

## PROVISION OF COMPLEMENTARY AND INTEGRATIVE HEALTH

**1. SUMMARY OF MAJOR CHANGES:** This directive states the responsibilities of the Veterans Health Administration (VHA) when offering complementary and integrative health (CIH) approaches and integrating them with conventional health care. Major changes include:

- a. Paragraph 2: Updates to all responsibilities.
- b. Paragraph 3.c: Adds approved List of CIH approaches.
- c. Paragraph 6: Updates background information.

**2. RELATED ISSUES:** None.

**3. POLICY OWNER:** The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) (12PCCCT) is responsible for the contents of this directive. Questions regarding this policy may be directed to OPCC&CT at: [VHA12PCCCTPatientCenteredCareAction@va.gov](mailto:VHA12PCCCTPatientCenteredCareAction@va.gov).

**4. RESCISSIONS:** VHA Directive 1137(2), Provision of Complementary and Integrative Health (CIH), dated May 18, 2017; VHA Memorandum 2017-06-27, Complementary and Integrative Health Approach Recommendations, dated June 7, 2017; and VHA Memorandum 2017-07-28, Complementary and Integrative Health Approach Recommendations, dated July 5, 2017, are rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of December 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH**

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VHA DIRECTIVE 1137

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on December 19, 2022.

**NOTE:** *All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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## PROVISION OF COMPLEMENTARY AND INTEGRATIVE HEALTH

### 1. POLICY

It is Veterans Health Administration (VHA) policy that Department of Veterans Affairs (VA) complementary and integrative health (CIH) providers proactively provide CIH approaches to Veterans as appropriate and effectively integrate their care delivery with Veterans' receipt of conventional health care. **NOTE:** *Although for some conditions many CIH approaches are increasingly considered first line therapies, for treatment purposes CIH must only be offered as a complement to conventional health care and not as an alternative. CIH approaches may be offered to support Veteran goals for self-care and well-being. See paragraph 3 for List 1 required and List 2 optional CIH approaches.* **AUTHORITY:** 38 U.S.C. § 7301(b).

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Collaborating with the Executive Director, Office of Patient Centered Care and Cultural Transformation (OPCC&CT), to set CIH-related strategy and provide oversight of operations. **NOTE:** *See paragraph 2.d.(1).*

(3) Responding to recommendations for new CIH approaches submitted for approval by the Executive Director, OPCC&CT. **NOTE:** *See paragraph 2.d.(3) for additional information and paragraph 3.c. for approaches approved by the Under Secretary for Health.*

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for:

(1) Supporting OPCC&CT with implementation and oversight of this directive.

(2) Collaborating with the Executive Director, OPCC&CT to promote the use of sanctioned CIH approaches (as described in paragraph 3.c.) throughout VHA.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its implementation.

**d. Executive Director, Office of Patient Centered Care and Cultural Transformation.** The Executive Director, OPCC&CT is responsible for:

(1) Overseeing VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Serving as the principal advisor to the Under Secretary for Health on CIH-related strategy and operations, to include analysis of any legislation or proposals that would impact or pertain to the delivery of CIH practices within VHA.

(3) Reviewing proposed new CIH approaches from the Senior Physician Lead, Integrative Health Coordinating Center (IHCC) and Whole Health (WH) Education for submission to the Healthcare Delivery Council (HDC) and then the Under Secretary for Health for decision.

(4) Identifying and driving critical strategies to continue to advance VHA's cultural transformation to a Whole Health (WH) model of care which includes CIH.

(5) Overseeing the Senior Physician Lead, IHCC and WH Education.

(6) Assisting the Senior Physician Lead, IHCC and WH Education to evaluate the evidence base for CIH approaches.

(7) Collaborating with the Assistant Under Secretary for Health for Patient Care Services to promote the use of sanctioned CIH approaches (as described in paragraph 3.c.) throughout VHA.

**e. Senior Physician Lead, Integrative Health Coordinating Center and Whole Health Education.** The Senior Physician Lead, IHCC and WH Education is responsible for:

(1) Overseeing the IHCC Advisory Workgroup (IHCCAW) which is charged with:

(a) Ensuring the vetting process is used to assess and evaluate available evidence on individual CIH approaches (see Appendix A).

