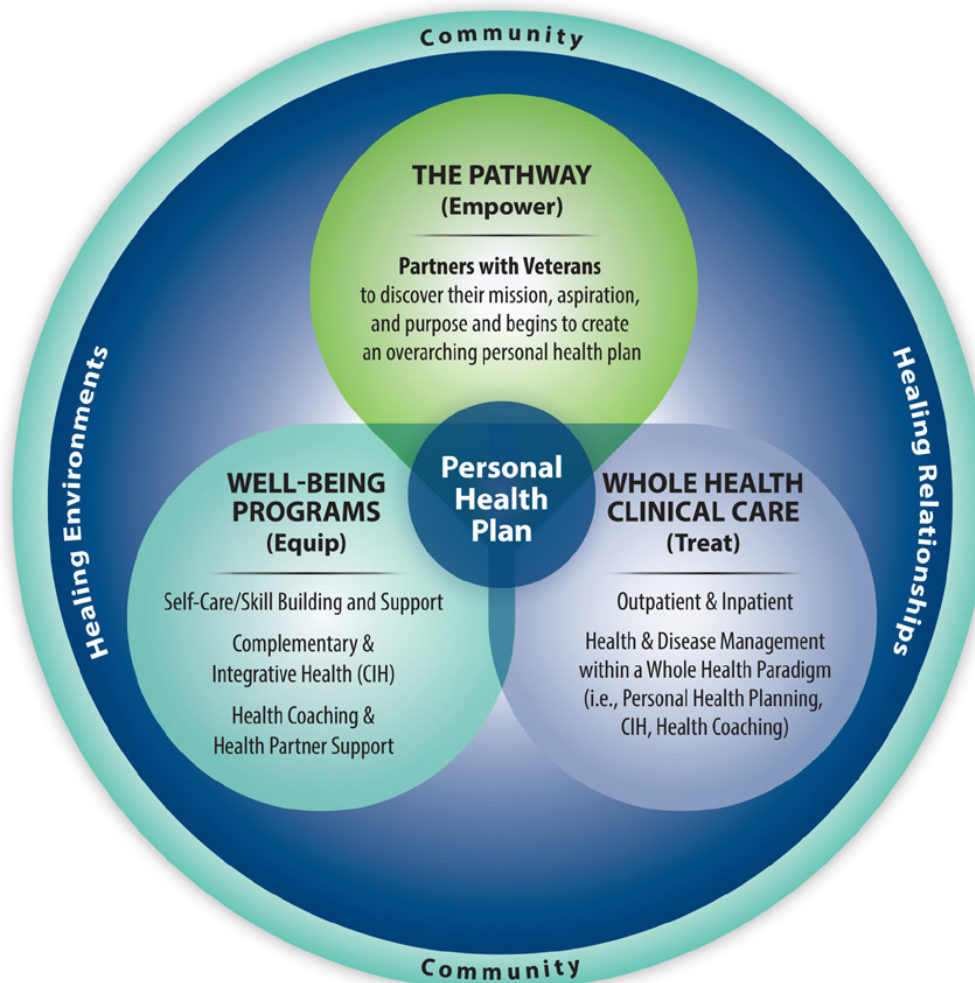


# WHOLE HEALTH:

## Changing the Definition of Health at the Veterans Health Administration

*The Whole Health System is a new structure through which Veterans Health Administration assists, guides, and provides care to veterans. As part of the Comprehensive Addiction and Recovery Act (CARA) legislation, the VA stood up 18 Whole Health Flagship Facilities in FY18.*



*“Whole Health is the difference between managing your health and getting better. The biggest things for me have been pain management without medication, increased flexibility, and mindfulness.”*

**Whole Health participant**

In 2017, the Veterans Health Administration (VHA) embarked on a radical new direction in how it delivers care to the more than 9 million veterans it serves. Called Whole Health, it comes with an ambitious goal: lead the country in transforming the nation’s health care system from one focused on disease to one designed around wellness.

“We have a healthcare system in this country that is in crisis,” says Kavitha Reddy, MD, an emergency medicine and integrative medicine physician at the Veterans Administration’s St. Louis Health Care System in Missouri who leads the Whole Health System there. “We have a crisis of rising rates of chronic illness and chronic pain,” she says, “and despite the exorbitant amount of money we spend on health care, we still have fairly poor outcomes.”

