

CORE REQUIREMENTS FOR MOVE!® WEIGHT MANAGEMENT PROGRAM FOR VETERANS (MOVE!)

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP) as the VHA office responsible for guidance and coordination of weight management services for Veterans within VHA. In 2006, NCP established MOVE! Weight Management Program for Veterans (MOVE!) programming and specified core requirements. This directive provides core program implementation and reporting requirements for evidence-based, population-focused, interdisciplinary MOVE! programs available at each Department of Veterans Affairs (VA) medical center to Veterans receiving care at VA medical facilities and outpatient sites of care.

2. SUMMARY OF MAJOR CHANGES:

a. Amendment dated September 20, 2019 adds:

(1) Definitions for the terms: Healthy Living Messages and Healthy Living Teams.

(2) The responsibilities of the Chief Consultant for Preventive Medicine, relative to the planning, maintenance and, advisory components of health promotion and disease prevention, Veterans health education and information, and clinical preventive services.

b. This revised VHA directive:

(1) Assigns the responsibilities of staff implementing VHA facility-based MOVE! programs in greater detail than previously and assigns responsibilities to officers not previously named;

(2) Incorporates evidence-based recommendation for programming that includes a comprehensive lifestyle intervention and distinguishes this from other programming, including pharmacologic and surgical adjuncts to care; and

(3) Specifies MOVE! team membership and activities.

3. RELATED ISSUES: VHA Directive 1120, VHA Handbook 1120.02, VHA Handbook 1120.04, and VHA Handbook 1120.05.

4. RESPONSIBLE OFFICE: VHA's National Center for Health Promotion and Disease Prevention, Office of Patient Care Services (10P11), is responsible for the content of this directive. Questions may be referred to the Chief Consultant for Preventive Medicine at 919-383-7874.

5. RESCISSIONS: VHA Handbook 1120.01, dated March 31, 2011, is rescinded.

June 5, 2017

AMENDED
September 20, 2019

VHA DIRECTIVE 1120.01(1)

6. RECERTIFICATION: This directive is scheduled for recertification on or before the last working day of June 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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CORE REQUIREMENTS FOR MOVE!® WEIGHT MANAGEMENT PROGRAM FOR VETERANS

1. PURPOSE

This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP) as the VHA office responsible for guidance and coordination of weight management services for Veterans within VHA. It also specifies the core program implementation and reporting requirements for MOVE! Weight Management Program for Veterans (MOVE!), VHA's evidence-based, interdisciplinary behavioral weight management programming available at each Department of Veterans Affairs (VA) medical center to Veterans receiving care at VA medical facilities and outpatient sites of care. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7318.

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 within the Office of Patient Care Services (PCS) to implement the Veterans Health Care Act of 1992, Public Law No. 102-585, § 511, 106 Stat. 4943, 4955-57 codified at 38 U.S.C. 7318, which mandates 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. Many diseases that cause disability and death among Veterans can be prevented, mitigated, or delayed. Preventive services can lead to longer and healthier lives, reduce hospitalizations, preserve functioning, and enhance patient satisfaction and quality of life. Effective preventive services are available for the leading causes of death and morbidity. The main behavioral factors contributing to preventable diseases are tobacco use, physical inactivity, unhealthy diet, and unhealthy alcohol use. Unhealthy eating practices and physical inactivity contribute significantly to overweight and obesity. Key interventions to reduce health risks include system-, provider-, and patient-level strategies that assist patients in changing unhealthy behaviors and adopting healthier ones.

c. The prevalence of overweight/obesity in the Veteran population, as in the general population, has continued to increase over the past several decades. The prevalence of obesity-associated conditions, such as diabetes, heart disease, and sleep apnea, also continues to rise. In fiscal year 2016, an estimated 79 percent of Veterans receiving care in VHA were overweight or obese, and 42 percent were obese. In response to the epidemic of overweight and obesity among Veterans, VHA and NCP identified weight management as a national priority, developed MOVE!, and implemented it nationally in 2006.

