

The Whole Health Transformation at the Veterans Health Administration

Moving From “What’s the Matter With You?” to “What Matters to You?”

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Abstract: The Veterans Health Administration is undergoing a system-wide transformation to a Whole Person/Whole Health approach to care. The Whole Health model of care is described including early outcome data on utilization and effectiveness. The paper describes the first 10 years of this transformation and provides lessons learned during that process regarding large-scale system change.

Key Words: Whole Health, veterans, complementary/integrative medicine

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BACKGROUND

Health is more than the absence of disease, and yet this binary conceptualization has shaped the organization and delivery of health care in the United States. The limitations of this narrow conceptualization of health are hard to miss: although we lead the world in health care spending our life expectancy rankings are 32nd in the world.¹ For decades, we have heard calls to shift our thinking about what it means to be healthy and the role that our health care systems play in promoting well-being.

The Veterans Health Administration (VHA) has been at the forefront of efforts to expand our understanding of health care to include not only disease prevention and treatment but also promoting physical, mental, and social well-being through the development and spread of the Whole Health (WH) approach. WH is defined as an approach to health care that empowers and equips people to take charge of their health and well-being so that they can live their life to the fullest. The development of WH has built on a long-standing commitment in VHA to move towards more person-driven health care which is “personalized, proactive, [and] patient driven.”² Since the founding of the Office of Patient

Centered Care & Cultural Transformation (OPCC&CT) in 2011, we have been working to rethink how we define health and how health care is delivered. This includes expanding our focus beyond the walls of the clinic to understand each individuals’ life context and provide support to address the social determinants of health as needed. Here, we share our progress in bringing about this shift in the Veterans Health Administration, one of the largest health systems in the United States.

WHAT IS WHOLE HEALTH CARE?

Within a health care setting, WH begins with understanding what is important to each individual and what brings them a sense of purpose in life. This requires a shift in our conversations from “What is the matter with you?”—the typical focus in a health care interaction—to “What matters to you?” The WH System consists of 3 major components (Fig. 1): (1) The Pathway empowers individuals to explore what really matters to them through mindful self-exploration of their mission, aspiration, and purpose as they set personal goals to optimize their health and well-being. Trained peers and WH coaches are available to assist Veterans in this process; (2) Well-Being Programs focus on self-care and involve skill building (eg, mindfulness and nutrition classes) and evidence-based complementary and integrative health (CIH) approaches; and (3) WH Clinical Care provides conventional care and CIH informed by an understanding of what matters most to the Veteran and designed to address personal health goals and foster self-care.

Central to the WH approach is the Circle of Health (Fig. 2), which serves to stimulate reflection and inquiry into facets of life that we know influence health and overall well-being. The Personal Health Inventory (va.gov) is our primary communication tool for prompting people to think about how satisfied they are in each domain of health and what growth looks like for them. The Circle also illustrates the essential nature of mindful awareness in that process, as well as the role of environment and community, and the importance of addressing the structural and societal barriers to a person’s WH—such as racism, gender inequity, and financial insecurity.

WHAT HAVE WE LEARNED ABOUT TRANSFORMING OUR HEALTH CARE SYSTEM?

Creating a WH System of Care requires iterative cycles of planning, action, and evaluation and monitoring focused