(b) Maintaining IHCC's vetting process on IHCC's SharePoint site, where the sanctioned approaches identified in paragraph 3.c. are also posted. **NOTE:** *The vetting process can be found at <https://dva.gov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Policy.aspx>. This is an internal VA website that is not available to the public.*

(c) Using the established vetting process to systematically review the evidence of CIH approaches' safety and effectiveness and to develop recommendations for their use within VHA, in line with existing clinical practice guidelines.

(d) Reporting and recommending additional CIH approaches to the Executive Director, OPCC&CT for inclusion in VA's medical benefits package, based on the

results of its vetting process (used to analyze available scientific and other evidence and reviews demonstrating their safety and efficacy). See Appendix A for additional information.

(e) Receiving and assessing requests to allow use of currently non-sanctioned CIH approaches in a particular case; submitting its recommendation to IHCC, which will evaluate and process the recommendation in accordance with paragraph 2.e.(1)(d) and notifying the requester of the decision outcome.

(2) Maintaining an electronic list on a VHA SharePoint site (List 1) as identified in paragraph 3) of approved CIH approaches that must be made available to Veterans, either in a VA medical facility or in the community. **NOTE:** *The electronic list can be found at <https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.*

(3) Maintaining a second electronic list on the same SharePoint site (List 2) as identified in paragraph 3) of optional CIH approaches that may be provided within the limits of individual VA medical facilities. **NOTE:** *While less common, these approaches are still generally considered among qualified experts to be safe under the conditions of their intended use when delivered by an appropriate CIH provider.*

(4) Creating the coding infrastructure to record CIH approaches delivered by VHA (directly or in the community), segregated by VA medical facility and VISN, for purposes of evaluating, trending, tracking and monitoring workload, demographics, usage and costs, consistent with VA Financial Policy, Volume XIII, Cost Accounting, Chapter 3, Managerial Cost Accounting, Appendix A, VHA Standardization of Stop Codes, to enable adequate programmatic evaluation and oversight.

(5) Working with the VA medical facility Director and VISN Director to monitor and ensure the accurate and consistent use of identified codes for sanctioned CIH approaches; and using this information to help identify availability and gaps in access across VHA. **NOTE:** *For additional information see <https://www.va.gov/finance/policy/pubs/volumeXIII.asp> and <https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/Whole-Health-System-Coding-Guidance.aspx>. This is an internal VA website that is not available to the public.*

(6) Providing guidance to appropriate VHA staff regarding the integration of approved CIH approaches for all Veterans, as appropriate. Additionally, identifying and disseminating CIH best practices to the VISNs and VA medical facilities to encourage their adoption and optimize health equity.

(7) Assessing recommendations from IHCCAW as to CIH approaches that should be included in, modified or removed from the VA medical benefits package based on IHCCAW's systematic review of available or new evidence.

(8) Developing guidance for CIH integration into clinical care in collaboration with other VHA program offices, including, Health Services Research and Development Evidence Synthesis Program, Office of Quality and Patient Safety, Office of Patient Care Services (PCS), and other needed subject matter experts to implement the vetting process for introducing therapeutic CIH approaches into conventional health care, as well as to create practice guidelines for delivering CIH approaches and practices as part of integrative health care. **NOTE:** For processes for developing clinical practice guidelines, refer to VA/Department of Defense (DoD) Evidence Based Practice Workgroup's "Guideline for Guidelines" located at <https://www.healthquality.va.gov/HEALTHQUALITY/policy/index.asp>.

(9) Providing education and informational resources to VISNs and VA medical facilities about CIH approaches utilizing information from the Veterans Health Library (maintained by the National Center for Health Promotion and Disease Prevention), the WH Library (<https://www.va.gov/WHOLEHEALTHLIBRARY/index.asp>) and other relevant resources.