d. VHA's 2013 – 2018 Strategic Plan calls for VHA to provide personalized, proactive, patient-driven health care for Veterans. This plan, along with VHA's 2014 Blueprint for Excellence, supports VHA's vision, which emphasizes prevention and population health. Led by NCP, VHA's preventive care programming is designed to ensure that Veterans receive comprehensive health education, appropriate clinical preventive services, support for self-care that includes health behavior change, and support for self-management of chronic conditions such as overweight and obesity. Self-care and self-management support offers Veterans the knowledge, skills and confidence they need to successfully prevent illness, promote their health and well-being, and manage their existing health conditions. MOVE! programs are a critical component of this vision.

e. MOVE! programming is closely aligned with the Patient Aligned Care Teams (PACT) initiative and patient-centered care practices. Health education, health coaching, health behavior change counseling and developing health care partnerships with patients are listed as required PACT services for delivery of comprehensive primary care and for care management. (see VHA Handbook 1101.10, Patient Aligned Care Team Handbook, dated February 5, 2014)

f. Revisions to this VHA directive reflect findings from evaluations of weight management programming as well as the VA/Department of Defense (DoD) Clinical Practice Guideline for Screening and Management of Overweight and Obesity (VA/DoD CPG), which was based on research on weight management interventions.

3. DEFINITIONS

a. **Body Mass Index.** Body Mass Index (BMI) is a measure of adiposity that adjusts weight for height using the following formula: Weight (in kilograms [kg]) divided by height (in meters [m]²). BMI is used as one indicator of excess adipose tissue or body fat. Although there are normative BMI ranges for overweight and obesity, in some cases further evaluation may be warranted (e.g., measurement of waist circumference to determine if excess weight is due to lean muscle mass rather than excess adipose tissue).

b. **Clinically Significant Weight Loss.** Achieving 5 to 10 percent weight loss after 6 months is a reasonable initial treatment goal that can produce clinically significant benefits, especially for patients with obesity-associated conditions. Setting appropriate, specific, and realistic weight loss goals is crucial to successful weight management.

c. **Comprehensive Lifestyle Intervention.** Comprehensive lifestyle intervention was defined by the VA/DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity (VA/DoD CPG) as an intervention that combines three critical "lifestyle" components (e.g., nutrition, physical activity, and behavioral) and includes at least 12 intervention sessions over a 12-month period.

d. **Health Behavior Change.** Health behavior change is the process of considering, initiating, achieving, and maintaining change in behavior affecting health (e.g., a change in tobacco use, risky alcohol use, unhealthy diet, and physical inactivity).

e. **Health Coaching.** Health coaching is a patient-centered, highly collaborative method for working with patients to enhance their well-being and achieve their health-related goals. It applies principles and methods derived from health education, health promotion, and health behavior change research and includes: assessment of patients' educational needs, concerns, values, preferences, and past experiences; information sharing; goal setting; action planning; skill building; problem solving; and arranging a follow-up plan. Ten steps for successful health coaching are specified in Patient Education: TEACH for Success (see VHA Handbook 1120.04, Veterans Health Education and Information Program Requirements).

f. **Healthy Living Messages.** A set of nine evidence-based messages that promote whole health and well-being:

- (1) Get Recommended Screening Tests and Immunizations,
- (2) Be Involved in Your Health Care,
- (3) Manage Stress,
- (4) Be Tobacco Free,
- (5) Limit Alcohol,
- (6) Be Safe,
- (7) Strive for a Healthy Weight,
- (8) Be Physically Active,
- (9) Eat Wisely.

NOTE: For more information on Healthy Living Messages, please see National Center for Health Promotion and Disease Prevention Healthy Living, https://www.prevention.va.gov/Healthy_Living/

g. **Healthy Living Team.** A term used to designate the group consisting of five facility-based roles: Health Behavior Coordinator, Health Promotion Disease Prevention Program Manager, Influenza Campaign Coordinator, MOVE! Coordinator, and Veterans Health Education Coordinator.

h. **Motivational Interviewing.** Motivational interviewing is an evidence-based clinical method that involves guiding patients to make healthy choices by eliciting and supporting their own motivation to change. Motivational interviewing is employed when patients are unsure about change or have difficulty following through with recommended

health behaviors. Clinicians embody a "spirit" or style that is highly collaborative, evocative, and supportive of patients' autonomy. The principles of motivational interviewing include: resisting directing ("the righting reflex"), seeking to understand the patient's motivation, listening with empathy, and empowering the patient by supporting self-efficacy. NCP's facility-based motivational interviewing training enhances a clinician's capacity to employ the spirit, principles, skills, and techniques of motivational interviewing during interactions with Veterans. (see VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements).

