year period

  Year 1: flagships
  Year 2: Wave 2 sites (37 sites)
  Year 3: All VAMCs

Paused for COVID; restarted 3/21 with new IPT
WHAT DOES ALL THIS MEAN FOR A PACT OR MENTAL HEALTH PROVIDER?

• WHOLE HEALTH IN PRIMARY CARE AND MENTAL HEALTH (AND EVERYWHERE!) IS A TEAM SPORT

• Asking the questions
  • What’s most important to you in your life right now?
  • What’s one thing you could do right now to help get there?
Non-Pharmacological Pain Treatments in VHA

VA State of the Art Conference
Nov. 2016

Non-pharmacological approaches for musculoskeletal pain

VHA Policy Directive 1137: Complementary/Integrative Health

• CIH Directive – SIGNED BY USH 5/19/2017
  http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=5401

• LIST I: evidence of promising or potential benefit
  • evidence of promising or potential benefit
  • vetted by IHCC Advisory Group
  • VA must provide a mechanism to offer these approaches either within VA facility or in the community

• LIST II: generally considered safe
  • General recognition of safety requires common knowledge, throughout the expert scientific community (both internal and external to VHA) knowledgeable about the safety of CIH approaches and the impact on Veterans’ physical and mental well-being, that there is a reasonable certainty that the approach is not harmful under the conditions of its intended use.
  • Optional for inclusion in VA facility, depending on capability (staff/space) at sites
List 1: Evidence-Based CIH Therapies

- Acupuncture
- Tai chi
- Yoga
- Meditation
- Massage therapy
- Guided imagery
- Hypnosis
- Biofeedback

Chiropractic included already by specific Congressional mandate
ESSENTIAL PROGRAMS VS. CORE VALUES

- PROGRAMS/SERVICES:
  - Primary care
  - Homeless services
  - Women’s Health
  - Rehabilitation services
  - Whole Health coaching
  - Mental Health
  - Acupuncture

- CORE VALUES:
  - Access
  - High Reliability
  - Equity
  - Whole Health
  - Safety
  - Quality

Live Whole Health.
EVERYONE “OWNS” WHOLE HEALTH

• Strategic move away from “ownership” of WH by OPCCCT

• Major collaborations:
  • HRO (staff resilience, system-wide mindful awareness)
  • VEO (V-signals item on “what matters” coming soon)
  • GEC (Age-Friendly Health System collaboration)
  • PACT/OMHSP (major June conference, LOE work)
  • NCOD (employee burnout/well-being)
  • VISN-level strategic ownership
The Next Challenges: Meaningful Measures

Figure: Survival Curves Illustrating the Association Between Life Purpose and Mortality

High Purpose

Low Purpose

(HR of Death = 2.43)

WELL-BEING SIGNS – CLINICAL TOOL

- Validated measure of “everyday life functioning” that offers snapshot of how individuals are doing with regard to most important things they wish to do, in daily lives (“what matters”)
- Developed for use in the clinical context
- Asks the veteran to consider the most important things they would like to do in their daily life—such as having a job, managing their health or finances, spending time with loved ones, or leisure-time activities—and report a percentage of time over the preceding three months from 0-100% when they were:

1. **Satisfaction**
   - **Fully satisfied** with how things are going in key aspects of your life?

2. **Status/Role Involvement**
   - **Regularly involved** in all aspects of life that are important to you?

3. **Role Functioning**
   - **Functioning your best** in aspects of life that you regularly participate in?
### WHY THIS APPROACH?

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<th>1) Fulfills need for brief measure of “everyday life functioning”(^1) for use in clinical care</th>
<th>2) Well-aligned with goal to promote ability to “live life to the fullest,” a key focus for whole health care(^2)</th>
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<td>3) Has potential to better capture change in response to health care interventions than measures of more distal well-being concepts (e.g., positive emotions)</td>
<td>4) Potential to “change the conversation” between provider and patient</td>
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\(^1\) Lilenfeld, 2019 (World Psychiatry)  
\(^2\) Bokhour et al., 2020
WHOLE HEALTH AND STRUCTURAL DETERMINANTS OF HEALTH

Adapted from: Healthy People 2020
THE NEXT BIG QUESTIONS

- Does Whole Health lead to cost avoidance?
- Is tele-Whole Health as effective as in person?
- What components of the Whole Health System are most critical? Are some parts more important for certain populations?
- How can we effectively measure well-being as part of routine clinical care?
- Evidence-Based Research - Whole Health (va.gov)
- Transforming the Veterans Affairs to a Whole Health System or...: Medical Care (lww.com)
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.H., 52 year old male

“I love Whole Health and I have lost 50 pounds! My wife was worried about me because I was not getting out of the house enough. I am more active. I learned how to cook healthy and am exercising every day. Yoga is a godsend, I don’t have the pain in the way I used to have and my pain meds have decreased. My back is much better from Tai Chi, I’m getting my list done, I’m getting organized. No longer am I sitting at home and dwelling in my own misery.”

K.D., 48 year old male

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. H., 37 year old Female