(10) In collaboration with PCS, the Office of Nursing Services (ONS) and other key program offices, assisting the Office of Human Resources to develop appropriate personnel-related and other requirements, such as qualification standards and VA standard operating procedures for VA CIH providers. **NOTE:** All such activities must comply with VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012; VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021; and all other applicable VA and VHA policies. Further, occupations to which providers are appointed in VHA must allow for the practice of CIH approaches.

(11) Promoting appropriate use of CIH approaches in all health care settings; promoting education and training resources to VISNs and VA medical facilities to ensure VA CIH providers obtain requisite and periodic training and education applicable to those CIH approaches approved for use within their service lines.

(12) Collaborating with the Office of Research and Development to identify CIH research opportunities and help establish CIH-related research priorities.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Working with the Senior Physician Lead, IHCC and WH Education and VA medical facility Director to ensure the proper use of coding and tracking practices developed by the Senior Physician Lead, IHCC and WH Education and using this information to help identify availability and gaps in access across the system. See <https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/Whole-Health-System->

[Coding-Guidance.aspx](#). **NOTE:** This is an internal VA website that is not available to the public.

(3) Tracking availability and gaps in access for sanctioned CIH approaches at VA medical facilities within the VISN.

(4) Maintaining an updated inventory of the CIH approaches used in the VA medical facilities within the VISN and ensuring these approaches are limited to those sanctioned by VHA (as described in paragraph 3.c.) and delivered only by appropriate VA CIH providers.

(5) Maintaining an inventory of the CIH approaches purchased by VA medical facilities in the VISN using Community Care Network (CCN) providers or other contract providers.

(6) Promoting use of CIH approaches as a consideration for integrated health care in all treatment settings.

(7) Promoting requisite and periodic education and training for all VA CIH providers at all VA medical facilities within the VISN (see paragraph 4).

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Maintaining an inventory of the CIH approaches delivered by VA CIH providers located in the VA medical facility and in associated Community-Based Outpatient Clinics, and ensuring CIH approaches are limited to those sanctioned by VHA (as described in paragraph 3.c.) and delivered only by appropriate VA CIH providers.

(3) Maintaining an inventory of the CIH approaches purchased by the VA medical facility from CCN providers or other contract providers. **NOTE:** *The majority of CIH approaches provided in the community are managed by the Office of Integrated Veteran Care through the CCN contract. CIH approaches that are not included in the CCN can be managed by the VA medical facility through a Veteran Care Agreement.*

(4) Tracking availability and gaps in access for sanctioned CIH approaches at the VA medical facility.

(5) Promoting use of sanctioned CIH approaches in all appropriate treatment settings.

(6) Working with the Senior Physician Lead, IHCC and WH Education and VISN Director to monitor and ensure the consistent use of identified primary and secondary stop codes and CHAR4 codes for sanctioned CIH approaches and using this information to help identify availability and gaps in access across the system.



**h. VA Medical Facility Chief of Staff or VA Medical Facility Associate Director of Patient Care Services.** The VA medical facility Chief of Staff or Associate Director of Patient Care Services is responsible for:

(1) Ensuring the VA medical facility has a process to forward individual providers' requests to use currently non-sanctioned approaches, i.e., those not described in paragraph 3, to IHCCAW, to include supporting documentation and clinical justification.

(2) Ensuring that VA CIH providers achieve and maintain competencies in the delivery of CIH appropriate to their clinical setting (e.g., primary care, specialty care, inpatient, mental health and long-term care).

(3) Ensuring VA CIH providers (who may include VA employees, volunteers, contractors, without compensation staff and community care staff) delivering CIH approaches have the appropriate scope of practice and comply with any approved education or training requirements needed to competently deliver such approaches.

(4) Ensuring and overseeing service lines' integration of CIH approaches with the delivery of conventional health care.

(5) Ensuring that the provision of sanctioned CIH approaches is documented appropriately in the Veteran's electronic health record.