i. **Obesity.** Obesity is the condition of having an excessively high amount of body fat relative to lean body mass. Individuals with a BMI of 30 or more are considered obese.

j. **Obesity-Associated Condition.** The VA/DoD CPG identified the following obesity-associated conditions: hypertension, pre-diabetes and type 2 diabetes, dyslipidemia, metabolic syndrome, obstructive sleep apnea, degenerative joint disease, and non-alcoholic fatty liver disease.

k. **Overweight.** Overweight is 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 lean body mass rather than adipose tissue.

l. **Patient Education: TEACH for Success.** TEACH provides VHA clinicians with training in evidence-based, Veteran-centered health education, and coaching skills that enable them to partner with Veterans on self-management of acute and chronic conditions, health behavior change, and healthy living (see VHA Handbook 1120.04, Veterans Health Education and Information Program Requirements).

m. **Self-Management and Self-Management Support.** Self-management includes managing the medical aspects as well as the functions, roles and emotions associated with having an acute or chronic condition. To foster and enhance patient self-management, health care systems and health care teams provide self-management support, which includes: Guidance, education, collaborative goal setting, shared decision-making, action planning, skill building, problem solving, and ongoing support. "Self-management support" and "supported self-management" are interchangeable terms. Self-management is what the patient does to lose or manage weight; self-management support is what is provided by clinical staff to the patient who is engaged in weight self-management.

n. **VA/DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity (VA/DoD CPG).** This guideline was developed by the VA/DoD Evidence-Based Practice Guideline Work Group to inform clinicians on the use of clinical and epidemiological evidence to improve the health of the population across VHA and Military Health System (see http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp).

4. POLICY

It is VHA policy that the National Center for Health Promotion and Disease Prevention (NCP) serve as the VHA office responsible for guidance and coordination of weight management services for Veterans within VHA. Additionally, it is VHA policy that MOVE!, VHA's comprehensive, evidence-based, interdisciplinary weight management program, is available through each VA medical center to Veterans receiving care at VA medical facilities and outpatient sites of care, and includes core program implementation and reporting requirements.

5. RESPONSIBILITIES

a. **Chief Consultant for Preventive Medicine.** The Chief Consultant for Preventive Medicine is responsible for ensuring:

(1) Planning, development, implementation, sustainment, and evaluation of VHA national programs for weight management (e.g., MOVE!), health promotion and disease prevention, Veterans health education and information, and clinical preventive services.

(2) Creating and maintaining personalized, proactive, and Veteran-driven policies in weight management, health promotion and disease prevention, Veterans health education and information, and clinical preventive services.

(3) Advising the Under Secretary for Health on evidence-based and Veteran-centered weight management health promotion, disease prevention, and health education policies and services.

(4) **Guidance and Technical Assistance.** Guidance and technical assistance are provided to all MOVE! programs regarding strategies and programming that support an evidence-based approach to weight management. These functions occur through regular national meetings of team leaders, conference calls, individual program consultation as requested by field-based staff, national training programs, Web resources, clinical tools, and other means.

(5) **Monitoring of Evidence-Based Practices.** NCP will monitor relevant published literature and clinical practice guidelines. As new evidence-based options are identified, NCP will work to develop policy, clinical tools, and processes that may be implemented into weight management care for Veterans across VHA as appropriate.

(6) **Program Development.** To provide Veterans with multiple options to participate in evidence-based clinical weight management programs, NCP maintains a variety of ways to deliver care. NCP provides protocols, tools, and resources to support implementation of MOVE! by facility-based MOVE! teams. NCP-supported MOVE! Programming includes the following:

(a) **Comprehensive Lifestyle Intervention.** Comprehensive lifestyle intervention delivered in-person (in individual or group formats) or by telephone is the foundation of all treatment for overweight and obesity. Diet and physical activity together must create an energy deficit targeting weight loss of one-half to two pounds per week. The following behavioral strategies are common to successful comprehensive lifestyle

interventions: Setting weight loss, nutrition, and physical activity goals, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes. Other common behavioral strategies include stimulus control, positive reinforcement, stress management, problem solving, and cognitive restructuring activities. The following options must meet the criteria for a comprehensive lifestyle intervention, (i.e., a series of at least 12 intervention sessions, in 12 months, delivered in-person or by telephone, that includes 3 key lifestyle components):

1. MOVE! Group Sessions: A series of 16 sessions that includes the elements of a comprehensive lifestyle intervention. This may be delivered in person or via clinical video telehealth technologies.