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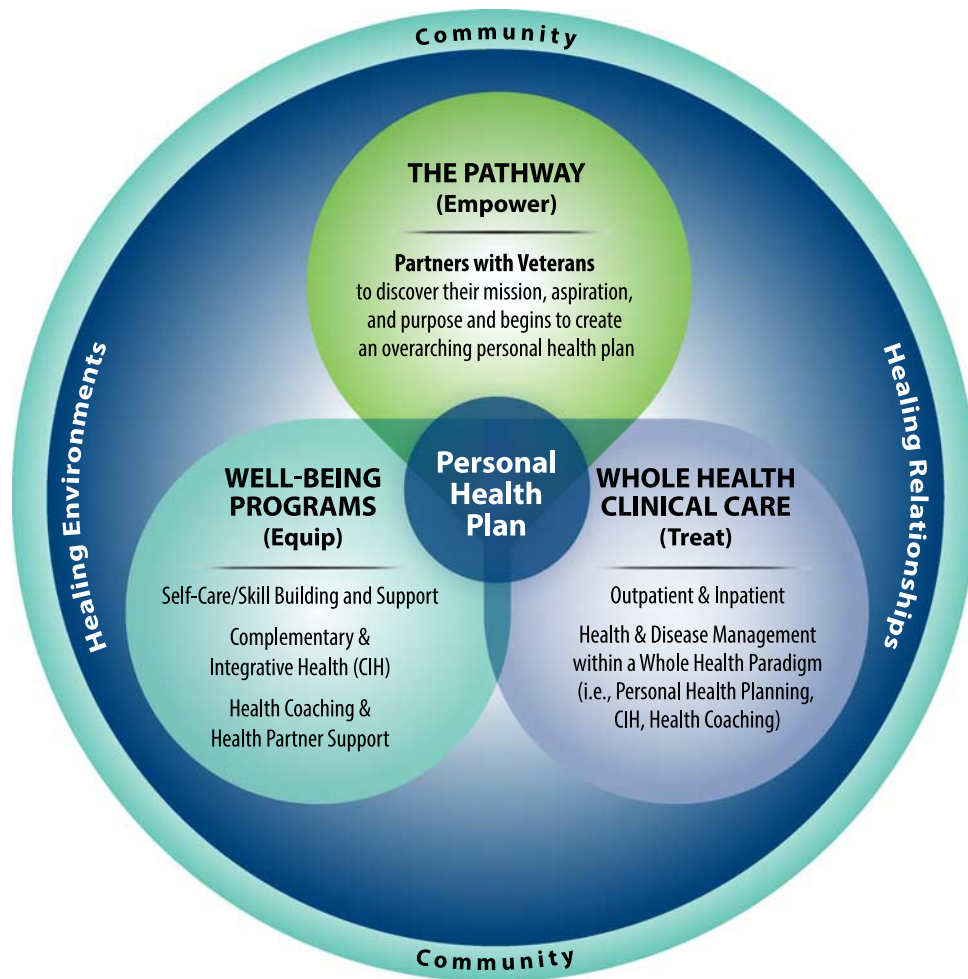


FIGURE 1. Whole Health System.

across multiple levels, from policymakers to patients. It also requires a system-wide recognition of the cultural shift in orientation towards the patient and away from a sole focus on the metrics of disease. Fortunately, this shift is aligned with what most providers want to begin with—to engage the patients in managing their health and illness in effective and collaborative ways. We present 3 key lessons learned that have been critical to our current momentum: (1) commit to ongoing learning and adaptation incorporating rigorous outcome evaluation; (2) develop a broad range of implementation strategies targeting multiple audiences; and (3) leverage opportunities associated with high-level drivers of system change.

Commit to Ongoing Learning and Adaptation Incorporating Rigorous Outcome Evaluation

When the OPCC&CT launched its work to change the culture of health care within VHA, there were a set of principles to guide the work but no playbook or blueprint. We have developed that blueprint in a manner aligned with VHA's aspirations to be a *learning organization*³ where people at all levels contribute their ideas and experiences through bidirectional listening and dialogue, learning both

from the bottom up and from the top down, and adjusting the approach as new knowledge becomes available.

