Department of Veterans Affairs Veterans Health Administration Washington, DC 20420 VHA HANDBOOK 1120.01 Transmittal Sheet March 31, 2011

## MOVE! WEIGHT MANAGEMENT PROGRAM FOR VETERANS (MOVE!)

- 1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook designates the MOVE! program office within the National Center for Health Promotion and Disease Prevention (NCP) as the VHA office responsible for weight management services, guidance, and coordination within VHA. This Handbook provides processes and procedures for a comprehensive, evidence-based, population-approach, tiered, multidisciplinary weight management program at each Department of Veterans Affairs (VA) medical center and community-based outpatient clinic (CBOC). NOTE: Existing weight management programs that include all specified elements in this Handbook are acceptable.
- **2. SUMMARY OF CONTENTS AND MAJOR CHANGES.** This is a revised Handbook defining the responsibilities, and execution of VHA's MOVE! Program. It designates the minimal core elements, the reporting mechanism, and process required for MOVE! or an existing local program. The name of the program has been changed from Managing Overweight/Obesity for Veterans Everywhere (MOVE!) to the MOVE! Weight Management Program for Veterans.
- **3. RELATED ISSUES.** VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP), July 29, 2009; 38 Code of Federal Regulations (CFR) 17.108; see the Web site at: <a href="http://vaww.move.med.va.gov/">http://vaww.move.med.va.gov/</a> for the most recent program updates. *NOTE: This is an internal VA Web site not available to the public.*
- **4. RESPONSIBLE OFFICES.** The MOVE! program office within the VHA National Center for Health Promotion and Disease Prevention (11NCP), Office of Patient Care Services (11), is responsible for the contents of this VHA Handbook. Questions may be referred to the National Program Director for Weight Management at 919-383-7874; fax communication may be sent to 919-383-7598.
- **5. RESCISSIONS.** VHA Handbook 1101.1, dated March 27, 2006 is rescinded.
- **6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on/or before the last working day of March 2016.

Robert A. Petzel, M.D. Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 4/5/2011

# **CONTENTS**

# MOVE! WEIGHT MANAGEMENT PROGRAM FOR VETERANS (MOVE!)

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Definitions	2
4. Scope	3
5. Responsibilities of MOVE! Program Office	4
6. Responsibilities of the Veterans Integrated Services Network (VISN) Director	4
7. Responsibilities of the Facility Director	4
8. Weight Management Program Requirements	5
9. Reporting Requirements	8
10. References	8

## MOVE! WEIGHT MANAGEMENT PROGRAM FOR VETERANS (MOVE!)

#### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook designates the MOVE! program office within the National Center for Health Promotion and Disease Prevention (NCP) as the VHA office responsible for weight management services, guidance, coordination within VHA, and provides processes and procedures for a comprehensive, evidence-based, population-approach, tiered, multidisciplinary weight management program at each Department of Veterans Affairs (VA) medical center and community-based outpatient clinic (CBOC).

# 2. BACKGROUND

- a. The VHA National Center for Health Promotion and Disease Prevention (NCP), located in Durham, North Carolina, was established in 1995 as a field-based unit of VA Central Office Office of Patient Care Services per the Veterans Health Care Act of 1992, Public Law No. 102-585, § 511, 106 Stat. 4943 (codified at 38 U.S.C. 7318), which mandates the NCP to:
- (1) Provide a central office for monitoring and encouraging the activities of VHA with respect to the provision, evaluation, and improvement of preventive health services; and
- (2) Promote the expansion and improvement of clinical, research, and education activities of VHA with respect to such services.
- b. The prevalence of obesity/overweight in the Veteran population (as in the general population) has increased over the past several decades. The incidence of obesity-related conditions, such as diabetes, heart disease, and sleep apnea, also continues to rise. An estimated 77 percent of Veterans are overweight or obese, and weight-related disorders such as diabetes are common. In response to requests from VHA staff for a weight management program, and to an appeal from former Under Secretary for Health, Dr. Jonathan Perlin, who identified the epidemic of overweight and obesity as a priority, NCP developed MOVE! and implemented it nationally in 2006. The history of the development of the program may be found at: <a href="http://www.move.va.gov/MoveHistory.asp">http://www.move.va.gov/MoveHistory.asp</a>.
- c. MOVE! is fundamentally a self-management program that provides a comprehensive, evidence-based system of weight management. *NOTE:* A detailed description of MOVE! can be found at: <a href="http://vaww.move.med.va.gov/">http://vaww.move.med.va.gov/</a>. This is an internal VA Web site not available to the public.
- d. Every VISN has implemented some components of MOVE! and contributed to MOVE! annual reports and evaluations. Ongoing national weight management program evaluation, with subsequent improvement and refinement based on accumulated data, field feedback, and the