The challenges are particularly acute at the VHA, the nation’s largest integrated health system, where chronic pain, suicide, depression, chronic illness and opioid addiction are major issues that the traditional medical system isn’t terribly good at addressing. “We need to transform clinical care from a symptom-based reactionary system to one that is based on shared goals and empowering behavioral and lifestyle change,” says Dr. Reddy.

### **By the Numbers**

The Whole Health System was initiated, in part, by several challenges facing the VA and the nation’s veterans.

- **Pain.** An estimated 65.5% of military veterans report pain, 9.1% severe. That compares to 56.4% of non-veterans, just 6.4% of whom report severe pain.<sup>1</sup>
- **Suicide.** The suicide rate among veterans was 29.7 per 100,000 veterans in 2017, twice that of the civilian population. That accounts for 14.3% of all adult suicides in the United States, although veterans make up just 8.3% of the adult population.<sup>2</sup>
- **Post-traumatic stress syndrome (PTSD).** An estimated 23% of veterans seen at the VA who served in the Iraq/Afghanistan wars have PTSD.<sup>3</sup>
- **Chronic illnesses.** In a 2010 study of 5.2 million VA patients, two-thirds had at least one chronic condition and one-third had three or more, accounting for 65% and 67% of total VA health care costs, respectively. The most common conditions were diabetes, hypertension and hyperlipidemia, all of which can be considered “lifestyle” diseases amenable to behavioral and self-care approaches.<sup>4</sup>
- **Professional burnout.** A 2014 survey of VA primary care physicians found that 49.2% screened positive for burnout, stressing an already overburdened system.<sup>5</sup>

All these factors require dramatic change, says Dr. Reddy. “We aren’t going to get ahead of this if we don’t change the interaction between patients and healthcare teams to one that’s more personalized,” she says.

That’s where Whole Health comes in. A radical, system-wide redesign of health care delivery at the VA, it focuses on patient-centered, whole person and complementary and integrative health (CIH). Its guiding principle is to shift from a system focused on periodic office visits for disease treatment and management to one based on continuous partnerships across time, designed for self-empowerment, self-healing and self-care.

It is being rolled out across the VA starting with multiple design sites and 18 flagship sites, including the St. Louis VA. With Whole Health, Dr. Reddy says, “We are looking at the whole person in unique and creative ways and trying to show that this approach can be cost-effective while improving the quality of life for veterans.”

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## FINDING A BETTER WAY



Dr. Kavitha Reddy  
*Emergency Medicine*

Like many health care professionals, Dr. Reddy entered the field hoping to help people. She chose emergency medicine because she was excited about dealing with acute issues. Instead, she said, “I was seeing people with chronic illness and pain, low health literacy and suffering from social disparities. I felt pretty helpless and unfulfilled in the work I was doing.”

She felt there had to be a better way. “I started to feel that if I wanted to see change in the emergency room (ER), I would have to work on it from the outpatient clinical setting to influence the volume and flow into the ER, since this was a costly and ineffective way to care for patients with chronic disease.”

She completed an integrative medicine fellowship at the University of Arizona, then joined the VA and helped to create a team to spearhead the Whole Health System transformation locally.

Today, when she sees patients with chronic pain, she talks to them about nutrition and stress management and educates them on how changes in the brain can affect pain perception. Instead of just writing a prescription, she links them with whole health partners, coaches, acupuncturists, chiropractors and many other CIH approaches to help them gain control over their pain.

When patients come in with digestive issues and functional pain, “it’s nice to recognize that this is not something you throw pain medications and antispasmodics at and then you’re good,” she said. With the Whole Health System she can explore underlying imbalances, whether in the microbiome or related to psychological issues, and link the patient to the right resources.

## REDEFINING HEALTH AND HEALTH CARE

The core of the Whole Health System is a nine-week, **peer-driven**, educational program for veterans. Led by a veteran who is non-clinical, it is designed to help veterans improve their self-care behaviors to support their personal mission for life and health.

The program is based around the Components of Proactive Health and Well-Being model (Figure 1) and relies upon the personal health inventory (PHI) to identify the patient's values and goals. The PHI includes questions such as: What do you live for? What matters to you? What is your vision of your best possible life?

Veterans provide their own assessment of their physical and mental health, identify areas in which they want to make changes, create a personalized health plan that supports their mission, develop goals and action steps to optimize their health in service of their mission and support each other in achieving their goals.