2. MOVE! Individual Sessions: A series of sessions that includes the elements of a comprehensive lifestyle intervention. This may be delivered in person or via clinical video telehealth technologies.

3. MOVE! Telephone Lifestyle Coaching (MOVE! TLC): The current NCP-supported protocol includes 11 structured sessions followed by at least one additional contact.

(b) Other MOVE! Interventions.

1. Be Active and MOVE!: A physical activity complement to MOVE! in collaboration with Physical Medicine and Rehabilitation Services and Recreation Therapy. This may be delivered in person or via clinical video telehealth technologies.

2. TeleMOVE!: An 82-day disease management protocol for weight management that is part of VHA's Home Telehealth Program. This may be delivered in three different ways: An in-home messaging device that uses the Veteran's telephone landline or VA-provided cellular modem service (i.e., for Veterans without a landline); interactive voice response (IVR) technology that uses either the Veteran's landline telephone or cell phone; Web browser-based technology that uses the Veteran's personal computer, tablet, or smartphone.

3. MOVE! Coach mobile app (MOVE! Coach): A self-guided program that includes 11 self-management guides time-sequenced over 19 weeks. MOVE! Coach with Care incorporates brief check-ins with a MOVE! clinician throughout the 19-week self-guided program.

(c) As technology progresses, additional modalities for safe, effective, patient-centered health care delivery may be developed. Continuous improvement activities may be used to explore, innovate, and, as permitted by VA, use new modalities of care.

(7) **Direction and Oversight.** NCP monitors progress toward achievement of MOVE! program goals using applicable national VA databases and VISN and facility reports. For example, NCP tracks and reports participation in MOVE! and weight loss outcomes. NCP may conduct on-site or virtual validation of self-reported information from VA medical facilities.

b. **Veterans Integrated Service Network Directors.** Each Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Designating a VISN MOVE! Coordinator who serves as the focal point for MOVE! in the VISN and as the liaison to facility MOVE! Coordinators and teams. The VISN MOVE! Coordinator may be a collateral appointment and may be one of the facility MOVE! Coordinators within the VISN. The following information about this designation must be communicated to NCP:

(a) The name, job title, address, phone number, Email address, and other locator information of the VISN MOVE! Coordinator; and

(b) Any changes in the VISN MOVE! Coordinator assignment.

(2) Ensuring that MOVE! is provided with the necessary resources (fiscal, space, equipment, personnel, and travel) to deliver appropriate services to Veterans.

(3) Ensuring that Veterans are able to access facility MOVE! programs and services across the VISN.

(4) Providing feedback and reports on MOVE! programs, services and products.

c. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Ensuring that Core Program Requirements for MOVE! listed in paragraph 6 are in place, active, and sustained at the facility.

(2) Designating a facility MOVE! Coordinator and Provider Champion, and reporting information to NCP regarding:

(a) The name, job title, address, phone number, email address, and other locator information of the MOVE! Coordinator and Provider Champion; and

(b) Any changes in the MOVE! Coordinator and Provider Champion assignments.

NOTE: It is recommended that VHA facilities and Health Care Systems serving more than 25,000 unique patients annually dedicate a minimum of 1.0 FTEE without collateral assignments to the MOVE! Coordinator role to meet the responsibilities specified in paragraph.

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

(4) Establishing an interdisciplinary, facility-wide MOVE! team with the MOVE! Coordinator and Provider Champion as co-leaders.

(5) Ensuring that the facility MOVE! Coordinator and Provider Champion have sufficient time allocated for administrative, clinical, program development, and staff training responsibilities.

(6) Providing feedback and reports on MOVE! programs to NCP.

d. **VISN MOVE! Coordinator.** The VISN MOVE! Coordinator serves as the primary point of contact for MOVE! in the VISN and as the liaison to facility MOVE! Coordinators and teams as well as NCP. The VISN MOVE! Coordinator is responsible for facilitating and supporting the activities of facility MOVE! programs within the VISN through regular contact with facility MOVE! Coordinators.

e. **Facility MOVE! Coordinator.** The facility MOVE! Coordinator must have sufficient time allocated for administrative, clinical, program development, and staff training responsibilities. The MOVE! Coordinator has a key role in integrating MOVE! with other facility Health Promotion and Disease Prevention programs and PACT. The MOVE! Coordinator is responsible for:

(1) Establishing, maintaining, and leading the facility MOVE! team.