WH approaches to care have rolled out over the last 6 years, in a planned progression from an innovation phase to a design phase and now finally to the implementation phase. The rollout began with 200 innovation projects that experimented with and shared lessons learned from different ideas about how to operationalize WH approaches. This innovation phase was followed by 25 WH Design Sites at Veterans Affairs (VA) medical facilities in 2015–2016, and then initial full-scale deployment at 18 WH Flagship sites in 2017. In 2019, an additional 37 medical facilities officially launched efforts to transform their systems of care, beginning a planned system-wide adoption over the coming 3–5 years. With each of these waves of rollout, we have worked closely with people on the frontlines and their local leadership to listen and learn from their experiences trying to put ideas into practice, and have also engaged with VA research colleagues to carry out rigorous evaluations of both implementation processes and outcomes. For example, with the initial Design Sites, the Evaluating Patient Centered Care (EPCC) team conducted qualitative interviews with local leads to understand implementation facilitators and barriers they faced. This

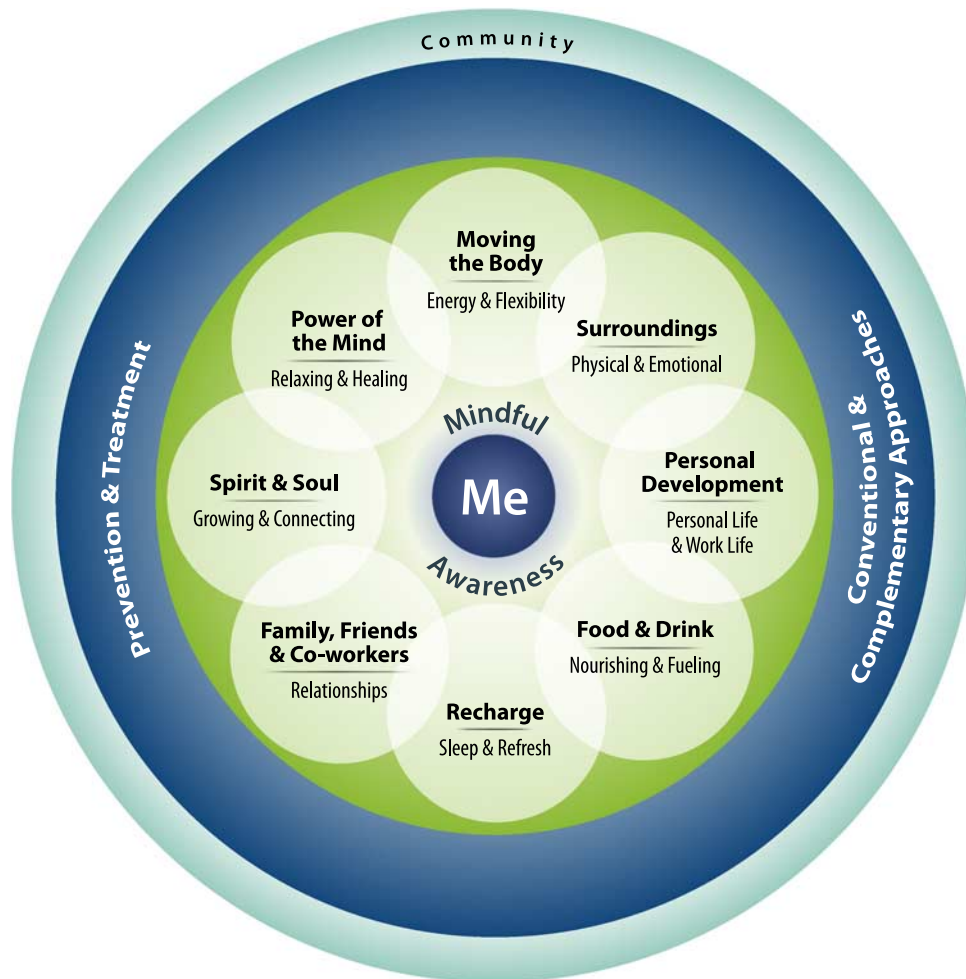


FIGURE 2. Circle of Health.

information was used alongside input from staff working with those in the field to develop additional guidance and implementation strategies to support local sites (eg, standard position descriptions for key roles, guidance for coding WH encounters and services).