### **3. COMPLEMENTARY AND INTEGRATIVE HEALTH APPROACHES AVAILABLE WITHIN VHA**

As the Under Secretary for Health's delegee, the Senior Physician Lead, IHCC and WH Education, within OPCC&CT, has identified CIH approaches that meet the definition of care in 38 C.F.R. § 17.38(b), thereby making them suitable for inclusion in VA's medical benefits package. **NOTE:** *The specific practices that pertain to each list can be found at <https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>. This is an internal VA website that is not available to the public. Consult the VA medical facility Business Office or the Office of Integrated Veteran Care to determine if a Veteran is eligible for CIH contract care in the community.*

a. **List 1. Required CIH Approaches.** Subject to the clinical caveats 1 and 2 below, and given the level of evidence, the CIH approaches in paragraph 3.c. must be made available to Veterans across the VA health care system, provided through a VA medical facility (in person or via telehealth) or by CCN providers.

(1) **Clinical Caveat 1.** Adequate evidence exists to support the use of the practices together with conventional health care, reflecting current opinion and practice in the medical community. This listing serves, however, as only guidance: whether any of these CIH approaches is in fact appropriate for a particular Veteran must still be determined by the VA CIH provider, together with the responsible treating provider if the VA CIH provider is not also that individual, in the exercise of their joint clinical judgment,

taking into consideration the Veteran's preferences, if known, and any contraindications to treatment.

(2) **Clinical Caveat 2.** Because identification of CIH approaches for use in Veterans' personalized health plans is fluid and dynamic with some evolving into conventional health care modalities over time and the potential for some later being pulled from practice, VA health care providers must consult and verify over time through VHA's SharePoint site (<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>) that the considered CIH approach is still included in VA's medical benefits package. These listings will be kept updated. **NOTE:** *This is an internal VA website that is not available to the public.*

b. **List 2. Optional CIH Approaches.** Subject to clinical caveats 1 and 2, stated above, in addition to the approaches identified in paragraph 3.c. the Under Secretary for Health, acting through IHCC under OPCC&CT, sanctions the optional use of the CIH approaches on this list because they are generally considered by those in the medical community to be safe when delivered as intended by an appropriate VA CIH provider, and may be made available to enrolled Veterans within the limits of VA medical facilities. **NOTE:** *If a VISN Director, VA medical facility Director or any other VA provider would like to offer a particular Veteran a CIH approach not included on these lists, they can submit a detailed request with clinical justification to IHCCAW by sending it to [vhaopcctintegrativehealth@va.gov](mailto:vhaopcctintegrativehealth@va.gov). IHCCAW reviews the request and make its clinical recommendation to IHCC. The Executive Director, OPCC&CT forwards positive recommendations to HDC and then to the Under Secretary for Health for final approval; however, IHCC may disapprove requests unilaterally. In all cases, IHCCAW notifies the requester of the ultimate outcome. If the Under Secretary for Health approves a request, the website identifying sanctioned CIH approaches must be promptly updated.*

c. **Approved List of Complementary and Integrative Health Approaches.** The following List 1 CIH approaches have been approved by the Under Secretary for Health and must be made available to Veterans through a VA medical facility (in person or via telehealth), through CCN providers or Veterans Care Agreements (VCAs). Additional information about these approaches can be found on the IHCC SharePoint site <https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

- (1) Acupuncture.
- (2) Biofeedback.
- (3) Clinical Hypnosis.
- (4) Guided Imagery.
- (5) Massage Therapy.
- (6) Meditation.

(7) Tai Chi/Qigong.

(8) Yoga.

#### 4. TRAINING

The following minimum training standards are **required**: VA CIH providers must comply with minimum standards of training needed to deliver CIH. Guidance on minimum standards for each CIH approach can be found on the IHCC SharePoint: <https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

#### 5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management must be addressed to the appropriate Records Officer.

#### 6. BACKGROUND

a. The VA WH model of care is a Veteran-centered holistic approach to health care that empowers and equips Veterans to take charge of their health and well-being and to live their lives to the fullest. WH combines conventional health care and preventive care with Personal Health Plans (PHPs), emphasizing Veteran activation and engagement, CIH approaches and education for self-care and self-management. WH PHPs generally include a personal health inventory that focuses on self-care questions to help identify areas to work on. WH moves health care from problem and diagnosis-focused, episodic care to a system that partners with Veterans over their lifetime on their health and well-being, and focuses on what matters most to them.

b. CIH approaches are diverse medical and health care approaches and practices that are not broadly considered to be part of conventional health care but are often used in conjunction with conventional health care. Conventional medicine is a system in which medical doctors and other health care professionals treat symptoms and diseases using medications, therapies, screenings and prevention, or procedures, and may provide education on wellness or health behaviors. Conventional medicine is sometimes also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine and Western medicine. CIH reaffirms the importance of the relationship between the practitioner and patient, focuses on the whole person, is informed by evidence and makes use of all appropriate therapeutic and lifestyle approaches, health care professionals and disciplines to achieve optimal health and healing. **NOTE:** *CIH was formerly referred to as Complementary and Alternative Medicine.*

c. As clinical research and clinical practice continue to evolve, shifts in what is considered conventional health care or defined as CIH can be expected to occur over

time. For this reason, VHA posts sanctioned CIH approaches on a VHA SharePoint site, which is updated in a timely manner to reflect any changes to the listings. **NOTE:** *This information may be found at:*

<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>. *This is an internal VA website that is not available to the public. See also paragraph 5.c.*

d. The Under Secretary for Health has identified improving access to care as a key strategic priority for VHA. WH improves access to care that is patient-centered and, as such, ensures Veterans are considered partners in developing a personalized treatment strategy and plan to optimize their health, healing and sense of well-being. As an important aspect of WH, CIH options must be offered and included when providing conventional health care to enrollees, to increase access to care that promotes and preserves health.

## 7. REFERENCES

a. 38 U.S.C. § 7301(b).

b. 38 C.F.R. § 17.32.

c. VA Financial Policy, Volume XIII, Cost Accounting, Chapter 3, Managerial Cost Accounting, Appendix E, VHA Standardization of Stop Codes:

<https://www.va.gov/finance/policy/pubs/volumeXIII.aspVHA>.

d. VHA Directive 1100.20 Credentialing of Health Care Providers, dated September 15, 2021.

e. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.

f. Whole Health, Integrative Based Research,  
<https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp>.

g. Integrative Health Coordinating Center:  
<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

## VETTING CRITERIA FOR DETERMINING INCLUSION IN VA'S MEDICAL BENEFITS PACKAGE

a. In 2005, the National Academy of Medicine's (NAM's) Complementary and Alternative Medicine (CAM) Committee recommended that the same principles and standards for evidence of treatment effectiveness apply to all treatments, whether currently labeled as conventional health care or CAM. **NOTE:** CAM is now known as *complementary and integrative health (CIH)*. Implementing this recommendation requires that the Department of Veterans Affairs (VA) develop and use common methods, measures and standards for the generation and interpretation of evidence necessary for making decisions about the use of CIH.

b. NAM's CAM Committee acknowledged that the characteristics of some CIH therapies (such as variable provider approaches, customized treatments, "bundles" (combinations) of treatments and treatments with hard-to-measure outcomes) are difficult to incorporate into treatment effectiveness studies. While prevalent, these characteristics are not unique to CIH.

c. The vetting criteria for CIH services to be recommended for inclusion in VA's medical benefits package are outlined below.

(1) Need of the VA CIH provider to have certain licensing or credentialing to provide the service.

(2) Clinical practice guidelines, current evidence, community standards and potential for harm.

(3) Veteran demand (although the clinical need and appropriateness of any treatment is based on the clinical judgment of the provider, and services are not provided solely at the request or preference of the Veteran).

(4) Supports transformation of health care delivery to the Whole Health system of care.

(5) Feasibility and implications of mandating system-wide dissemination.

d. To receive a positive recommendation, the evidence must, at a minimum, indicate a promising or potential benefit (as defined by the Veterans Health Administration (VHA) Integrative Health Coordinating Center's vetting process), as well as low potential for harm that is outweighed by the benefits (e.g., there is fair to good evidence a CIH approach improves important health outcomes and its benefits outweigh identified potential harms). Recommendations may also suggest deletion or modification to the current lists of sanctioned approaches based on new evidence or changes in medical practice standards. **NOTE:** See

<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Policy.aspx> for

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*additional information on the vetting process. This is an internal VA website that is not available to the public.*