

# UPDATE ON COMPLEMENTARY AND INTEGRATIVE HEALTH STRATEGY

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# RECENT CIH RESEARCH ON GWI: MBSR

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- Veterans (N = 55) with GWI randomized to treatment as usual plus mindfulness-based stress reduction or treatment as usual only. Mindfulness-based stress reduction was delivered in 8 weekly 2.5-hour sessions plus a single 7-hour weekend session.
- At 6-month follow-up, veterans randomized to MBSR reported greater reductions in pain ( $f = 0.33$ ;  $P = .049$ ), fatigue ( $f = 0.32$ ;  $P = .027$ ), and cognitive failures ( $f = 0.40$ ;  $P < .001$ ).
- Depressive symptoms showed a greater decline after MBSR ( $f = 0.22$ ;  $P = .050$ ) and at 6 months ( $f = 0.27$ ;  $P = .031$ ) relative to treatment as usual only.
- Veterans with PTSD randomized to MBSR experienced significantly greater reductions in symptoms of posttraumatic stress disorder after mindfulness-based stress reduction ( $f = 0.44$ ;  $P = .005$ ) but not at 6 months follow-up ( $f = 0.31$ ;  $P = .082$ ).
- [Kearney DJ, Simpson TL, Malte CA, Felleman B, Martinez ME, Hunt SC](#). **Mindfulness-based Stress Reduction in Addition to Usual Care Is Associated with Improvements in Pain, Fatigue, and Cognitive Failures Among Veterans with Gulf War Illness.** *Am J Med*. 2016 Feb;129(2):204-14. doi: 10.1016/j.amjmed.2015.09.015. Epub 2015 Oct 28

# RECENT CIH RESEARCH ON GWI: ACUPUNCTURE

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- Pragmatic randomized Trial tested the effects of individualized acupuncture treatments offered in extant acupuncture practices in the community; practitioners had at least 5 years of experience plus additional training provided by the study.
- Veterans with diagnosed symptoms of Gulf War Illness were randomized to either six months of biweekly acupuncture treatments (group 1, n = 52) or waitlist followed by weekly acupuncture treatments (group 2, n = 52).
- 104 subjects underwent randomization; 85 completed the protocol (82%).
- A clinically and statistically significant average improvement of 9.4 points ( $p = 0.03$ ) in the SF-36P was observed for group 1 at month 6 compared to group 2, adjusting for baseline pain. The secondary outcome of McGill pain index produced similar results; at 6 months, group 1 was estimated to experience a reduction of approximately 3.6 points ( $p = 0.04$ ) compared to group 2.
- Conboy L, Gerke T, Hsu K-Y, St John M, Goldstein M, Schnyer R (2016) The Effectiveness of Individualized Acupuncture Protocols in the Treatment of Gulf War Illness: A Pragmatic Randomized Clinical Trial. PLoS ONE 11(3): e0149161. doi:10.1371/journal.pone.0149161

# Integrative Health Coordinating Center

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The IHCC is charged with developing and implementing CIH strategies in clinical activities, education, and research across the system.

Its **two major functions** are to:

- identify and remove barriers to providing CIH across the VHA system.
- serve as a resource for clinical practices and education for both veterans and clinicians.



# Whole Health System

## The Pathway

Partners with Veterans to discover their sense of meaning, aspiration, and purpose, and begins to create an overarching personal health plan

## Personal Health Planning

### Wellbeing Programs

- Self-Care/ Complementary & Integrative Health (CIH)
- Health Coaching & Health Partner Support

### Clinical Care

- Outpatient & Inpatient
- Health & Disease Management within a Whole Health Paradigm (i.e., Personal Health Planning, CIH, Health Coaching)

Healing Environments

Healing Relationships

# The Whole Health System

- **The Human Element: The Pathway (Empowering )**  
Partners with the person and their family, exploring their mission/purpose/aspirations and begins their overarching personal health plan.
- **Self Care: Wellbeing Programs (Equipping )**  
Skill building and support, complementary and integrative health (CIH) programs and service, health coaching , personal health planning
  - Proactive, integrative health approaches such as stress reduction, yoga, tai chi, mindfulness, nutrition, acupuncture
  - Not diagnosis or disease based
- **Clinical Care: Integrative Clinical Care (Treating )**  
VA or community, or both
  - PACT, specialty clinics, etc.
  - Includes: healing environments, healing relationship, complementary and integrative health approaches, personal health planning

# Current IHCC Focus Areas

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- Policy development
- Infrastructure and Business Processes
- New Occupations
- Access/Community Care
- Strategic Partnerships
- Metrics/Outcome evaluation

# **Tiered Path for Policy, Guidance, Regulatory Change**

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The memo is the first step in a 3 tiered path forward to provide policy, guidance, and regulatory change required to implement CIH services that meet the definition of basic care as described in the standard Medical Benefits Package (38 CFR 17.38(b)), and are in accord with generally accepted standards of medical practice.