By the end of 2018, 70 VA medical centers had hosted at least one Whole Health course and more than 14,000 VHA employees had been trained in Whole Health. In the VA St. Louis Health Care System (See Figure 2), more than 3,000 veterans had participated in more than 10,000 Whole Health encounters.

**FIGURE 1: Components of Proactive Health and Well-being Model**

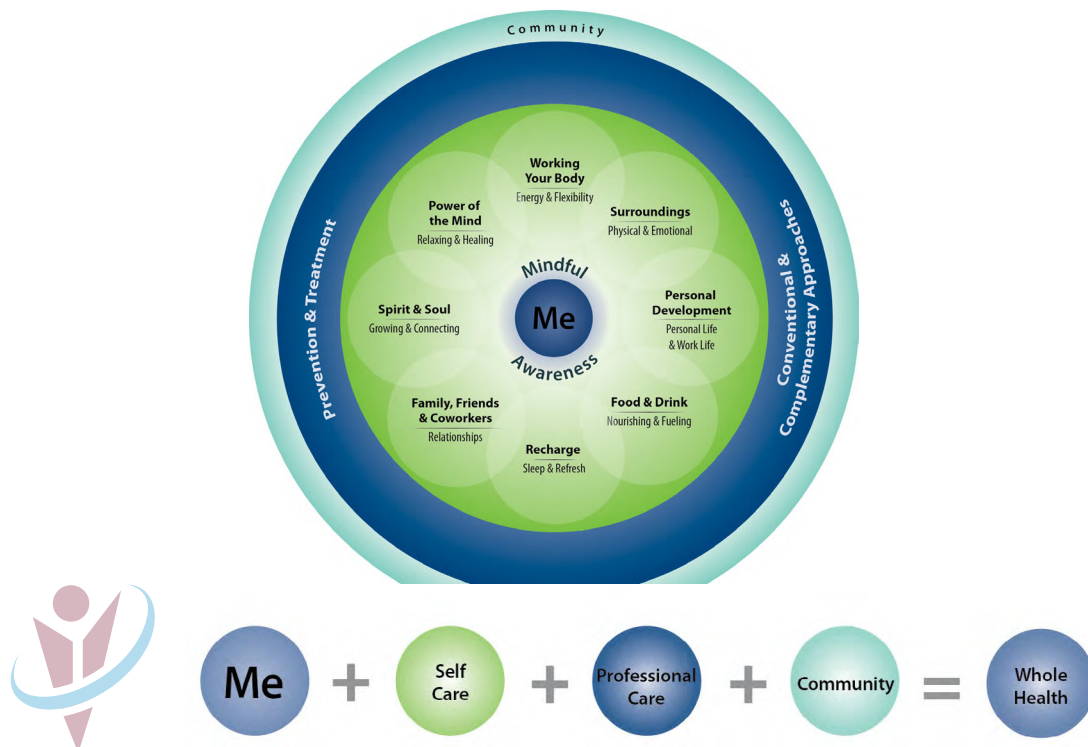
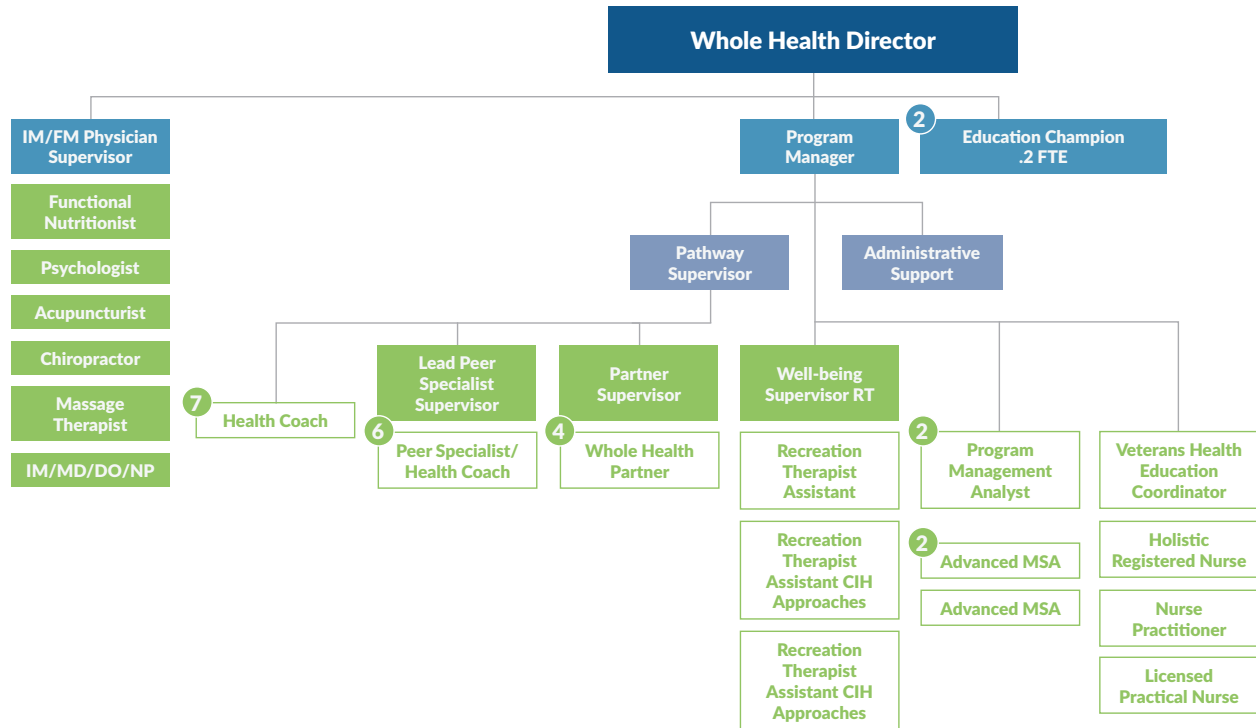