most current science is necessary. Facility weight management program evaluation is monitored by periodic reporting mechanisms as identified in the paragraph – Reporting Requirements. *NOTE: Information from the reports is used to enhance best practices sharing.* These annual reports may be found at: <a href="http://vaww.move.med.va.gov/AnnualReports.asp">http://vaww.move.med.va.gov/AnnualReports.asp</a>. *NOTE:* This is an internal VA Web site not available to the public.

- e. MOVE! has evolved relative to the following:
- (1) 38 CFR 17108(e) authorizes the exemption of weight management counseling (individual and group) from required copayments under that section.
- (2) The <u>Joint Veterans Affairs (VA)/Department of Defense (DoD) Clinical Practice</u> <u>Guideline for Screening and Management of Overweight and Obesity (CPG) (2006)</u> has been incorporated into the clinical information used by MOVE!.
- (3) The term "Level" is no longer used to describe components of MOVE! care as this implied a hierarchical approach. In an effort to describe the program more accurately, Levels 1 and 2 have been combined as "self-management support" or "supported self management." These terms are interchangeable. Levels 1 and 2 have evolved into Individual Self-Management Support (previously referred to as Level 1) and Group Treatment and Specialty Care (previously referred to as Level 2). Supporting patients in the self management of weight is the foundation of MOVE!. Facilities must provide both individual or group-based self-management support, and give Veterans a choice for the service (group or individual) that best meets the Veteran's needs. The MOVE! Web site has materials to support individual and group self-management.
- (4) New ways to provide self-management support have been developed; these include: MOVE! Hotline, using voicemail technology; Care Coordination Home Telehealth-Weight Management/TeleMOVE! using in home messaging devices; MOVE! TLC telephone lifestyle coaching from a centralized location; and Video Teleconferencing (VTEL), using one-to-one or group care by video teleconference technology.
- f. The required minimal core MOVE! program elements are: screening all Veterans for obesity/overweight with obesity-related conditions; referring Veterans for whom weight management is appropriate and who are interested in MOVE!; conducting a multifactorial assessment; and providing support for weight self management in the Veteran's choice of individual or group care. NCP continues to enhance, facilitate and develop resources which focus on behavior, nutrition, and physical activity.

#### 3. DEFINITIONS

- a. <u>Body Mass Index (BMI)</u>. The BMI adjusts weight for height using the following formula: weight (in kilograms [kg])/height (in meters [m]<sup>2</sup>). The BMI is used to screen for excess adipose tissue or body fat.
- b. <u>Obesity.</u> The condition of having an excessively high amount of body fat in relation to lean body mass. Individuals with a BMI of 30 or more are considered obese.

- c. <u>Overweight.</u> The condition of having increased body weight in relation to height, when compared to a standard of acceptable or desirable weight. Individuals with a BMI of 25-29.9 are considered overweight unless further evaluation indicates that the excess weight is due to muscle rather than adipose tissue.
- d. <u>Obesity Clinical Practice Guideline (CPG)</u>. Joint VA/ DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity (CPG) (2006): <a href="http://www.healthquality.va.gov/Obesity\_Clinical\_Practice\_Guideline.asp">http://www.healthquality.va.gov/Obesity\_Clinical\_Practice\_Guideline.asp</a>.
- e. <u>Waist Circumference (WC)</u>. A measure used to determine excess adipose tissue, assessed by placing a tape measure at the level of the iliac crest and parallel to the floor on a standing patient who has removed outer clothing. Waist circumference that equals or exceeds 40 inches (101.6 cm) for men or 35 inches (88.9 cm) for women is considered "high risk."
- f. <u>Weight-Related Disorder</u>. The 2006 Obesity CPG identified the following weight related disorders for overweight patients: diabetes mellitus, hypertension, dyslipidemia, degenerative joint disease, obstructive sleep apnea, and metabolic syndrome.
- g. <u>Self-management Support.</u> The foundation of MOVE! care, provided individually or in a group, is to assist patients in setting goals to lose weight and then to maintain weight loss through lifestyle modifications in the domains of diet, physical activity, and weight-related behavior. Support includes guidance, assistance with goal setting, problem solving for personal self-management plans, education, and encouragement through ongoing contact.
- h. <u>Family Participation</u>. Overweight and obesity occur in the context of the family. Successful weight management typically requires that one's family be included in counseling to improve diet and increase physical activity. Title 38 U.S.C. § 1782 authorizes the provision of counseling, training, and mental health services to certain eligible individuals as necessary in connection with the treatment of eligible or covered Veterans. These eligible individuals may include a Veteran's immediate family members, legal guardians, a family caregiver of an eligible Veteran or a caregiver of a covered Veteran, or the individual in whose household such Veteran certifies an intention to live. When appropriate and as authorized by Federal law, eligible individuals identified in 38 U.S.C. 1782 should be encouraged to participate in MOVE! care to aid the Veteran in success to the extent desired by the Veteran.
- i. <u>MOVE! Intensive.</u> MOVE! Intensive is designed for Veterans with extreme obesity who have not been successful in prior attempts to lose weight through primary care-based MOVE! It is a more intensive, medically supervised program which may include residential weight management treatment, outpatient supportive treatment, onsite groups and classes, meal replacement, or very low calorie diets.

## 4. SCOPE

This Handbook provides a programmatic overview of the comprehensive, evidence-based, population-level, tiered, multidisciplinary weight management services which are available to all patients served at each VA health care facility including CBOCs. Existing programs that include

all specified elements in the Handbook are acceptable; they must meet minimal core elements of an effective weight management program (identified in Section 8). *NOTE:* It is not the purpose of this Handbook to describe all weight management programming that could be appropriate and effective.

#### 5. RESPONSIBILITIES OF THE NCP MOVE! PROGRAM OFFICE

The MOVE! program office within the VHA National Center for Health Promotion and Disease Prevention is responsible for:

- a. **Program Oversight.** Oversight is provided to all MOVE! programs to ensure that standards are met and occur through regular national meetings of team leaders, conference calls, consultation, national training programs, and periodic site visits to facilities/Veterans Integrated Service Networks (VISN).
- b. <u>Monitoring of Evidence-based Guidelines.</u> The MOVE! program office will monitor relevant published literature and clinical practice guidelines. As new evidence-based treatment options are identified, MOVE! will work to develop policy, clinical tools, and processes that can be integrated into weight management care for Veterans across VHA.

# 6. RESPONSIBILITIES OF THE VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTOR

The VISN Director is responsible for:

- a. Designating a VISN MOVE! Coordinator and relaying information to the MOVE! program office regarding:
- (1) The name, job title, address, fax, phone number, e-mail address, and other locator information of the Coordinator; and
  - (2) Any changes in the MOVE! Coordinator assignment.
- b. Ensuring that MOVE! is provided with the necessary resources (fiscal, space, equipment, personnel, and travel) to deliver appropriate services to Veterans.

#### 7. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

- a. Designating a facility MOVE! Coordinator and Physician Champion, and reporting information to the MOVE! program office regarding:
- (1) The name, job title, address, fax, phone number, e-mail address, and other locator information of the Coordinator and Physician Champion; and
  - (2) Any changes in the Coordinator and Physician Champion assignments.

b. Ensuring that the MOVE! Program has the necessary resources (fiscal, space, equipment, personnel, and travel) to deliver appropriate services to Veterans.

# 8. WEIGHT MANAGEMENT PROGRAM REQUIREMENTS

The following have been determined to be the minimal core elements for implementation of VHA Weight Management Programs:

- a. <u>Leadership.</u> To facilitate coordination, communication, and a consistent implementation of weight management programs across each VISN, the VISN Director designates a VISN MOVE! Coordinator. Each facility Director designates a facility MOVE! Coordinator and a MOVE! Physician Champion. The VISN and facility MOVE! Coordinators serve as facilitators for implementation of weight management programs at the VISN and local level. Coordinators also serve as principal points of contact for all Weight Management Program communications and reporting among the facility, CBOCs, VISN, NCP, and other program offices. MOVE! is a health promotion and disease prevention program, and the MOVE! Coordinator must be an active participant in the medical center's Health Promotion and Disease Prevention (HPDP) Program Committee. The MOVE! Coordinator has a key role in integrating MOVE! with HPDP programs and the Patient Aligned Care Team (PACT).
- b. <u>Multidisciplinary Team Approach.</u> Effective weight management programs include a three-pronged focus with patients: behavior, physical activity, and nutrition, in conjunction with overall medical care coordination.
- (1) A multidisciplinary approach is essential. Representatives from the following disciplines need to be included in MOVE!: Medicine, Nursing, Pharmacy, Prosthetic and Sensory Aids Service, Nutrition, disciplines with expertise in physical activity (e.g., Physical Therapy, Recreation Therapy, Kinesiotherapy, Exercise Physiology), and health behavior change (e.g., Health Behavior Coordinator, Health Psychology, Local Recovery Coordinator, Psychiatric Nursing, Social Work, Psychiatry). The designated facility MOVE! Coordinator is responsible for coordinating the activities of the team.
- (2) To ensure the adequacy of the multidisciplinary contribution of MOVE! care and resources, the facility MOVE! Coordinator and Physician Champion must convene a periodic (at least 2 times per year) meeting to review workload, program status, and identify resource needs. These meetings need to include leadership from contributing disciplines and services. At a minimum this meeting must include participation from Nursing, Primary Care, Medicine, Pharmacy, Prosthetic and Sensory Aids Service, Mental Health, Information Technology, Nutrition and Food Services, Surgical Services, and Physical Medicine and Rehabilitation Services. When possible, embedded mental health providers working in primary care may be included in meetings and/or MOVE! calls. The VISN MOVE! Coordinator must also participate, in person or by telephone, in at least one of each of the facility MOVE! meetings per year. MOVE! meetings may be carried out in conjunction with the facility HPDP Coordinating Committee as long as the relevant representatives participate and MOVE! workload, program status, and resource needs are reviewed as indicated above. The facility MOVE! Coordinator

must submit meeting reports summarizing program status, plans for addressing program needs, and other recommendations to the facility Director and VISN MOVE! Coordinator, who in turn will forward the reports to the MOVE! program office.

- **c.** <u>Population Screening for Overweight and/or Obesity.</u> This Handbook endorses the screening recommendations set forth in the VA/DOD Obesity CPG and establishes their recommendations as official program requirements for screening. These will be periodically revised based on review of available evidence. The current screening recommendations are available at: http://www.healthquality.va.gov/Obesity\_Clinical\_Practice\_Guideline.asp.
- (1) The CPG recommends at least annual screening for overweight and obesity. Veterans are screened for overweight or obesity at least once every year. BMI is used to classify Veterans as underweight (less than 18.5 kg/m²), normal weight (18.5 to 24.9 kg/m²), overweight (25 to 29.9 kg/m²), or obese (30 kg/m² or more). The BMI is available in the Computerized Patient Record System (CPRS) after staff input height and weight into the Vital Signs package of VistA/CPRS. **NOTE:** Clinical reminders may be helpful for staff to assign a BMI classification and add overweight or obesity to the problem list.
- (2) Yearly screening needs to include a review of the Veteran's medications that may contribute to weight gain. Overweight Veterans who also have a weight-related disorder (hypertension, diabetes mellitus, dyslipidemia, degenerative joint disease, sleep apnea, metabolic syndrome) and who would benefit from weight loss must be counseled about the risk of overweight, and if not contraindicated, offered participation in a weight management program.
- d. Multifactorial Patient Assessment. In order to ensure an individualized treatment program for the overweight and/or obese Veteran, a thorough inventory of food and beverage intake, physical activity habits, as well as personal and family history, self-efficacy, self perceptions, and readiness to change with regard to weight management, must be assessed. In addition to major medical conditions, complicating factors and barriers to changing eating and physical activity behaviors need to be assessed also. Veterans with cognitive impairments from psychiatric, neurological, and other disorders and with special needs must be accommodated as long as they are able to engage in self management. NOTE: At medical facilities utilizing MOVE!, the MOVE!23, a 23-item multifactorial patient questionnaire, may be used.
- e. <u>Several Intensities of Patient-Centered Treatment.</u> Evidence indicates that the greater the intensity of behavioral intervention, the greater the likelihood of achieving weight loss.
- (1) A patient-centered selection of treatment options is important. At a minimum, patients need to be offered a choice of individual or group care (core MOVE! element). More intensive and multiple options can be offered, such as pharmacological agents, bariatric surgery, or medically-intensive weight management interventions as medically appropriate and to the extent the Veteran is eligible.
- (2) Treatment needs to be offered in multiple modalities, including face-to-face visits, telephone contacts, and other strategies as they are developed. Two key clinical components, diet and physical activity, are emphasized to focus on creating an energy deficit: calories burned

versus calories consumed. The greater the deficit, the greater the weight loss. More information about energy deficit, through diet and physical activity, is on the MOVE! Web site: <a href="http://www.move.va.gov">http://www.move.va.gov</a>. Pedometers (or odometers for manual wheelchairs) are available from Prosthetic and Sensory Aids Service to assist Veterans in monitoring and increasing physical activity. Use of behavioral strategies to facilitate weight management is another key clinical factor. Setting goals, making plans, self monitoring, problem solving and establishing personal rewards are the basic elements for weight self-management.

- (3) VISNs and facilities need to work together to ensure that MOVE! Intensive and Bariatric Surgery Centers are available to eligible Veterans in each service area for patients with severe obesity as medically appropriate. MOVE! Intensive is an option for those Veterans who have tried weight self-management strategies with little or no success. The MOVE! Intensive program (including residential, day or home treatment with meal replacement or very low calorie diet) offers alternative or adjunctive approaches to pharmacological or surgical management of obesity.
- (4) Maintenance and/or relapse prevention strategies are integral to the program since there needs to be a lifetime and lifestyle focus to any weight management program consistent with a chronic care treatment model. *NOTE:* Consider establishing a sustained mechanism to track and follow patients to provide ongoing support through clinical services such as anniversary group visits.

# f. Consistent Use of Decision Support System Identifiers (Stop Codes)

- (1) In order to ensure consistency, to monitor workload, and to identify MOVE! encounters as exempt from outpatient copayments, clinical staff must use MOVE! (Weight Management) Decision Support System (DSS) Identifiers (stop codes) for each MOVE! Clinic. Outpatient clinic profiles for MOVE! encounters/appointments need to be established in VistA. Note that the first encounter in which weight is addressed (screening, evaluation, and initial goal-setting) will likely occur as part of a primary care visit; this first visit is not required to be coded with a MOVE! DSS Identifier.
- (2) Clinical staff must use the following DSS Identifiers to code MOVE!-related follow-up encounters. These stop codes, established in collaboration with facility and VISN DSS staff, can be used in either the primary or secondary (credit stop) DSS Identifier position.
  - (a) 372 MOVE! Individual Patient Visit.
  - (b) 373 MOVE! Group Session.
- (c) 324 (physician) and 372, or 147 (nurses or ancillary staff) and 372 are the codes to capture weight management-related telephone activities.
- (d) Refer to the DSS Handbook and Alpha Code Guidance for additional DSS Identifiers and Alpha Codes to use with 372 and 373 to capture workload specific to discipline, clinical program, or setting.