**Supports CIH implementation and will initiate vetting process for CIH services through the VEC and IHCC**

Signed by VEC Co-Chairs May 3<sup>rd</sup>

Signed by Dr. Shulkin (USH) on May 24<sup>th</sup>



2. The VEC is requesting your review and approval of our recommended path forward to provide policy, guidance, and regulatory change required to implement CIH services that meet the definition of basic care as described in the standard Medical Benefits Package (38 CFR 17.38(b)), and are in accord with generally accepted standards of medical practice. The VEC, in coordination with the IHCC, will build off an initial policy-working group and discussions with the Office of General Counsel (OGC) and the VHA Office of Regulatory and Administrative Affairs (ORAA) to develop a working group of subject matter experts to serve as an advisory group to the IHCC. This group of subject matter experts, to include Patient Care Services and other clinical offices, will help determine which CIH services are appropriate within a VA setting based on an evaluation of available medical and scientific literature and inform the VEC of their recommendations. Recommended services will be presented and approved through the VEC (see Attachment 3: The Vetting Process) and submitted for final approval. High priority areas where CIH services may be beneficial include chronic pain

## Attachment 3

### The Vetting Process

The Vetting process and criteria for CIH services to be recommended for inclusion in the medical benefits package are outlined below.

Similar to the evaluation process for conventional modalities, CIH services that will be recommended for integration into VHA care must show evidence of safety and, at a minimum, promising or potential benefit. Once approved, the IHCC will serve as the entity which will provide guidance to the field regarding CIH modalities that are suitable for inclusion in VHA care. The IHCC will also field requests for evaluation of CIH modality suitability for inclusion within VHA care.

# IHCC Advisory Group

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**Established by USH memo 5/16; membership includes:**

- **Mental Health**
- **Chiropractic**
- **Pain Management**
- **Primary Care**
- **Physical Medicine and Rehabilitation, including Chiropractic Care**
- **Population Health**
- **Geriatrics**
- **Office of Nursing Services**
- **Nutrition and Food Services**
- **Post-Deployment Health and the War Related Illness and Injury Study Center**
- **National Center for Health Promotion and Disease Prevention**
- **Women's Health**
- **Social work**

# Therapies approved to date

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

# **Policy: Next Steps**

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**Step 2: development of a CIH Directive (in concurrence)**

**Step 3: identification of and work on potential regulatory changes**

# New Occupations/Positions

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## In progress/Occupations:

- Licensed Acupuncturists
- Massage therapist

## In Progress/Positions:

- Yoga teacher
- Tai chi instructor
- Health Coach
- Meditation Instructor

# Community Care

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**What CIH services should be included?**

**What are the appropriate credentialing standards for CIH practitioners in the community?**

**How will we address proper documentation/communication back to the primary care team to avoid fragmentation and maintain quality?**

**How will we collect meaningful outcome data on these encounters?**

# **S.524 - Comprehensive Addiction and Recovery Act of 2016**

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## **Subtitle C—Complementary and Integrative Health (CIH)**

### **Sec. 931 The COVER Commission**

- Establishment of “Creating Options for Veterans’ Expedited Recovery” Commission
  - Conduct patient-centered survey within each VISN to include experience with respect to CIH treatment therapies
  - Examine available research on CIH treatment therapies for mental health issues
  - Study VA efforts to expand CIH treatments viable to the recovery of Veterans with mental health issues



# **S.524 - Comprehensive Addiction and Recovery Act of 2016**

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## **Subtitle C—Complementary and Integrative Health (CIH)**

### **Sec 932. Expansion of research and education on and delivery of CIH to veterans.**

- Development of plan to expand research, education, and delivery of CIH to Veterans (within 180 days)
- Plan to be presented to the Secretary 1/17/17

## **S.524 - Comprehensive Addiction and Recovery Act of 2016**

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### **Sec. 933. Pilot program on integration of CIH and related issues for veterans and family members of veterans.**

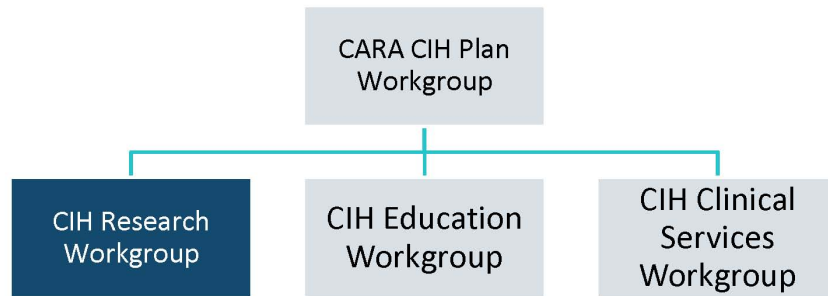
- To assess feasibility and advisability of using CIH and wellness-based programs to complement provision of pain management and related health care services, including mental health care services, to Veterans.
- Start within 180 days of the plan/report developed by Commission
- 3 year pilot duration;
- Min 15 geographically diverse sites; including at least two polytrauma rehab centers;
- within 30 months submit report to HVAC and SVAC
- <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>

# VISN Directors Commitment

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## **VISN Directors commit to 18 full-scale implementation WH demonstration sites in FY 18**

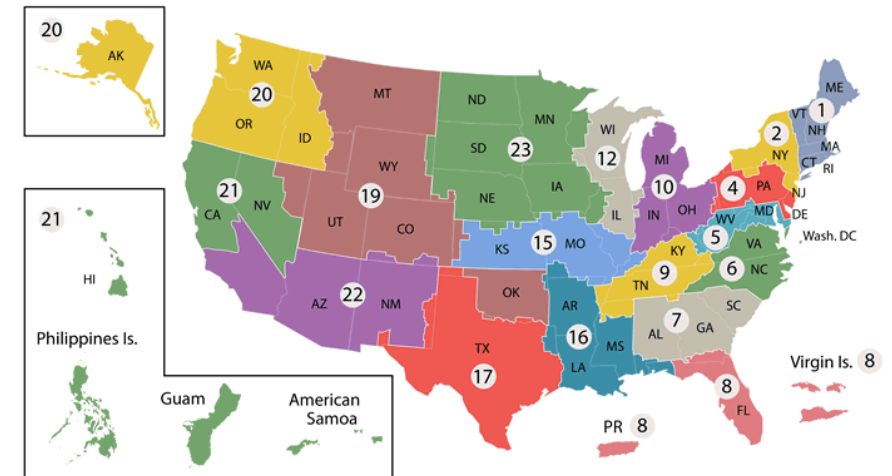
- These WH sites will be respond to the CARA 933 mandate on CIH pilot sites
- Site selection criteria and process discussion underway
- Planning underway for guidance on
  - Clinical model
  - Educational plan
  - Evaluation strategy



# Research Recommendations

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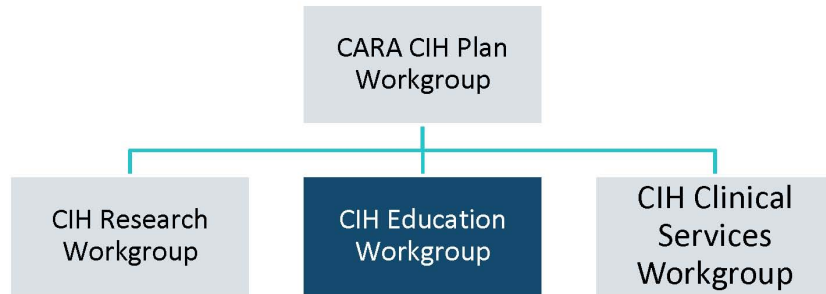
- **Conduct a robust evaluation of the planned implementation of CIH services at the 18 Whole Health demonstration sites planned for FY18 (one per VISN)**
  - During 2018/2019, evaluate impact of CIH on pain and mental health outcomes in Veterans
  - Evaluations may include a randomized stepped wedge design observational study addressing both effectiveness and implementation of outcomes and should build on current work being done at QUERI
- **Expand collaboration with NIH, DoD and other federal agencies for joint funding initiatives.**



# Research Recommendations

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- Continue to support capacity-building within the community of VA researchers engaged in CIH-related research.
- Fund research that explores the impact of CIH approaches in the promotion of well-being, as well as the impact on pain and specific disease conditions. Research should also address issues of equity and social and behavioral determinants of health.
- Develop a brief set of consensus outcome measures between VA HSRD/ORD that can be used in all CIH-related research

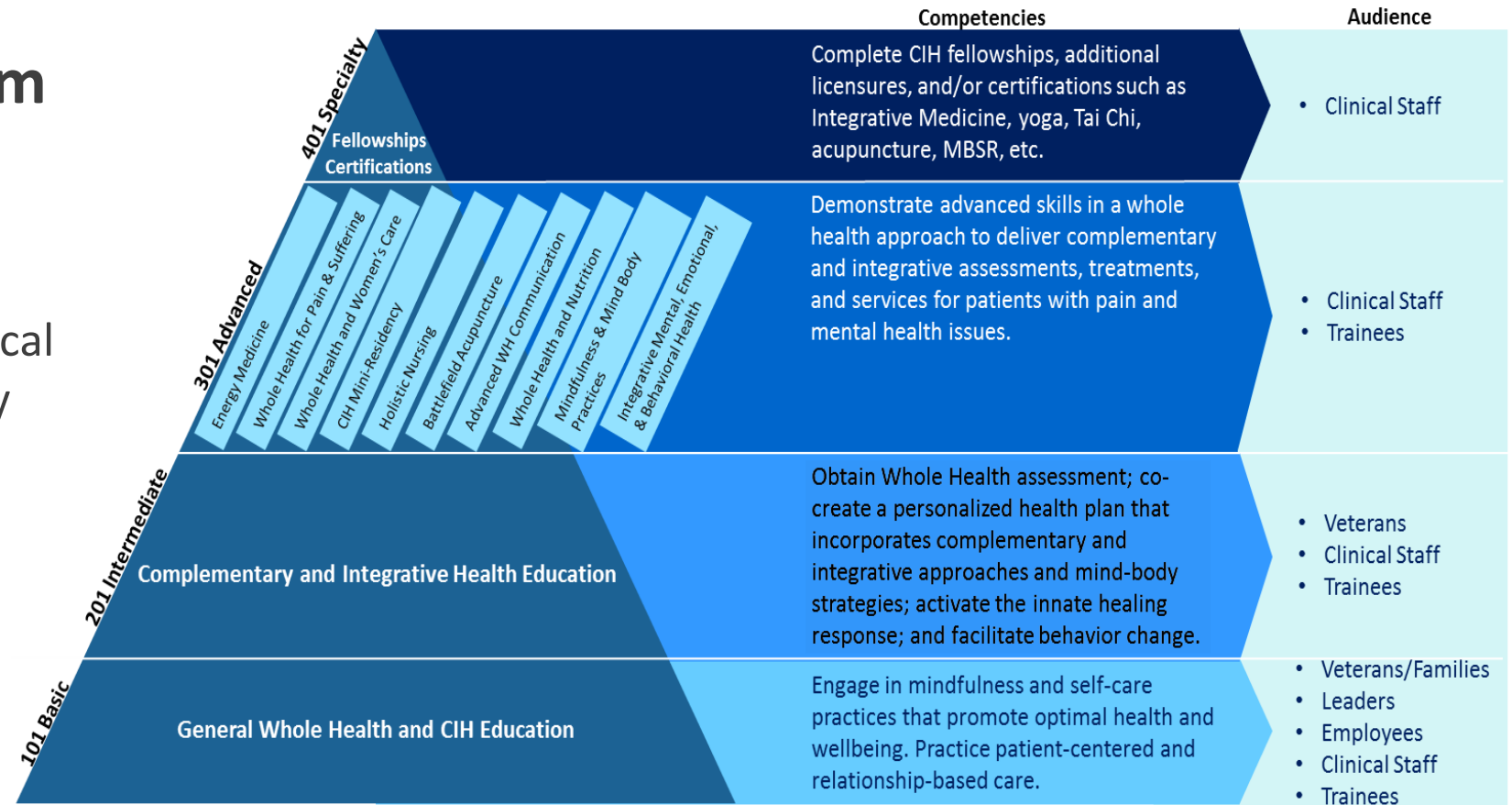


# Education Recommendations

# Education Recommendation #1

## ■ Develop curriculum for the WH/CIH Academy

- ❑ Utilize Virtual Medical Center for Academy framework
- ❑ Create WH/CIH competency-based curriculum for key target audiences





# Education Recommendation #2

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## ■ Develop CIH Educators and Faculty