(2) Coordinating and engaging teams to redesign or improve the quality of the delivery of MOVE!.

(3) Planning, developing, implementing, monitoring, and evaluating facility MOVE! programs.

(4) Serving as the communication liaison between VISN MOVE! Coordinators, NCP, and the facility MOVE! team.

(5) Serving, in collaboration with other clinical content experts, as a subject matter expert in MOVE! and providing education on evidence-based weight management services to PACT and other clinical staff.

(6) Actively participating in facility Health Promotion and Disease Prevention Program Committee.

f. **Facility MOVE! Provider Champion.** The MOVE! Provider Champion serves as an advocate for weight management and a liaison to clinical services and stakeholders that interface with weight management services. The MOVE! Provider Champion offers clinical expertise in weight management interventions. Along with the MOVE! Coordinator, the MOVE! Provider Champion convenes a regular meeting to review workload, program status, and identify resource needs. The MOVE! Provider Champion may be a physician, advanced practice nurse, nurse practitioner, or physician assistant.

6. CORE PROGRAM REQUIREMENTS FOR MOVE!

The following are core requirements for implementation of VHA MOVE! programs:

a. **Population Screening for Overweight and Obesity.** This directive endorses the screening recommendations set forth in the VA/DoD CPG and establishes their recommendations as official program requirements for screening. These may be revised periodically based on review of available evidence. The current screening recommendations are available at:

http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp. These screening recommendations are also aligned with the VHA Clinical Preventive Services guidance statement on screening for overweight and obesity, available at: http://vaww.prevention.va.gov/Screening_for_Overweight_Obesity.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(1) The VA/DoD CPG recommends at least annual screening for overweight and obesity. 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 Veterans Integrated System Technology Architecture (VistA)/CPRS. **NOTE:** *Clinical reminders may be helpful for staff to assign a BMI classification and add overweight or obesity to the problem list using ICD-10 codes (E66 series).*

(2) Annual screening should include a review of the Veteran's medications as well as medical and mental health conditions that may contribute to weight gain. Obese and overweight Veterans who also have an obesity-associated condition and who would benefit from weight loss should be engaged in a process of shared decision-making. This includes a discussion of the risks of overweight and obesity as well as the potential benefits of participating in an effective weight management intervention. Discussion should also include relative harms and risks of participation in a weight management program, taking into consideration an individual's coexistent medical conditions. Providers will initiate referral to MOVE! for Veterans who are interested in participating. The process for achieving shared decision-making incorporates evidence-based principles of health education, health behavior counseling, and motivational interviewing. **NOTE:** *NCP's TEACH and motivational interviewing training programs for clinicians feature skills and strategies for achieving shared decision-making that are based on these principles.*

b. **Multifactorial Patient Assessment.** In order to support the development of a personalized treatment program for a Veteran who has elected to participate in MOVE!, a thorough inventory of food and beverage intake, physical activity habits, personal and family history, self-efficacy, self-perceptions, and motivation with regard to weight management, should be assessed. In addition to major medical and mental health conditions, past experience with weight management and barriers and facilitators to changing eating and physical activity behaviors should be assessed. Veterans with cognitive impairments from psychiatric, neurological, and other disorders, and those with special needs must be accommodated as long as they are able to engage in self-management. The assessment should be conducted by a member of the MOVE! team in collaboration with other VHA clinical staff. **NOTE:** *The MOVE!11, an 11-item multifactorial patient questionnaire, may be used.*

c. Clinical Weight Management Programs.

(1) The foundation of MOVE! programs, provided individually or in a group, is to assist patients to achieve clinically significant weight loss goals. MOVE! programs support successful goal attainment by featuring core elements of self-management support as defined in this Directive.

(2) All MOVE! programming must be consistent with evidence-based weight management care, and therefore must include nutrition, physical activity, and behavior components in conjunction with overall medical care coordination. These three key clinical components must be emphasized across all options of MOVE! care with a focus on creating an energy deficit. An energy deficit is created when the number of calories burned exceeds the number of calories consumed. Behavioral strategies for weight self-management include goal setting (including setting appropriate short- and long-term weight loss goals, as well as physical activity and dietary goals), self-monitoring, problem solving and establishing personal rewards. Other common behavioral strategies include stimulus control, stress management and cognitive restructuring activities.