- (3) In order for workload data to be captured in national databases, MOVE! clinics are required to be set-up as "count" clinics (as opposed to non-count clinics) that use either the 372 or 373 stop codes, and all MOVE!-related visits are checked-out.
- (4) In situations such as dietary counseling in a nutrition clinic, weight management may be only one of several issues addressed. If more than one issue is addressed, the MOVE! stop codes must be used if the majority (more than 50 percent) of the session is devoted to weight management care. General wellness or health promotion care must <u>not</u> use the MOVE! stop codes unless the majority of the session is devoted to weight management.
  - (5) Suggested corresponding progress note titles include:
- (a) Weight Management MOVE! Initial Evaluation Note. This is to be used for the Veteran's initial MOVE! visit, and needs to include: the MOVE!23 patient questionnaire or other designated assessments (such as the provider's narrative assessment); notation of discussion of the patient questionnaire with the patient; setting of initial weight management goal(s); and how follow-up will be conducted.
- (b) Weight Management MOVE! Group Note. This is to be used to document group sessions.
- (c) <u>Weight Management MOVE! Individual Note.</u> This is to be used to document an individual office visit.
- (d) <u>Weight Management MOVE! Telephone Note.</u> This is to be used to document telephone follow-up.
- g. <u>Staff Training</u>. Training in weight management principles and techniques needs to be offered prior to program implementation, and periodically thereafter to provide updates and train new staff. *NOTE:* Online discipline specific MOVE! training is available through the VA Learning Management System (LMS).

# 9. REPORTING REQUIREMENTS

The facility and VISN MOVE! Coordinators must submit a periodic report via: <a href="http://vaww.move.med.va.gov/srLaunch.asp">http://vaww.move.med.va.gov/srLaunch.asp</a>. *NOTE:* This is an internal VA Web site not available to the public. This information may be collected by a consolidated prevention report through NCP. NCP provides VISN- and facility-level evaluative information on a periodic basis.

#### 10. REFERENCES

a. Veterans Health Care Act of 1992, Pub. L. No. 102-585, § 511, 106 Stat. 4943 (codified at 38 U.S.C. 7318).

- b. MOVE! intranet Web site: <a href="http://vaww.move.med.va.gov/">http://vaww.move.med.va.gov/</a>. NOTE: This is an internal VA Web site not available to the public.
- c. Analysis of body mass index data for enrolled Veterans by VHA Service Support Center based on Corporate Data Warehouse for Fiscal Year 2008.
- d. Statement of Jonathan B. Perlin, MD, PhD, MSHA, FACP, then-Acting Under Secretary for Health Department of Veterans Affairs before the Committee on Veterans' Affairs, United States Senate, March 17, 2005.
- e. "Veterans' Health Care at a Crossroads: A Critical Assessment and Recommendations," VHA Strategic Planning Summit, Washington, DC, April 19, 2005, Jonathan B. Perlin, MD, PhD, MSHA, FACP, then-acting Under Secretary for Health, Veterans Health Administration, Department of Veterans Affairs.
- f. *The Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, NIH Publication No. 98-4083, September 1998, produced by the National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases.
- g. Screening and Management of Overweight and Obesity. Washington, DC: VA/DoD Clinical Practice Guideline Working Group, Veterans Health Administration, Department of Veterans Affairs and Health Affairs, Department of Defense, December 2006. Office of Quality and Performance publication 10Q-CPG/Obesity-06.
  - h. VHA Handbook 1102.6, Criteria and Standards for Bariatric Surgery.
- i. Decision Support System Guidance: <a href="http://vaww.dss.med.va.gov/programdocs/pd\_oident.asp">http://vaww.dss.med.va.gov/programdocs/pd\_oident.asp</a>. *NOTE:* This is an internal VA Web site not available to the public.
  - j. 38 CFR Part 17.108.