Objective: Establish capability and capacity to educate the workforce

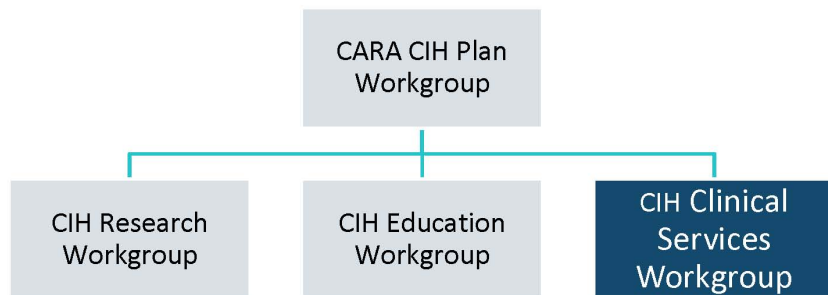
- ☐ Identify faculty and educator core competencies
- ☐ Create recruitment and selection processes
- ☐ Prepare and train faculty/educators
- ☐ Develop supervision and sustainment plan
- ☐ Develop infrastructure and administrative support to manage and deploy faculty/educators

# Education Recommendation #3

## ■ Deploy VHA enterprise-wide education strategy

- ❑ Collaborate with the Employee Education System (EES) to create and deploy a VHA enterprise-wide education strategy
- ❑ Use the 18, FY18 WH Demonstration sites to test a systemic set of educational offerings and a deployment strategy
  - Subset of 18 sites to have Academic Affiliation and/or be Centers of Excellence
- ❑ Use a collaborative model (like the Institute for Healthcare Improvement)

WH/CIH Collaborative Session #1							
Poster Sessions/Best Practices							
Plenary Sessions/Vision/Common Content/Best Practice Highlights							
Break-Outs	Leadership	Clinical Staff	Coaching/Partner	Site Inter-professional Teams	Discipline Specific	Faculty	Data/Evaluation
Next Steps/Continued Learning							



# Clinical Services Recommendations

# Clinical Services Recommendation #1

- Expand implementation of CIH services within the Whole Health Partnership (WHP) Model as well as in other settings including pain teams, PACT, and mental health
  - The Whole Health approach is a reorientation of the Veteran's relationship with VA. It combines state-of-the-art conventional medicine with personalized health planning, complementary and integrative health approaches, and innovative self-care approaches.



# Clinical Services Recommendation #2

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- **Revise VA medical policies and regulations to include the addition of CIH to the VA medical benefits package.**

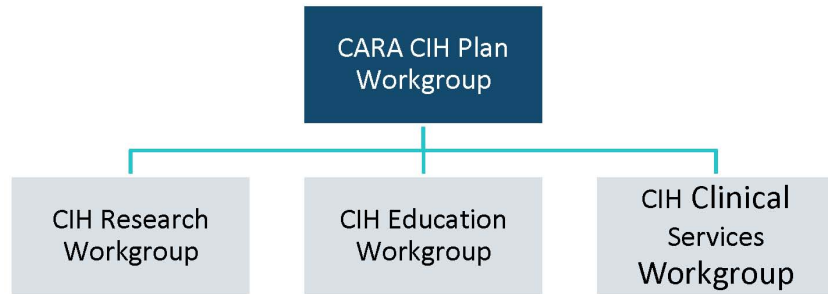
Policy and regulatory changes should include:

- ☐ Co-Pay Exemption
- ☐ Expedited qualifications standards development process
- ☐ Development of new CPT/HCPCS Codes
- ☐ Inclusion of CIH Approaches in Scope of Practice

# Clinical Services Recommendation #3

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- **Expand Infrastructure Support for CIH services at facility, VISN and National levels**
  - VA program offices including Primary Care, Pain, Mental Health, Post-Deployment Care, NCP and OPCCCT will collaborate to define structures and processes to ensure that CIH is integrated into the personalized, proactive, patient driven, team-based model of care by regularly bringing the facility-based workforces reporting to each of these offices together for collaboration at the facility level.



# Outcomes and Metrics

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- Health Outcomes – Improving Veteran health outcomes for pain and mental health.
  - Patient-reported outcomes
  - Clinical outcomes
- Veteran Experience – Enhancing elements that lead to better Veteran experiences, including access, Veteran activation and engagement, and satisfaction with care and providers.
- Cost and Utilization Outcomes— Increasing the cost-effectiveness of care.
- Employee/Clinician Experience—Improving staff engagement and reducing employee burnout.



# Outcome Metrics Recommendations

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- Working with the Survey of Health Experience of Patients (SHEP) team, analyze the impact of CIH implementation on veteran satisfaction.
- Build a more effective infrastructure for collecting patient-reported health outcomes.
- Regularly assess the impact of CIH and WH dissemination on clinician and staff engagement and satisfaction.
- Develop strategies using existing VHA data capture systems to track cost and utilization impact of CIH implementation.



# Questions?

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