(3) Evidence indicates that the greater the intensity of the lifestyle intervention, the greater the likelihood of achieving weight loss. MOVE! programming, therefore, must include opportunities to participate in a comprehensive lifestyle intervention for weight management; that is, an intervention delivered in individual or group settings or by telephone and combines:

- (a) The three critical lifestyle components (diet, physical activity, and behavior) and
- (b) At least 12 intervention sessions over a 12-month period.

(4) Not every Veteran will choose to participate in a comprehensive lifestyle intervention. Offering less intensive interventions that aim to enhance motivation and commitment to weight management are appropriate for these individuals.

(5) Offering a selection of treatment options is important to achieve patient-centered care. At a minimum, patients need to be offered a choice of individual or group care.

(6) Several ways to deliver clinical care (e.g., face-to-face visits, telephone contacts) should be available. **NOTE:** See paragraph 5.a. for NCP-supported MOVE! programming.

(7) Consistent with the VA/DoD CPG, other options for weight loss may be offered as adjuncts to comprehensive lifestyle interventions. These options include United States (U.S.) Food and Drug Administration-approved pharmacologic agents, bariatric surgery, or medically-intensive weight management interventions.

(a) For pharmacologic agents, criteria for use have been developed by VHA Pharmacy Benefits Management Services to specify the requirements for their use as adjuncts to comprehensive lifestyle interventions for weight management. Criteria for

use are available at <http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse.asp>.

NOTE: As of the publication of this directive, FDA-approved weight loss medications include the following: orlistat (Xenical), lorcaserin (Belviq), phentermine/topiramate (Qsymia), liraglutide (Saxenda), and naltrexone HCl/bupropion HCl (Contrave).

(b) Bariatric surgery is an option for those patients who meet criteria as a surgical candidate and have been unable to achieve weight loss goals through comprehensive lifestyle intervention alone. The VA/DoD CPG offers recommendations for referral to bariatric surgery. Facilities are encouraged to coordinate and collaborate with VA Surgical Services. A current listing of VA facilities where bariatric surgery services are available may be found at

<http://vaww.dushom.va.gov/DUSHOM/surgery/NSOMaps.asp>. **NOTE:** This is an internal VA Web site that is not available to the public.

(c) Other interventions for weight loss that require medical monitoring (e.g., very low calorie diet, inpatient residential treatment) and FDA-approved endoscopic weight loss therapies may be used in conjunction with comprehensive lifestyle interventions. The VA/DoD CPG offers recommendations for elements of medically monitored weight loss interventions.

(8) Consistent with self-management approaches for all chronic conditions, maintenance and/or relapse prevention strategies are essential to all weight management programs. Maintenance sessions may be offered to Veterans who have successfully met weight loss goals.

d. **MOVE! Coordinator.** Each VA medical facility or health care system must designate at least one MOVE! Coordinator to facilitate coordination, communication, and consistent implementation of MOVE! programming at the facility level. **NOTE:** See paragraph 5.e. for responsibilities of the facility MOVE! Coordinator.

e. **MOVE! Provider Champion.** Each VA medical facility or health care system must designate at least one MOVE! Provider Champion to participate in MOVE! programming at the facility level. **NOTE:** See paragraph 5.f. for responsibilities of the MOVE! Provider Champion.

f. **Interdisciplinary MOVE! Team.**

(1) To ensure the adequacy of the interdisciplinary approach to MOVE! care and resources, the facility MOVE! Coordinator and Provider Champion must establish a team to support MOVE! programming and ensure access, quality, and care coordination as well as promotion of personalized, proactive, patient-driven weight management care. The designated facility MOVE! Coordinator is responsible for coordinating the activities of the team.

(a) Teams should include participation from core members of the MOVE! team: MOVE! Coordinator, MOVE! Provider Champion, MOVE! clinicians, Health Behavior Coordinator, Health Promotion and Disease Prevention Program Manager, and Veterans Health Education Coordinator.