FIGURE 2: St. Louis VA Whole Health Organizational Chart

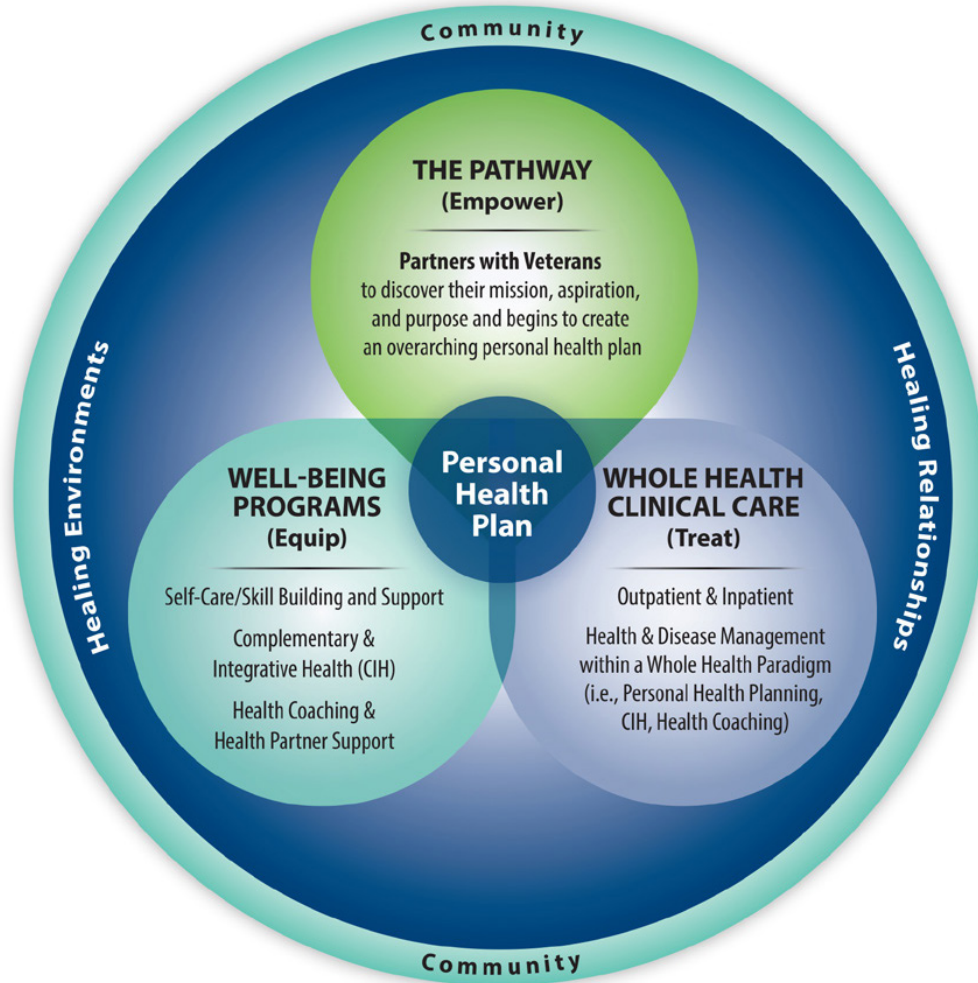


## THE WHOLE HEALTH PROGRAM STRUCTURE

Figure 3 depicts the structure of the Whole Health System. The three main components—the pathway to empowerment, well-being and self-care programs and whole health clinical care—operate in a symbiotic manner, with outreach, communication and referrals moving between them.

The veteran is able to create a personalized health plan through self-exploration of what matters to him/her, a partnership with his/her health care team and is supported by a healthy environment, healthy relationships and the community. All of this requires connections to resources and skill building.

FIGURE 3: Whole Health Structure



## THE PATHWAY: *Human Care*

The pathway is a process that helps people to reflect on their life and their health by exploring their personal mission, aspirations and purpose. They learn the skill of mindful awareness and how to pay attention and “listen” to their bodies and souls. They look at their self-care and their health care to identify where they are and where they would like to be. This can be done in peer-led groups or online individually. Once they discover what they want their health and life to look like, they are ready to learn new skills and approaches to improve their wellbeing.

Key staff associated with the pathway component are referred to as Whole Health Partners, a new non-clinical position designed to engage veterans early in their relationship with the VHA and beyond.



## TRAINING

Health care professionals and non-clinical coaches receive extensive training in patient-centered communication and motivational interviewing, as well as specific training in the Whole Health model.

A study published in early 2018 that involved a qualitative survey of 163 health care providers who attended the health coaching training found that those who completed it reported positive changes within themselves and their organizations (Table 1). One of the most important things they learned, they said, was to consider the veteran's values first. There was also evidence of systemic change because of the training.<sup>6</sup>

**TABLE 1:**

| THEMES IDENTIFIED IN PARTICIPANT REPORTED INDIVIDUAL-LEVEL CHANGES (n=163) |
|--|
| Increased (own) awareness of concepts                                      |
| Shared/promoted concepts and use with others                               |
| Increased emphasis on veterans' values                                     |
| Increased use of listening   |
| Increased use of other health care skills                                  |
| Increased use of goal setting  |
| Changed types of questions asked or manner used to interview patients      |
| Acted less directive   |
| Increased focus on change talk   |
| Used pausing, reflecting, presencing or mindfulness                        |
| Used scaling or scaled questions   |
| Increased empowerment of patients  |
| Added coaching into own practice   |
| Changed team or work group   |

### Health Coaching Defined

*“A patient-centered approach wherein patients at least partially determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a (trained) coach.”*

**Wolever RQ, Simmons LA, Sforzo GA, et al. A systematic review of the literature on health and wellness coaching: defining a key behavioral intervention in healthcare. *Global Adv Health Med.* 2013;2(4):38-57.**

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## SELF-CARE/WELLBEING

Wellbeing programs are designed to equip veterans with the skills they need to support self-care and wellbeing. They incorporate existing health education and health promotion programs developed by the National Center for Health Promotion and Disease Prevention as well as CIH wellbeing approaches, and focus on health, not disease, always connecting back to the veteran's mission, aspiration and purpose. Wellbeing can be enhanced even in people with complex chronic conditions, those at the end of life or those with no medical diagnosis at all. Wellbeing programs are for everyone across the life cycle.

### Core offerings include:

- CIH approaches such as yoga, tai chi, acupuncture and meditation
- Wellbeing classes focused on areas such as nutrition, mind and body skills and spirituality
- Health coaching, including weight management and tobacco cessation, as well as health behavior change counseling, health promotion and disease prevention services

The VHA has a wealth of instructors and providers to teach these skills, including dietitians; recreational, occupational and physical therapists; instructors who teach yoga, tai chi and qi gong; licensed acupuncturists; chiropractors; mind and body therapists for stress reduction, guided imagery and clinical hypnosis; health coaches and psychologists. Veterans are seen individually, but most services focus on building self-care skills with ongoing classes and support.

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## WHOLE HEALTH CLINICAL CARE

Whole Health clinical care links the medical care provided to the veteran's personal life mission, aspirations and purpose. In other words, it is designed to deliver personalized care based on what matters most in the veteran's life.

Care is designed to address the full range of physical, emotional, mental, social, spiritual and environmental influences that affect health. It integrates CIH approaches not only to treat illness but also to support health and wellbeing. While delivering traditional medical care, it integrates Whole Health coaching into the process to help the veteran achieve their goals and stresses the importance of self-care and the innate capacity to heal.

Rather than a didactic, paternalistic relationship between the provider and patient, Whole Health requires a shared commitment between the provider team and the patient in order to help the patient meet their goals.

A participant's personal health plans are dynamic documents meant to evolve with the veteran. The health plans also serve as a record-keeping mechanism, enabling multiple instructors, coaches and health care team members to add shared goals.



*Whole Health reflects a change from a system that asks, “What’s the matter with you?” to one that asks, “What matters to you and how can we help you live your best life?”*

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## FOLLOWING THE EVIDENCE BASE

All services offered through the Whole Health System are backed by research on their effectiveness for specific medical problems.

For instance, qi gong and other mindfulness movement programs are an integral part of CIH. In a VA-led study, researchers held four focus groups with 31 veterans enrolled in qi gong or yoga who suffered from a myriad of conditions, including chronic pain, depression, PTSD and substance abuse disorders. On completion, participants were extremely enthusiastic about the programs and results. This is despite several who said they were initially skeptical of the approach.<sup>7</sup>

About two-thirds of participants reported an improvement in their condition and had reduced medication use. They cited the education received on how to hold their bodies, how to move to reduce pain and how to use mindfulness and breathing to help alleviate pain and stress. They described better coping skills to handle challenges, greater self-awareness, less anger and feeling “calmer” or “more relaxed.”

One participant said the program saved his life and he no longer has thoughts of suicide.

## STEPS TO SUCCESS

Now that the St. Louis Whole Health System has been operational for more than a year, Dr. Reddy identifies five critical steps to successful implementation of a Whole Health System:

1. **Mobilize a passionate team.** “One of the first things we did here is bring together a multidisciplinary steering committee that was committed to the system transformation and believed in the vision,” she said.
2. **Identify the gaps.** St. Louis conducted a year-long gap analysis of its current wellbeing and complementary health offerings to identify where they needed to expand to meet the Whole Health goals.
3. **Develop a strong education and communication plan.** The Office of Patient-Centered Care and Cultural Transformation created a comprehensive curriculum to deliver training on Whole Health to providers in all disciplines. “This created a great foundation of people who understood the Whole Health principles,” she said.
4. **Deploy a good marketing plan.** “You have to let patients and providers know what Whole Health is, what’s in it for them, and how it differs from traditional care,” she said.
5. **Build the business infrastructure.** That includes developing a system to track utilization and costs. “There is a lot of background work that has to occur before you start delivering services,” she said. The VA developed special codes and a utilization and financial tracking system to track the impact of this system change on costs, quality and access to care.

And most important: Think creatively. “Being outside the box is essential to moving the system forward in a cost-effective way,” she said.

*“We have such a tremendous opportunity right now to break through an old way of thinking about sickness and disease, and to really get to optimal health and well-being and to do that not only for our veterans, but to model it for the nation.”*

**Tracy Gaudet, MD, Executive Director, Office of Patient-Centered Care and Cultural Transformation, Veterans Health Administration**

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Dr. Jonas was the director of the Office of Alternative Medicine at the National Institutes of Health (NIH) from 1995-1999, and prior to that served as the Director of the Medical Research Fellowship at the Walter Reed Army Institute of Research. He is a Fellow of the American Academy of Family Physicians.

His research has appeared in peer-reviewed journals such as the *Journal of the American Medical Association*, *Nature Medicine*, *Journal of Family Practice*, *Annals of Internal Medicine*, and *The Lancet*. Dr. Jonas received the 2015 Pioneer Award from the Integrative Healthcare Symposium, the 2007 America's Top Family Doctors Award, the 2003 Pioneer Award from the American Holistic Medical Association, the 2002 Physician Recognition Award of the American Medical Association, and the 2002 Meritorious Activity Prize from the International Society of Life Information Science in Chiba, Japan.

*To access more information on integrative health, including tools and resources for patients and providers, visit [DrWayneJonas.com](http://DrWayneJonas.com)*

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