Similarly, as OPCC&CT moved into full-scale deployment of a WH model in 18 Flagship sites, mandated by the Comprehensive Addiction and Recovery Act of 2016.⁴ EPCC and other research partners collected data on implementation approaches and service utilization, as well as patient-reported and clinical outcomes.⁵ Among the important clinical outcomes was the finding that Veterans fully engaged in WH care decreased opioid use by 38% compared with 11% in Veterans engaged in conventional care. Similarly, Veterans engaged in WH care demonstrated greater improvements in perceptions of care [standardized mean difference (SMD)= 0.138], engagement in health care (SMD=0.118) and self-care (SMD=0.1), perception of life meaning and purpose (SMD=0.152), and less perceived stress (SMD=0.191) compared with Veterans engaged in conventional care.⁶ These findings were reported to VHA leadership as well as to Congress in April 2020 and provided the preliminary

evidence for further expansion of the rollout of WH across all VHA health care facilities. Evaluation of the flagship outcome data is ongoing, and we expect future results to continue to inform the system’s decisions about deployment priorities.

Develop a Broad Range of Implementation Strategies Targeting Multiple Audiences

Unlike the implementation of a specific evidence-based practice or treatment, implementation of a system-level change requires unique strategies for different actors within the system (frontline staff to organizational leaders), different contexts (local medical centers, regional and national offices), and different stages of change (from preparation to full transformation). Over the last decade, OPCC&CT deployed Field Implementation Team consultants assigned to each VHA medical center to work with local staff to foster innovations in implementing and tailoring WH approaches to the unique contexts of each medical center. Using the Expert Recommendations for Implementing Change (ERIC) list as a guide, a recent qualitative study conducted by Bolton et al⁷ identified 64 unique implementation strategies that OPCC&CT has put

into play since launching its WH System transformation efforts. For example, we have multiple Communities of Practice (organized by a wave of rollout and by topical areas), which bring people together to share their approaches ask questions of peers, subject matter experts, and OPCC&CT staff. New initiatives or tools to support a WH approach are always co-created in an iterative and inclusive approach with local, regional, and national representatives.

Over time it became clear that a blueprint was needed for local facilities to use to guide their implementation efforts. This blueprint—organized by 4 stages of implementation: Preparation, Foundational, Developmental, and Full, and including benchmarks with examples for each phase—was used as the basis for an on-line Whole Health System Transformation Self-Assessment, which local VHA facilities can use to determine where they are in their transformation journey. By the end of 2021, despite the coronavirus disease 2019 (COVID-19) pandemic, 98.7% of all VHA facilities had completed at least 1 Self-Assessment. A review of these assessments over time offers a wealth of information to understand implementation progress and identify areas in need of additional resources and support.

Leverage Opportunities Associated With High-level Drivers of System Change

Health care systems exist and change in the context of larger societal forces, and finding ways to leverage these forces can be critical to forward progress. For example, the national opioid crisis and the recognition of the need for nonpharmacological options for pain treatment has been a driver of strong Congressional support for the WH transformation: in 2016, the CARA legislation—in addition to launching the WH flagships—mandated expansion of CIH approaches in the VHA. CARA also required the establishment of an external review board, “Creating Options for Veterans’ Expedited Recovery” (COVER) commission, which recommended the continued expansion of WH to all medical facilities.⁸

In response to the acute need for alternatives to opioids to manage pain, in 2017, CIH therapies at VA facilities or in the community were added to the medical benefit package.⁹ Currently, 8 evidence-based CIH therapies—acupuncture, meditation, tai chi, yoga, massage therapy, guided imagery, biofeedback, and clinical hypnosis—are part of the covered VHA medical benefit plan. Notably, more recently enrolled Veterans have had CIH experiences (eg, yoga, battlefield acupuncture, meditation) while on active duty, and evidence suggests that when service members engage in CIH approaches for pain while on active duty, they have a lower risk of substance abuse, overdose and suicide attempt later in life.¹⁰

Another high-level driver of change—the COVID-19 pandemic—catalyzed a focus on employee well-being and an understanding among system leaders that efforts to provide WH care need to include staff as well as patients. Supporting and sustaining the well-being and resiliency of the VA workforce is critical to our ability to implement WH for patients. Although we have been growing our strategy and tools for Employee Whole Health for several years, the recognition by VA leadership—both nationally and at the facility level—early in the pandemic that the

potential toll on VA staff in terms of stress and burnout posed a real threat and needed to be addressed led to a dramatic expansion in EWH programs and reach.¹¹ Preliminary research on the impact of WH on VA employees had already shown that those involved in WH reported lower voluntary turnover; lower burnout; and greater motivation.⁵ As of October 2021, over 90% of VA Medical Centers now have a designated Employee Whole Health Coordinator.

In addition to driving system change towards WH for staff, the COVID pandemic has also leant a new urgency and scope to the implementation of Tele-Whole Health. As with Employee Whole Health, we had been working for some time before COVID on infrastructure to provide virtual access to WH services. But the pandemic pushed a pivot across all of VHA to delivering care virtually in spring 2020, and WH pivoted as well. Total Tele-Whole Health visits grew from 12,058 visits by 3679 unique Veterans in FY19 to 675,757 visits by 121,321 unique Veterans in FY21. The positive response from Veterans to this pivot to virtual WH was an unexpected development: although previous studies had shown an open-ness to WH approaches like Yoga delivered virtually¹² the feedback on coaching, peer support, as well as other CIH services like meditation and tai chi delivered virtually has gone beyond open-ness to real enthusiasm for the option of being able to access WH from the comfort of home.¹³ The need created by the pandemic to quickly address barriers on both provider and patient sides of the process to Tele-Whole Health, both technical and attitudinal, has actually created an environment where WH is now being seen across the system as one of the aspects of VA care that can be very effectively delivered through the new virtual care infrastructure which is emerging at VA.¹⁴

NEXT STEPS FOR WHOLE HEALTH

Primary Care/Mental Health/Whole Health Integration

As part of the commitment to make WH a core component of VA care, a major initiative entitled “Transforming Healthcare Delivery” has recently been launched to fully integrate the WH approach into Primary Care and Mental Health settings across the VHA. Over the coming 3 years, primary care and mental health teams will receive additional training in how to bring a WH approach to the clinical encounter. The goal is to make what matters most to the Veteran in their life central to the plan for treatment and fostering patients’ self-management and well-being. Two simple questions will help inform this conversation: (1) “What is most important to you in your life right now?” and (2) “What is one change you could make today to help move closer to what is most important?”: This large-scale integration will further ensure that WH continues to be a core VA value—how we deliver care—as opposed to a separate program.

Measuring the Outcomes That Matter Most to Patients

As we move beyond a solitary focus on disease-oriented care to emphasizing Whole Person care and well-being, we are faced with the challenge of how to measure the impact of health

care on what matters most to the individual in a meaningful way. Although there is extensive published research on the measurement of well-being,¹⁵ very little of this has been applied in the health care setting, and for the most part, improving the well-being of patients is not a parameter on which health systems have been evaluated. Since the VA strategic plan now clearly describes promoting well-being as one of the core responsibilities of the system¹⁶ and since measurement often drives change, we are working to pilot a brief validated measure of well-being which can be incorporated into routine care to assess the impact of this change in approach on Veterans' experience. This measure is currently being piloted at 6 VA medical centers and will be incorporated into routine workflows in parallel with the rollout of the WH/Primary Care/Mental Health integration initiative.

CONCLUSIONS

Transforming a system of care requires more than adding services and training providers to do things differently. It requires a wholistic, systems perspective. This includes critically examining the incentives that influence clinical practice, the organizational structures that guide how health care is delivered, and the capacity of those who provide health care. Our hope is that our efforts to make these changes in the VHA system will help inform efforts nationally to effectively care for the whole person.

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