(b) Collaboration with relevant facility programs and services is necessary for ensuring quality and comprehensiveness of MOVE! programming. These programs and services may include: Nutrition and Food Services, Physical Medicine and Rehabilitation Services, Pharmacy, Social Work Services, Surgical Services, Prosthetics and Sensory Aids Service, Mental Health and Primary Care- Mental Health Integration, and PACT.

(c) Regular meetings must be convened for planning and monitoring of MOVE! programming, program quality, and to engage in related evaluation and quality improvement activities. MOVE! meetings may be carried out in conjunction with other relevant committees (e.g., Health Promotion and Disease Prevention Committee, Veterans Health Education Committee).

g. **Program Evaluation and Improvement.** MOVE! programs, including components found in preceding subparagraphs, must be evaluated on an ongoing basis and improvements implemented as indicated using VHA-approved process improvement methodologies (e.g., VA TAMMCS [Vision, Analysis, Team, Aim, Map, Measure, Change, and Sustain], Lean Management).

h. **Consistent Use of 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) Stop Codes as established by the Managerial Cost Accounting Office (MCAO; formerly known as Decision Support System [DSS] Identifiers) for each MOVE! clinic. Outpatient clinic profiles for MOVE! encounters/appointments must be established in VistA. If the first encounter in which weight is addressed (screening, evaluation, and initial goal-setting) occurs as part of a primary care visit, this first visit is not required to be coded with a MOVE! Stop Code. **NOTE:** *More information about Stop Codes is available from MCAO at http://vawww.dss.med.va.gov/programdocs/pd_oident.asp. This is an internal VA Web site that is not available to the public.*

(2) Clinical staff must use the following Stop Codes for MOVE!-related encounters. These Stop Codes, established in collaboration with facility and VISN DSS staff, can be used in either the primary or secondary (credit stop) Stop Code 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 VHA Directive 1731, Decision Support System Outpatient Identifiers, for use of additional Stop Codes. Although not required, facilities may use Four Character (CHAR4) Codes 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, or self-management support in a primary care or care management encounter, weight management may be only one of several issues addressed. If more than one issue is addressed, the MOVE! stop codes may 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 not 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 used for the Veteran’s initial MOVE! visit, and must include: The MOVE!11 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 a follow-up plan.

(b) Weight Management MOVE! Group Note. This is used to document group sessions.

(c) Weight Management MOVE! Individual Note. This is used to document an individual office visit.

(d) Weight Management MOVE! Telephone Note. This is used to document telephone follow-up.

i. Co-pay Exemption. Title 38 Code of Federal Regulations (CFR) 17108(e) authorizes the exemption of weight management counseling (individual and group) from required co-payments under that section.

j. Staff Training. Training in weight management principles and techniques must be offered prior to program implementation, and periodically thereafter to provide updates and train new MOVE! staff. Online MOVE! training is available through the VA Talent Management System (TMS). It is recommended that MOVE! staff complete this training annually. Training in TEACH and motivational interviewing is strongly encouraged to enhance patient-centered communication skills.

7. REPORTING REQUIREMENTS

It is necessary that NCP conducts ongoing evaluation of MOVE! programs to continually refine and improve programming based on accumulated data, field feedback, and the most current science. VA medical facility Directors (or their designees) must respond to requests for information about their MOVE! programs from NCP and higher-level VHA offices. Information may be requested through formal (e.g., evaluation surveys) or informal (e.g., conference call, email) mechanisms.

8. REFERENCES

- a. Veterans Health Care Act of 1992, Pub. L. 102-585, sec. 511, 106 Stat. 4943, 4955-57 (codified at 38 U.S.C. 7318).
- b. Title 38 U.S.C. 1782.
- c. Title 38 CFR 17.108.
- d. VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP).
- e. VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements.
- f. VHA Handbook 1120.04, Veterans Health Education and Information Program Requirements.
- g. VHA Handbook 1120.05, Coordination and Development of Clinical Preventive Services.
- h. VHA Handbook 1101.10, Patient Aligned Care Team (PACT) Handbook.
- i. VHA Strategic Plan FY2013-2018, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, Department of Veterans Affairs, Washington, DC, 2012.
- j. Management of Overweight and Obesity Working Group. VA/DoD Clinical Practice Guideline for Screening and Management of Overweight and Obesity. Washington (DC): Department of Veterans Affairs, Department of Defense; 2014:
http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp