



The Whole Health System Implementation Guide



**Department of Veterans Affairs
Veterans Health Administration**

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Welcome Letter

*Tracy Gaudet, MD, Executive Director,
Office of Patient Centered Care and Cultural Transformation
Veterans Health Administration*

Thank you for your commitment to Whole Health. VA's transformation to a Whole Health System requires champions across VHA — especially from those of you who are directly involved in caring for and supporting our Veterans. We are glad you are a part of this movement, as it takes a movement to transform our system. No large system changes happen from the top down. It must come from people like you — people who believe there can be a better way.

All of us are aware that health care in the US is expensive and underperforming. Despite our large expenditures, our citizens suffer from more chronic conditions and decreased quality of life due to poor health. Health care consumes 18% of our GDP, and costs continue to rise. An enormous portion of our health care expenditures, about 75%, go toward treating chronic conditions, conditions which are largely affected by people's choices and behaviors. The current health care model doesn't fully work because today's health care model does not have a core competency in engaging the person to optimize their health, self-care, and well-being; the VA is uniquely positioned to change this by promoting a Whole Health approach to health and well-being.

The health care redesign that supports Whole Health is a partnership across time, consisting of three main areas, each with a corresponding program component. The first area is self-empowerment which we address through the **Pathway**, a process that helps each person reflect on their life and health by exploring their mission, aspiration, and purpose. The second area is self-care. Through **Well-Being Programs**, people will learn new self-care strategies, and find ongoing support; through informal relationships, in groups with trained peers, and from Whole Health Coaches. The third area of this redesign is **Whole Health Clinical Care**. In the Whole Health approach, primary care and specialty clinicians are aligned with Complementary and Integrative Health (CIH) approaches, as they work in partnership with the Well-Being Programs to bring the best of Whole Health Clinical Care to their patients.

With self-empowerment identified through the Pathway, and greater levels of self-care achieved through a new set of Well-Being offerings, our Clinical services will be better positioned to treat the whole person. Veterans will be empowered and equipped to take charge of their health and well-being. Over the coming years, each Veterans Integrated Service Networks (VISNs) will engage more fully in the process of expanding and enhancing Whole Health implementation. This comprehensive Whole Health System Implementation Guide, along with education, training, and resources, is part of a coordinated effort to ensure success across the VA.

This transformation will bring opportunities and challenges. We hope this Implementation Guide is a useful tool as you move forward in Whole Health System implementation.

Thank you for joining us in this important undertaking. We look forward to partnering with you on this exciting journey!

Tracy Gaudet, MD

1. Introduction

In support of the Veterans Health Administration (VHA) Whole Health (WH) System implementation, the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) developed the *Whole Health System Implementation Guide* (hereafter referred to as the “Guide”) as a key implementation resource. The Guide provides critical program information and tactical resources based on input from a range of VHA-wide subject matter experts (SMEs) in both field and central office roles, Veterans, and other VHA program offices including Primary Care, Office of Nursing Services, and the National Center for Health Promotion and Disease Prevention. The Guide includes strategies for addressing common challenges sites may encounter and incorporates best practices gathered from like implementation efforts in VHA and the private sector. In combination with WH education and training, resources, tools and onsite support, the Guide is intended to support each Veteran’s Integrated Service Network (VISN) and their corresponding sites in the transformation to a Whole Health System of care.

The primary audience for the Guide is those charged with implementing Whole Health at the site or central office level (i.e., a “Whole Health Program Manager” or a Field Implementation Team (FIT) Consultant). Comments and suggestions on this Guide are welcome and may be sent to: VHAOPCCCT@va.gov

FIT Consultants are available to answer questions and share guidance, tools, and materials for site-based WH implementation needs. Contact your Regional FIT for guidance as your site engages in its WH journey.

- Contact: Kathy Hedrick (Kathy.Hedrick@va.gov) for Region 1 (VISNs 19, 20, 21,22)
- Contact: Christian DiMercurio (Carlo.DiMercurio@va.gov) for Region 3 (VISNs 5, 6, 7, 8, 9)
- Contact: Amanda Hull (Amanda.Hull2@va.gov) for Region 2 (VISNS 12, 15, 16, 17, 23)
- Contact: Donna Faraone (Donna.Faraone@va.gov) for Region 4 (VISNs 1, 2, 4, 10)

1.1 History of Whole Health Implementation

The Whole Health model is based on the experience of over two hundred innovation projects, followed by 25 selected design sites in FY16 FY18, together with over 100 other facilities that are advancing this approach. In conjunction with the Comprehensive Addiction and Recovery Act (CARA) legislation, VA launched full Whole Health System implementation at 18 Flagship Facilities in FY18, the first wave in the national deployment of the Whole Health System. In addition to a detailed implementation guide, the Flagship facilities are receiving education and training, resources and tools, and onsite support. Veteran outcomes, satisfaction, cost and utilization are being tracked, as well as opioid safety, suicide prevention, and the impact on the VHA workforce. The next 36 facilities will begin the Whole Health System implementation process in Spring 2019.

1.2 Whole Health Designation Framework

To make transformational change, such as the national implementation of the Whole Health Model, the ‘future state’ or what that change will look like should be clear; especially in relationship to the Veteran experience. The journey towards Whole Health transformation is more than changing workflows or completing activities. It is about changing behaviors to impact our system’s values and outcomes. The Whole Health System Designation Framework (DF), which describes this transformational journey, outlines milestone accomplishments sites can achieve towards Whole Health transformation as they progress through four phases of implementation: **Preparation, Foundational, Developmental, and Full**. The DF describes key accomplishments across each phase and is organized around seven domains of focus: **Governance, Operations, Pathway, Well-Being, Clinical Care, Employee Whole Health, and Community Partnerships**. The DF recognizes that how these accomplishments are achieved may vary from site to site, and that sites will work through WH implementation at different paces. Key accomplishments are provided as outcome-type milestones with the intent to provide sites with the latitude and flexibility in how they choose to operationalize processes and practices along the Whole Health journey.

The Whole Health Model involves a range of activities that engage the Veteran and VHA staff. To support VHA sites, a roadmap and associated resources are being developed to form a Designation Framework. The DF works to be as holistic as the WH Model in that it outlines the building blocks of WH activities that, when accomplished, can bring about a powerful, whole person-centered care end state. Additionally, this desired end state (and DF) places emphasis on empowering VA staff to engage in an integrative, transformative process where their work-life needs are met in a “whole person” manner. The historical and current efforts of the Whole Health pilot with the Design and Flagship sites have helped to shape the structure and activities of the DF.

As the DF will evolve in response to site needs, sites are strongly encouraged to provide feedback and lessons learned regarding WH implementation activities to support a learning health system and the evolution of both the Whole Health and the Designation Framework Models.

2. The Whole Health System of Care

2.1 Overview

Whole Health¹ is an approach to healthcare that empowers and equips people to take charge of their health and well-being and to live their life to the fullest. VA facilities have been exploring what it takes to shift from a system designed around *points of clinical care* primarily focused on disease management, to one that is based in a *partnership across time* focused on whole health. We have learned that clinical encounters are essential but not sufficient.

Despite the United States spending more on healthcare than any other country, outcomes are poor. Life expectancy is now ranked 37th. Often, the current system focuses on illness instead of health. The VA is uniquely positioned to change this paradigm and promote a system of well-being.

We need a health system focused not only on treatment but also on self-empowerment, self-healing, and self-care. The Whole Health delivery system includes three components:

Empower: The Pathway - In a partnership with peers, Veterans explore their mission, aspiration, and purpose, and begin their overarching personal health plan.

Equip: Wellbeing Programs – With a focus on self-care, skill building and support, these programs are not diagnosis or disease based but support the personal health plan of each individual. Services include proactive, complementary and integrative health (CIH) approaches such as stress reduction, yoga, tai chi, mindfulness, nutrition, acupuncture, and health coaching.

Treat: Whole Health Clinical Care - In the VA, community, or both, clinicians are trained in Whole Health and align the Veteran's clinical care with their mission and personal health plan, the foundation of which is the Veteran's selfcare.

This approach not only partners with Veterans to improve their whole health, but is also critically important for Veterans with complex conditions, such as chronic pain and mental health. Additionally, the whole health approach improves access and reduces the burden on primary care.

¹ Various terms are in use for describing the concept of Whole Health. Terms such as *Integrative Health*, *Complementary Health*, *Alternative Medicine*, and *Integrative Medicine* are used in literature, health, and medical settings. While the terms *Integrative Health* and *Whole Health* are largely synonymous, *Whole Health* is the term endorsed by VHA leadership and used widely within VHA to describe the larger transformation of healthcare delivery.

The WH System Model is designed to illustrate the operational elements of the whole health approach from a healthcare system perspective (Figure 1). The WH System Model includes three major components—the Pathway, Well-Being Programs, and Whole Health Clinical Care which are integrated by the Veteran’s Personal Health Plan. These are supported by two secondary components—Healing Relationships and Healing Environments—within and outside the VHA. The final element of the WH System Model is the recognition of the broader Community of which both the Veteran and their care team are a part, and how the integration of Community influences and resources can have a profound impact on health and well-being.

The following descriptions of the WH Model components are intended to provide an overview, with more in-depth information available in the components’ respective sections of this Guide. Please note that Healing Environments, Healing Relationships, and Community are not mentioned extensively throughout the Guide but are important components for understanding and implementing the WH Model.



Figure 1. Whole Health System Model

- PHP:** The PHP links the three major WH Model components through a living document that grounds the approach to care in what matters most to the Veteran based upon each Veteran’s values, conditions, needs, and circumstances and serves as the integrating and sustaining record for the Veteran and care team. A PHP forms the basis of decision making and treatment planning as the Veteran moves through the various parts of the healthcare system.

- **The Pathway:** The goal of the Pathway is to empower the Veteran. In partnership with peers, Veterans attend program offerings and trainings to explore what really matters to them, make choices in alignment with their values, and set personal goals that allow them to be actively engaged in optimizing their health and well-being.
- **Well-Being Programs:** The goal of the Well-Being component is to equip the Veteran with approaches focused on well-being and health promotion that support skill building and self-care. These programs and services may be new to a site or expand on existing offerings. Services can include wellbeing classes, CIH approaches, and health coaching.
- **Whole Health Clinical Care:** The goal of Whole Health Clinical Care is to treat the Veteran with best-in-class medical care in a manner that is both holistic and focused on shared Veteran and provider goals, with emphasis on what matters most to the Veteran. Under WH, conventional medicine can be used alongside CIH, tools such as personal health planning, and approaches that include shared decision making to provide a Veteran-centered, innovative approach to self and overall care.
- **Healing Environments:** The goal of a Healing Environment is to provide one or several settings that support and empower Veterans during prevention, wellness, illness, hospitalization, medical visits, recovery, and bereavement. A Healing Environment fosters health, healing, well-being, and a sense of community by introducing positive surroundings and ambience that reduce stressors and impediments to well-being and recovery, resulting in improved health outcomes and increased satisfaction of Veterans. Within the WH Model, VHA staff are also encouraged to utilize Healing Environments as part of self-care.
- **Healing Relationship:** The goal of Healing Relationships is to foster effective and meaningful interactions among VHA staff and Veterans. These interactions can facilitate the delivery of personalized, proactive, patient-driven care.
- **Community:** All the health and well-being activities that a Veteran participates in are done in the context of his or her community. This includes all the people and groups with which Veterans connect, a place where someone lives, works or worships, and the resources available to them. It's important to acknowledge that Community impacts overall health and well-being in its full form, the WH System creates a Community that supports Veterans as they aspire to live their life to the fullest.

Additional information on Healing Environments and Healing Relationships can be found on the OPCC&CT intranet site:

https://vaww.va.gov/PATIENTCENTEREDCARE/The_Experience.asp.

3. Getting Started with Whole Health System Implementation

As WH System implementation begins, several key types of activities will be addressed. The activities performed, and their degree of implementation, will vary based on your site’s goals and resources. This section outlines these key activities and their principle components (Table 1), and where you can obtain additional information. Please note, these activities overlap but are not identical to the WH Designation Framework activities found within each DF Domain.

Key activities begin with establishing the site’s needs for Governance as it relates to the WH work. The next activities, which are related to Operations, are critical for enabling implementation, include staff planning, hiring, staff training, volunteer support, space planning, communications, advertising, and data tracking. As implementation progresses, the use of telehealth, ensuring streamlined Whole Health Orientation sessions, and the utilization of partnerships may be needed.

Table 1. Key Whole Health Implementation Areas

Activity	Representative Components
Governance	Leadership and Steering Committees
Operations	Staff Planning, Hiring, Volunteer Support, Staff Training, Space Planning, Communications and Advertising, Data Tracking
Telehealth	Setup and Resources
Whole Health Orientation	Topics, Facilitators, Frequency, Follow-Up
Partnerships	Internal and External (e.g., community-based)

As you work through this Guide and section, there are several additional resources you can leverage:

- Whole Health System Learning Collaborative VA Pulse Page²
- The OPCC&CT VAPulse Page³
- Community of Practice (CoP) Calls⁴
- Field Implementation Team (FIT) Consultants⁵
- The VISN Whole Health Flagship site⁶
- The OPCC&CT website⁷

² <https://www.vapulse.net/community/whole-health-system>

³ <https://www.vapulse.net/community/focus-areas/opcc>

⁴ Whole Health CoP calls: <https://vaww.infoshare.va.gov/sites/OPCC/COP/default.aspx>

⁵ OPCC&CT and FIT Directory: <https://vaww.infoshare.va.gov/sites/OPCC/Lists/OPCCCT%20All%20Staff/AllItems.aspx>

⁶ <https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Whole%20Health%20Flagship%20Facilities%202018%20in%202018/Flagship%20Sites%20FY18.xlsx>

⁷ <https://vaww.infoshare.va.gov/sites/OPCC/Innovations/SitePages/WH-System.aspx>

3.1 Governance

Key elements of site-based governance include ensuring a leader in the organization is an advocate for the WH transformation, and then establishing an appropriate shared leadership model to support WH work. In some cases, the site's WH advocate may already sit on a Steering Committee where WH can be addressed in standard business operations. If the site's work in WH needs a different venue and a broader support team, the site may establish a specific Leading and Steering Committee, and possibly subcommittees.

A Leadership and Steering Committee typically consists of a group of five to 10 committee members, a designated chairperson, and a Veteran representative. The Committee works with the local WH lead and FIT Consultant to implement WH at the site. Standing up a new Committee often requires the development of a Charter to outline the goals and asks of the group ([Appendix A](#)). After the stand-up of a Leadership and Steering Committee, a series of subcommittees can aid in implementing a specific WH component (e.g., WH Clinical Care, Well-Being, or CIH Validation). The structure of these subcommittees also consists of five to 10 members, a designated chairperson, a Veteran representative, and the development of a Charter ([Appendix B](#)). The meeting specifics (e.g., schedule, agenda, decision-making processes) may vary between Committees, and are important items to work through as a Committee forms to ensure all members agree to support the work of the Charter.

3.2 Operations

3.2.1 Staffing

As WH is implemented, key and supporting roles are needed for success. Roles that support early work include a WH Clinical Director, WH Clinical Champions, WH Facility Education Champions, and WH Program Manager. Additional roles include WH Partners, WH Coaches, CIH Providers, Medical Support Assistants (MSAs), Research Assistants, and Clinic Coordinators. As roles are put in place for WH, ensure that all WH staff have relevant Person Class Taxonomies ([Appendix C](#)). The following subsections provide more information on key and supporting roles for Whole Health implementation.

3.2.1.1 Key Roles for Whole Health

It is essential to select committed, passionate leaders able to negotiate support for WH and forge agreements across different stakeholder groups within and external to the VHA. By advancing the concepts and vision of the WH System, these leaders (Table 2) will be instrumental in leading change, motivating colleagues, and coordinating the WH implementation. The secondary or supportive WH roles are also critical to WH success. Once you have a governance structure and key roles in place, you will determine additional implementation staffing needs, including level of effort and role. When considering these roles, it is recommended to hire staff that can support multiple types of responsibilities (e.g., a blend of administrative and clinical support). Based on shared experiences from the WH Flagship sites, several recommended support roles are noted (Table 3).

Table 2. Whole Health Leadership Roles

Role	Responsibility
Clinical Director	A provider (e.g., physician, nurse, psychologist, or other clinical leader) knowledgeable in Integrative Medicine, Whole Health, and clinical care who leads the transformational approach to a WH System of care.
Clinical Champions	Experts in WH with a high level of motivation to implement, spread, and encourage others to adopt the practice of WH within the Veterans Administration Medical Center (VAMC).
Facility Education Champions	One MD or Doctor of Osteopathy and one CIH professional (e.g., Holistic Nurse, Clinical Psychologist, Master of Social Work) who will offer ongoing training at the site. Position criteria are found in Appendix E .
Program Director	A site leader who manages the program staff, provides strategic direction, interfaces with leadership at the site, and manages the day-to-day operations of the program.

Table 3. Whole Health Support Roles

Role	Responsibility
Clinical Coordinator	Checks encounters, monitor consults, and manages clinic setup and changes.
Research, Evaluation and/or Data Support	Examples of this role include Research Coordinator, Data Analyst, or Program Analyst. These roles may work with Veterans in the WH Journey or analyze program data and assesses outcomes for monitoring and evaluation.
Medical Support Assistant	Checks Veterans in/out as they attend groups, schedules appointments, and manages incoming consults.
WH Partner Lead	Oversees all WH Partners as well as the organization of Introduction to Whole Health sessions and the Pathway offerings.
WH Partners or Veteran peers	Recruit Veterans to participate in WH, conduct Introduction to Whole Health sessions and programming with the Pathway, provide ongoing support to Veterans. WH Partner Staffing documents can be found on the OPCC&CT SharePoint: https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FOPCC%2FShared%20Documents%2FCIH%20Position%20Descriptions%20and%20Functional%20Statements%2FNational%20Guidance%2FWhole%20Health%20Partner&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7B4AD754A9%2D57D5%2D4A13%2DA317%2DD62DAB4881EB%7D
Volunteers	Volunteers can be utilized for the Pathway offerings, Well-Being Programs, and CIH Services. Volunteers can hold many of the same roles and responsibilities as full-time employees (FTEs), but the recruitment/hiring process varies. Verify the recruitment process for each role to ensure proper onboarding of volunteers.

Role	Responsibility
WH Coaches	Conduct individual or group coaching, in person, telephonically, or via telehealth. Sessions usually last several weeks up to several months depending on the arrangement of the Veteran and Coach.
CIH Providers	Providers who treat illness, support health, and promote well-being. Examples include yoga, meditation, or acupuncture. The VHA Directive 1137 Provision Of Complementary And Integrative Health (CIH) can be found at: https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/HCC%20Policy/CIH%20Directive/CIH%20Directive%201137%20%202017-05-18.pdf

3.2.1.2 Identifying Whole Health Staff

The best talent source for staffing WH is likely within the site. It is recommended to connect with existing site leadership and staff to identify individuals interested in bringing their knowledge to bear in support of direct WH implementation. A good starting point is engaging with staff who support existing VHA programs that are well-aligned with the WH Model (e.g., Health Behavior Coordinators, Health Promotion Disease Prevention Program Managers, Nutritionists, Veterans Health Education Coordinators, and MOVE! Coordinators), as well as additional programs and their respective departments.

3.2.1.3 Embedding Whole Health into Hiring Procedures

The National VA Credentialing Office suggests that each site develop its own local procedures and policies for vetting non-licensed, non-credentialed providers (e.g., yoga instructors, health coaches), as there is not currently a standardized hiring process for Whole Health employees. To provide guidance, the OPCC&CT developed position descriptions (PDs) for the following roles: Tai Chi/Qi Gong instructor, Yoga instructor, WH Coach, WH Partner, WH Clinical Director, WH Program Manager, and WH Program Assistant. PDs are available on the OPCC&CT SharePoint Site at

<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FOPCC%2FShared%20Documents%2FCIH%20Position%20Descriptions%20and%20Functional%20Statements&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7B4AD754A9%2D57D5%2D4A13%2DA317%2DD62DAB4881EB%7D> and can provide sites with the minimum proficiencies needed when standing up the position.

To support the interview process, ensure that your site uses performance-based questions that ask for specific cases and detailed examples of WH-friendly interactions, including communication skills, empathic interactions, experience with Veterans, and a passion for caring for the health and well-being of others; examples of performance-based questions at <https://www.va.gov/pbi/> can be useful as well.

3.2.1.4 Enlisting Volunteers to Support Whole Health

Volunteers are a valuable, and for some sites critical, resource for WH implementation. Volunteers may be friends or family members of the Veteran or Veterans who are interested in

supporting the work (they may even have already participated in WH or patient-centered programs). Regardless of their background, Volunteers can play an essential role in transitioning and maintaining a site to the WH System.

Effectively planning for and managing Volunteers will be a necessary and ongoing part of any site's success with WH. In some cases, Volunteers may be used prior to hiring dedicated WH staff. Work with site leadership to determine the existing Volunteer recruitment and training process, and explore the Local Voluntary Service Offices Directory to identify your local VA Voluntary Services coordinator for assistance: <https://www.volunteer.va.gov/directory/index.asp>.

3.2.2 Service Line to Support Whole Health

The Whole Health System and the term 'Whole Health' includes the entirety of the healthcare system (i.e., every encounter the VA makes with the Veteran)

- The concept of Whole Health should not be isolated to one specific service line but instead is the transformation of care in every service line within a VA facility

The Whole Health System *does* have programmatic components, including Pathway programming and Well-Being Programming, often staffed by many CIH and Well-Being roles (e.g., Whole Health partners/peers, health coaches, well-being class facilitators, and CIH providers). Additionally, the transformation of an entire organization into the Whole Health culture requires concerted effort from leaders and administrative staff dedicated to support the Whole Health transformation. When hiring Whole Health leaders (e.g., Whole Health clinical director, Whole Health program manager, etc.), Whole Health administrative staff, and CIH and well-being providers, it is up to the facility to decide the appropriate organizational structure for these new staff members. Options for consideration:

- **Option 1: Utilize Established Service Line(s):** Whole Health leaders, Whole Health administrative staff, Pathway staff and Well-Being Program staff could be housed within an established service line (e.g., PACT, PM&R), especially if the service line leadership is supportive and willing to share resources. Whole Health leaders would not only supervise Pathway and Well-Being Program staff but also lead the Whole Health transformation across the organization. Additionally, Pathway and Well-Being Program staff could provide CIH and well-being approaches within these programs and could be deployed across the organization to provide these approaches in other service lines as well.
- **Option 2: Create a New Service Line:** Whole Health leaders, Whole Health administrative staff, Pathway staff, and Well-Being Program staff could be housed within a new service line. Possible service line names include: CIH & Well-being, Well-being, or Whole Health Operations. Regardless of the name, it is essential that the intention of this service line is not only to house the programmatic pieces of the Whole Health System (i.e., Pathway and Well-Being programming and staff) but also to support the rest of the organization in its

Whole Health transformation. Thus, Whole Health leaders would not only supervise Pathway and Well-Being Program staff but also lead the Whole Health transformation across the organization. Additionally, Pathway and Well-Being Program staff could provide CIH and well-being approaches within these programs and could be deployed across the organization to provide these approaches in other service lines as well.

- The following considerations may be helpful in deciding which option is best for your facility:
 - It is not mandatory to have a new service line in order to fully implement the Whole Health System.
 - Whole Health leaders, Whole Health administrative staff, Pathway staff and Well-Being Program staff could be initially housed within an established service line and then move into a new service line when the site determines the need for extra infrastructure and administrative oversight for Whole Health staff.
 - A new service line to support Whole Health transformation provides administrative oversight and mentorship to Whole Health staff.
 - As described above, ideally, if creating a new service line to support Whole Health transformation, staff would not only provide care within that service line but also be deployed across the enterprise to support Whole Health activities in other service lines (similar to nursing services and OI&T).
 - For example, a yoga instructor from the new service line could provide a yoga class within the pain clinic versus the pain clinic hiring a yoga instructor within their service line to provide this class.
 - There is a cost benefit to implementing CIH and well-being services this way. The cost per encounter decreases in this scenario because these services do not assume the more expensive overhead costs of other service lines. For example, healing touch within palliative care can have a high cost per encounter because of the overhead cost associated with palliative care. However, if a well-being provider was to be deployed from the new service line to provide healing touch in this instance, a different overhead cost would be associated with the encounter and the cost per encounter would decrease.

3.2.3 Whole Health Training

The OPCC&CT developed several WH trainings that are both in-person and online as well as foundational and advanced (Table 4). Many trainings are role-based; however, cross-functional training is encouraged, and WH staff should be encouraged to explore the trainings.

In instances where staff request more advanced training, sites should work with their FIT consultant to identify the best way to deliver training. For online training programs, the Training Management System (TMS) is utilized and can be accessed through standard site resources.

Note, all WH trainings are subject to change, so refer to the WH Education SharePoint at <https://vaww.infoshare.va.gov/sites/OPCC/Education//SitePages/Home.aspx> for the current required and optional trainings.

Table 4 Advertising Whole Health

In-Person WH Education Training Courses	Online and Advanced WH Education Options
<ul style="list-style-type: none"> ● “WH 101” <ul style="list-style-type: none"> – For Clinicians – For Facilitator Training ● “WH Partner Training” ● “Taking Charge of My Life and Health” (TCMLH) ● “WH in Your Practice” ● “WH Coaching” ● “Taking Charge of My Life and Health” ● “WH Partner Skills” 	<ul style="list-style-type: none"> ● “Mindful Awareness” ● “Introduction to Complementary and Integrative (CIH) Approaches” ● “Clinician Self-Care” ● “WH for Pain and Suffering” ● “Eating for Whole Health” ● “Personal Health Planning: Making It Real” ● “Facilitation Tips and Techniques for Delivering Taking Charge of My Life and Health”

3.2.4 Space Planning

Space is likely needed for a range of new activities associated with WH implementation (e.g., new hire work stations, group class rooms, and CIH treatment rooms). Additionally, in the WH approach an emphasis is placed on the provision of a Healing Environment (HE). As your site’s WH journey begins, it may be necessary to “borrow” space, such as a large room within the facility to hold WH trainings or Well-Being Program offerings. As your WH offerings expand, the opportunity to acquire dedicated space may exist or you may choose to integrate into existing areas. Integrating WH throughout the facility and into existing areas has the added benefit of weaving WH into the everyday fabric of how we deliver care to our Veterans. Regardless of the type of space, the goal is to make the space (even temporarily) an HE that reduces stressors and aids in recovery. While the nature of your site’s HE will vary, the following characteristics should be included:

- Welcoming and universal
- Easily navigated and convenient to access
- Supportive of Veteran and employee use
- Accessible to daylight and nature and/or adjustable lighting
- Controllable and adjustable for individual comfort (e.g., light, sound, privacy)

If longer-term planning involves requesting more space from the facility the estimated space requirements WH Cost Matrix worksheet can be found at https://vaww.infoshare.va.gov/sites/OPCC/Innovations/WHS_CommunityCallInformation/Forms/AllItems.aspx?RootFolder=%2Fsites%2FOPCC%2FInnovations%2FWHS%5FCommunityCallInformation%2FWhole%20Health%20Cost%20Matrix&FolderCTID=0x01200048BB15C39D-AC254891064C2AF9A2D2AA&View=%7B434BFC0B%2D8097%2D4924%2DB28F%2D77C1ADB61DBB%7D . This worksheet can be utilized as an aid to support the business case of requesting space. As part of the WH System implementation, the site should appoint, as a

collateral duty, a Healing Environment Champion who will represent the need for HEs in planning and implementation.

Note, not all WH offerings must be available within the VAMC. Seeking community partnerships is an excellent option to expand available space.

3.2.5 Communications and Advertising

The idea of WH and CIH may be new to some; therefore, it is important to communicate what these approaches to health and well-being are along with their benefits, as well as encourage engagement in the WH approach. Effective strategies, outlets, and tools for communication and outreach will be needed for a wide variety of stakeholders.

To achieve this, an initial and ongoing WH communications strategy should be developed at the site level. The communications strategy should articulate goals, necessary resources, measures of success, and planned activities. An inventory of existing site communications and messaging should be done to identify baseline WH awareness and to inform the communications strategy. The communications strategy and associated plan should also include approaches that address both internal (e.g., clinical and ancillary site staff) and external (e.g., community partners) VHA stakeholders and provide intentional and consistent messaging in support of a common set of WH-oriented goals.

Key aims of the communications strategy include raising staff awareness of site WH implementation goals and actions, increasing WH practice adoption, and increasing Veteran interest in, and uptake of, WH services. Internal partners, communications experts, and the Public Relations Office should be engaged in this WH communications effort, which should complement and leverage existing site communications efforts. Once the strategy is defined, it is important to translate the strategic thinking into a communications action plan and timetable. In the action plan, specific communications vehicles can be noted with steps required to secure site-specific materials such as formal welcome letters, introductory kick-off sessions, monthly newsletters, awareness campaigns, social media, web blogs, fairs, email blasts, town hall meetings, staff meetings, use of VA PULSE, New Veteran Orientation, New Employee Orientation, and participation in community activities.

The following actions should be considered as the communications strategy and plan is developed:

- Identification of main audiences
- Development of primary WH messages
- Identification of site resources and local communications experts who can partner with the WH team to facilitate WH messaging
- Exploration of communications vehicles that can be leveraged (e.g., check-in desks)
- Review of successful past or current program campaigns to understand what works best
- Assessment of the baseline level of awareness of WH and CIH and opportunities
- Development of a plan of activities and a timetable

To support your site's Communication efforts, there is a WH System Resources page at [https://vaww.va.gov/PATIENTCENTEREDCARE/Whole Health System Reference Materials](https://vaww.va.gov/PATIENTCENTEREDCARE/Whole_Health_System_Reference_Materials)

[.asp](#) that includes a range of staff and Veteran-facing marketing materials. WH Print Products can be ordered by your site's Publications Control Officer (PCO) from the VA Forms and Publications Depot at no charge (see the WH for Life Intranet site at https://vaww.va.gov/PATIENTCENTEREDCARE/Available_Print_Products.asp to learn more).

3.2.5.1 Advertising Whole Health

Advertising WH, both internally and externally, is an important part of sharing the message. Successful methods include using commercials, posters, or flyers as well taking opportunities to participate in meetings and programs to impart knowledge about WH. In the tables below, there is general and tailored advertising guidance including links to information that can be used to support the development and execution of your advertising strategy. It is essential to work collaboratively with your Public Affairs Officer to determine the best way to share WH messaging outside of the VA (e.g., Town Halls and Welcome Home/Stand Down events) and to vet your materials (e.g., program flyers, brochures, and social media) for proper language, style, and formatting before distribution.

Table 4. Advertising Whole Health

Posters
<ul style="list-style-type: none"> • Hang large informational posters around the facility. Work with your local Public Affairs Office for support.
Social Media
<ul style="list-style-type: none"> • Work with your local Public Affairs Office for guidance on advertising on Facebook, Twitter, and the hospital's website.
Electronic Boards
<ul style="list-style-type: none"> • Work with your local Public Affairs Office to advertise TCMLH groups on an electronic board at the site (if available).
Order Materials from the VA Forms and Publications Depot
<ul style="list-style-type: none"> • There is no charge for the WH materials or shipping of items from the VA Depot. • Items can be ordered from your facility's PCO. The PCO should have access to the "Austin Mainframe" where orders for items may be placed through a Forms and Publications Orders System Account. • VA Depot's processes are available at the VA Depot Web Page, http://vaww.va.gov/oal/sdc/formsPublications.asp • A list of the OPCC&CT products that are available from the Depot is located at the OPCC&CT Print Products, https://vaww.va.gov/PATIENTCENTEREDCARE/Available_Print_Products.asp
Whole Health Day
<ul style="list-style-type: none"> • Plan a 1-day event for staff to learn about WH; aim to include experiential CIH sessions.
Whole Health Champions
<ul style="list-style-type: none"> • Identify individuals within various site departments who understand and appreciate the WH Model to become WH Champions within their respective departments. WH Champions could be individuals who have attended the "WH Coaching" and/or "WH Clinical" courses or members of a health promotion committee.

<ul style="list-style-type: none"> • Consider purchasing T-shirts or stickers for the WH Champions to increase WH visibility and foster community.
Grand Rounds
<ul style="list-style-type: none"> • Connect with Service Chiefs or providers who manage educational affiliations and training programs to offer to facilitate a WH Grand Rounds in various services to inform medical providers, residents, and medical students working in that department about WH.
Meetings
<ul style="list-style-type: none"> • Schedule a meeting with executive leadership at your site to describe the WH model. • Meet with chiefs, department heads, and Administrative Officers of key departments to describe the program, emphasize the WH Model, and encourage referrals. • Attend department staff meetings (e.g., Primary Care) to briefly outline the WH model. • Consider meeting with key providers and leadership in various clinics (e.g., Primary Care, Pain Clinic, Pain Management & Rehabilitation) to review Well-Being Program services. • Attend a department staff meeting and present on the structure of the Well-Being program and how to refer. • Offer a point of contact at all meetings to enable attendees to provide feedback or ask questions after the meeting.
Atrium and Entry Ways
<ul style="list-style-type: none"> • Secure a table in the atrium to advertise the program with brochures, informational handouts, and a large poster board. Be ready to answer questions and take direct referrals from Veterans. Locate the point of contact in your facility who can assist with getting a table (e.g., Public Affairs Office, front office, or health promotion coordinator).
New Employee Orientation
Partner with the department that manages onboarding at your facility and inquire if you can briefly present the WH Model

3.2.6 Setting up Whole Health Tracking Tools

WH is a significant priority for the VHA; therefore, the work of WH is being tracked through the Computerized Patient Record System (CPRS)-based national tracking mechanisms to understand and evaluate both the utilization and cost of WH. Collaboration between WH clinicians, program managers, local Managerial and Cost Accounting Office (MCAO) representatives, and Automated Data Processing Application Coordinators (ADPAC) are critical to ensure the work of WH is being appropriately recorded.

There are a variety of tracking mechanisms that can be used to document the provision of Whole Health services, such as Clinic profile stop codes and CHAR4 codes, procedure codes, health factors, and note titles. Each of these mechanisms have their own applications in the tracking of Whole Health. Some involve changing the profile of an entire clinic; others can be used on an “as needed” basis by a clinician depending on the unique nature of every encounter. By using a number of tracking mechanisms, facilities will be able to ensure that all whole health approaches (including those offered in the Pathway, Well-Being Program, and WH Clinical Care) are accounted for in the local and national tracking of utilization.

The Whole Health System Tracking Guide at

<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFol>

[der=%2fsites%2fOPCC%2fShared%20Documents%2fCIH%20Coding%20Guidance&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94](https://www.va.gov/opa/whs/whs%20sites%20OPCC%20Shared%20Documents%20CIH%20Coding%20Guidance&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94) provides in-depth information on all national tracking mechanisms. The guide provides a general overview of tracking mechanisms that are used at the VHA, as well as recommendations as to how facilities can use these mechanisms to document work within the WHS.

Once your tracking processes are established, encourage adherence among staff and actively review site-based data to determine compliance. Site-based WH Implementation Teams can receive data to assist in self-monitoring.

3.2.7 Whole Health Notes and Referrals

Within WH there are clinical and non-clinical referral types and associated processes that need to be established before offering certain WH activities. WH Clinical Care referrals and their corresponding consults follow the standard process for clinical visits. However, for non-clinical referrals, which are those referrals generated through activities under the Pathway and Well-Being programs, there is a set of actions to take based on the Veteran encounter. For Veterans interested in engaging with Pathway and Well-Being program elements that are non-clinical (e.g., yoga, tai chi), an Educational Consult is required. It is important to confirm this guidance with your site's practice of care standards and/or your VISN guidelines to confirm which site roles can enter consults for WH.

It is important to consider the Veteran's readiness to participate in WH when deciding on referral to WH services. Some WH programs require time, energy, and a level of engagement not everyone can commit to. Although enrollment and "trying it out" are encouraged, do not excessively referral Veterans who appear unsure about WH offerings or their ability to participate. As an organization, we want to encourage positive initial experiences with WH among Veterans and guard against sub-optimal class or program sizes due to Veteran "no-shows." Many of the WH programs work best when everyone shows up to participate.

3.2.7.1 Establishing Non-Clinical Referral Processes

It is valuable to establish a non-clinical referral process at your site. To do this, you may start by generating content for the CPRS consult for any non-clinical, WH-related programs your site or partners are offering. An additional source of support can come from working with Medical Informatics at your facility and/or your ADPAC to create a Consult referral; note, the title of must start with the word "Consult." As you develop your process and utilize various tools, it will help if the templates you create have the exact wording and response fields needed for your WH efforts. Please note, you will also need to create a "Consult Note" to use when closing your consult. Work with your Clinic Application Coordinator (CAC) and/or ADPAC to create a "Consult Note" so that the consult can be completed after orientation. This can also be set up as a group note, which can make completion easier.

For site roles that require entering a referral for a patient to WH, the first step is to create a CPRS consult as a referral. The referral through CPRS provides a way to track utilization of WH services, which supports broader reporting and reimbursement systems. When the Consult Note is generated, it should contain information as to why the referral is being requested. The consult

referral is also a way to obtain medical clearance when needed (i.e., the Veteran's medical provider can be alerted to the consult to review and sign off, without requiring Veteran contact).

VHA policy governs aspects of consults, such as timeframes for initial contact to be made and completion to occur. Completion or “closing” the consult can be done by writing a consult for attendance. The number of WH sessions needed weekly will be determined by the volume of referrals to the program. Although a Veteran may be referred for a specific service, it is essential that the Veteran can develop and design their own plan for engaging with the WH program.

3.2.8 Finalizing Administrative Setup

3.2.8.1 CPRS Access for Whole Health Providers

Ideally, non-clinical wellbeing and CIH providers, such as whole health coaches, whole health partners, yoga instructors, etc. will have access to CPRS. These providers can then document notes in CPRS.

If the CIH or Well-Being provider does not have CPRS access, and access is not planned for that provider, another VHA provider should administratively enter a note in a “non-count” clinic. Consult your site's Whole Health leadership to determine the appropriate VA provider for this action. In cases where a new provider will receive CPRS access, the following steps are required, and can be supported by your Administrative Officer or ADPAC:

1. Provider background check
2. Entry of the provider into the VA system
3. TMS trainings (Health Insurance Portability and Accountability Act of 1966, security, etc.)

Note: Ensure the new provider is entered in the Human Resources (HR) record under “Labor Mapping Application” with the correct taxonomy for “person class” and “user class” ([Appendix C](#)). Some user classes require a co-signer. HR and Medical Informatics can help you choose the right classes.

3.2.9 Supporting Veteran Travel Needs

In the WH Model, Veterans may enroll in Well-Being programs or receive CIH services that require travel, or more frequent travel to the site than prior models of care may require. In some situations, the Veteran may require financial support or other accommodation (e.g., accessibility) to come to the site. Your site should have a process in place to support these needs (e.g., travel pay and transportation support). Facility requirements and regulations regarding transportation to and from the VAMC may vary, so sites are advised to partner with their local travel department. Typically, Veterans who qualify for travel reimbursement may obtain two-way travel pay for scheduled appointments and one-way travel pay for drop-in appointments.

Official guidance from Veterans Affairs Central Office Beneficiary Travel reflects that Well-Being programs and CIH services offered in non-count clinics can use travel pay, since travel

pay is based on Veteran eligibility and the medical benefits package. Due to the CIH Directive, Well-Being services in non-count clinics are part of the medical benefits package and are eligible for travel pay.

3.3 Evaluating Whole Health

In 2017, the Flagship sites launched the first WHS implementations. In addition to the OPCC&CT resources and support for implementation, support was provided regarding evaluation activities. In addition to the overall need for VHA to understand and evaluate WH, a specific need for evaluation was introduced through the CARA legislation. The evaluation and subsequent report of the WH implementation conducted by the Flagship sites over the three-year period of 2018–2020 is specifically mandated by Congress. Therefore, a significant level of rigor is being applied to establishing foundational efforts in WH System evaluation.

A detailed evaluation plan was developed for the flagship sites by the OPCC&CT in collaboration with Health Services Research and Development Service's (HSR&D) Quality Enhancement Research Initiative (QUERI) to achieve the objective of the CARA/Whole Health System (WHS) evaluation effort. The evaluation plan includes specific strategies for gathering outcomes in the areas of Veteran satisfaction and experience, patient-reported health outcomes ([Appendix Q](#)), employee engagement and well-being, and clinical outcomes.

In addition to the QUERI evaluation, OPCC&CT in conjunction with MCAO has established a new cohort (Whole Health) and developed a cost and utilization tracking mechanism that came online in October 2017 that provides aggregate cost and utilization data year-to-date for the following: Total Cost; Total inpatient cost; Total outpatient cost by Primary Care STOP Codes, Rehab (physical therapy, occupational therapy), Orthopedics, Mental Health, Radiology, Surgical Procedures, Laboratory, Pharmacy (Opioid use). Metrics include average cost/patient, average cost per encounter, total and average costs for the cohort as well as the cost breakouts for direct and indirect cost, number of admissions, bed days of stay (lengths of stay), emergency department and urgent care encounters, and readmissions. These parameters serve as ongoing program quality measures and will allow an evaluation of the impact of deploying the WHS on cost and utilization at each facility and nationally.

As WH is implemented at the site, participation in national or VISN-based evaluation strategies may occur. Additionally, sites may choose to develop additional evaluation strategies pertinent to site-specific priority outcomes not addressed in other plans. FIT Consultants are available to aid in achieving implementation milestones and facilitate in the development of a site-specific measurement plan for sites that want to expand on the national evaluation targets. The WH Evaluation Toolkit can be found in the WH System Page located at the following site <https://vaww.infoshare.va.gov/sites/OPCC/Innovations/SitePages/WH-System.aspx> .

3.4 Telehealth

Telehealth has become a key, emerging component in healthcare delivery. The vision of VHA Telehealth Services is to improve quality, convenience, and access to care for Veterans through digital channels. The VHA definition of telehealth can be found at

<http://vaww.telehealth.va.gov/about/index.asp>.

Given the potential value of Telehealth, it is important to consider how best to utilize Telehealth in the delivery of WH for your site's and population's needs. If there are WH offerings that can be delivered to Veterans via Telehealth, consider partnering with your local Telehealth chief/department head to determine clinic setup, emergency/risk management procedures, and documentation, as they may vary by facility. The OPCC&CT is working with the National Office of Telehealth to develop guidance on the development and implementation on Tele-WH programming. All Telehealth supplements can be found on the Tele-Health intranet site:

<http://vaww.telehealth.va.gov/index.asp>, and additional information can be found in the VHA Telehealth Guide: <http://vaww.telehealth.va.gov/pgm/twhlt/>.

Your site may also consider creating an online WH presence on your site's webpage in collaboration with your local information technology department, network administrators, and ADPAC. It is important to determine who will manage the website and what content should be included (e.g., recordings of guided meditation, information about WH programming, or cancellations of services and classes). There are many mobile applications for Veterans that support well-being; a comprehensive list of the VA-developed applications is available at <https://mobile.va.gov/appstore/veterans>.

3.5 Forming Internal and Community Partnerships

Forming partnerships with other programs throughout your site is essential, especially with programs that have expertise in areas related to WH ([Appendix I](#)). Partnerships will be essential to your success throughout the implementation and eventual sustainment periods.

Forming partnerships with external organizations is a great way to reach more Veterans in the community, identify new spaces for delivering WH services, and enlist support from the broader community. Potential community partnerships include local YMCAS, Veteran Service Organizations (VSOs), and community centers. However, this list is not exhaustive, and sites are encouraged to explore options available within the community.

There are also offices within your VA facility that can help organize your external partnerships. Please review the information below to find useful links and documents to initiate external collaboration.

- The Office of Community Engagement at <http://vaww.oce.med.va.gov/Default.aspx> serves as a trusted resource and catalyst for the growth of effective partnerships at all levels that benefit Veterans. Beyond VHA, the Office of Community Engagement serves as a facilitator and an entry point for public and private entities interested in partnering with VHA in the service of Veterans. The Office can support you with:
 - Veterans Community Partnerships Toolkit at: <https://www.va.gov/healthpartnerships/vcp.asp>

- National Memorandum of Understanding (MOU) between VHA and YMCA at <http://vaww.oce.med.va.gov/filedownload.ashx?fid=96>
- Partnership Due Diligence at <http://vaww.oce.med.va.gov/PartDueDill.aspx>
- VA Center for Strategic Partnerships
 - VA Directive 0008 at http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=803&FType=2: This Directive establishes VA policy on how to develop and maintain responsible and productive public-private partnerships with non-governmental organizations.
 - Vetting Form: This step-by-step Due Diligence Vetting Form will standardize the process by which VA staff can vet potential partners and validate proposed partnerships. <https://myva.va.gov/strategic-partnerships/>
 - VSOs: <https://www.va.gov/vso/>

4. Personal Health Planning

This section provides information on a Veteran’s Personal Health Plan (PHP) and how the PHP is incorporated into the WHS. Although the PHP may be integrated into the medical record, the Veteran is the ultimate owner of their PHP. The Veteran can work independently or in partnership with professionals and peers (both within and outside VHA) to engage in personal health planning. A sample PHP is available ([Appendix J](#)) and the OPCC&CT is working with the National Template Workgroup to release a national personal health plan template very soon.

4.1 Personal Health Planning Components

Personal health planning is a continuous process that evolves with the Veteran over time, integrates the three main WH Model components, and facilitates the development of a Veteran’s overarching PHP. To complete a PHP, Veteran must complete the four major components of Personal Health Planning: 1) Whole Health Assessment, 2) Goal Setting, with Shared and SMART Goals, 3) Education, Skill Building, Resources and Support, and 4) Personal Health Plan Development. A summary of the PHP components is provided in Table 6, and additional narrative on each component is also outlined.

Table 6. Components of Personal Health Planning Summary

Component	Staff Role	Tools	Outcome
WH Assessment	WH provider guides the Veteran in assessing their health	Personal Health Inventory (PHI) or Circle of Health, Health Risk Assessment, Clinical Assessment	To obtain a comprehensive overview of the Veteran’s health
Mapping for the MAP for Goal Setting (Shared and SMART)	WH provider uses info gained during WH assessment, including the MAP, to create shared goals with Veteran	SMART (Specific, Measurable, Attainable, Realistic, Timely) Goals handout	The creation of SMART goals for the Veteran and Shared goals between the Veteran and provider
Equip: Education, Skill Building, Resources, and Support	WH Coach, Patient Aligned Care Team (PACT) team member, or CIH instructor supports the Veteran to achieve their goals	Resources available within the team, facility, and in the community	The Veteran explores their strengths and past successes
Personal Health Plan Development	WH Partners assist Veterans in creating and updating their PHP	Personal Health Plan	The creation of a Personal Health Plan



Figure 2. Key Components of Personal Health Planning

Component 1: Whole Health Assessment

- The WH Assessment consists of three elements:
 - **Self-Reflection:** The first step is the Veteran’s self-assessment of what is important to them and the area(s) in their lives that they are most motivated to make a behavioral change (e.g., the mission, aspiration, purpose (MAP) of the Veteran). To facilitate this process, the PHI ([Appendix K](#)) is completed by the Veteran in a group process, or as part of a Shared Medical Appointment. If possible, the PHI can be provided to the Veteran prior to the appointment while in the waiting room. There are other methods of self-reflection, such as asking the “three big questions” (see below), use of the My Health Choices tool, or the image of the “Circle of Health.” While hardcopy tools for this process are provided, some sites prefer to verbally ask three questions during a clinic visit to get at 1) what matters to the person, 2) what they want their health for, and 3) what activities they would like to be able to do.
 - **Health Risk Assessment (HRA):** The provider or provider team usually conducts HRAs to assess the Veteran’s current health status and gauge current risks. An HRA includes factors such as family history, genetic markers, lifestyle habits, environmental risks, and available biometric data to determine baseline susceptibility to disease. There is an HRA on the VHA patient portal (My HealtheVet) that patients can complete independently and share with their VHA care team.
 - **Clinical Assessment:** The provider’s physical, mental, and psychosocial exam, including diagnostic and genomic data.

Component 2: Goal Setting (Shared and SMART)

- The second component, Shared Goals, occurs when the provider utilizes the WH Assessment to identify common area(s) where provider and Veteran goals overlap.

- The provider identifies the Veteran's MAP, and is mapping shared goals back to this MAP.
- The strength in the principle of Shared Goal setting is threefold: 1) it provides an area of motivation for health behavior change, 2) it allows for SMART goal setting, and 3) it provides a means to start or expand the PHP.

Component 3: Equip: Education, Skill Building, Resources and Support

- The third component, discussing Education, Skill Building, Resources and Support, usually occurs post-provider with a WH Coach, a member of the multidisciplinary PACT (e.g., dietitian, pharmacy, MOVE!), a shared medical appointment, or with a CIH instructor. This discussion empowers Veterans with the skills and knowledge they need to succeed in achieving their goals. It also allows Veterans to explore their strengths and past successes.
- Support from the healthcare team, groups, caregivers, family members, friends, and the community is also critical to success. Clinical staff need to know the resources available ([Appendix N](#)) within the team, facility, and in the community to assist Veterans with their life and health goals.

Component 4: Personal Health Plan Development

- The fourth component, PHP Development, is guided by the Veteran's personal mission and the established shared goals of the clinician and Veteran. While it encompasses the MAP elements, which are often obtained pre-provider, it also includes additional elements (i.e., Shared goals, Self-care, Professional care, Skill building and education, Consults and referrals, and a Timeline with follow-up).
- When the PHP is created, it is important that the Veteran and their care team are considering all factors that influence proactive health and well-being. To do this, a PHI ([Appendix K](#)) and Components of Proactive Health and Well-Being (Figure 4) can be utilized.
- The PHP development may be brief or extensive, depending on the Veteran's preferences and the degree to which they are involved in the WHS. However, PHP development is an ongoing process that should be regularly revisited, and the PHP updated with relevant information.

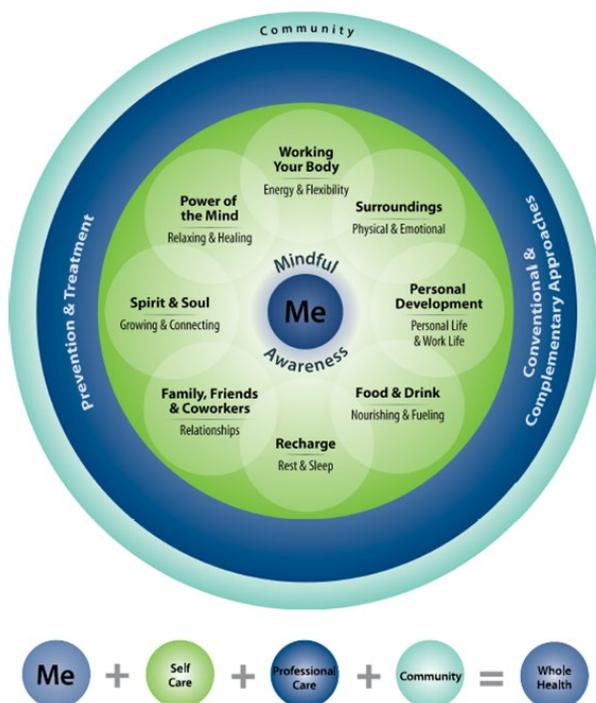


Figure 3. Components of Proactive Health and Well-Being

The Components of Proactive Health and Well-Being help a Veteran visualize their health and well-being. All areas of the circle are important and connected, so improving one area can benefit others. The inner circle represents a Veteran, their values, and what matters most to them. The next circle is self-care and represents the circumstances and choices a Veteran makes in their everyday life. The next circle represents professional care, which may include tests, medications, supplements, surgeries, examinations, treatments, and counseling. This could also include complementary approaches such as acupuncture and mind-body therapies. The outer ring represents the people and groups to whom a Veteran is connected. More information on the Components of Proactive Health and Well-Being can be found at <https://www.va.gov/PATIENTCENTEREDCARE/resources/components-of-proactive-health.asp>.

4.2 Special Considerations for Personal Health Planning

There are a few other items to consider when supporting personal health planning:

- Education about WH and personal health planning should be made readily available to Veterans and staff to ensure adoption of the PHP across stakeholders.
- It is important that personal health planning be incorporated into all components of the WHS. This will require communication by key leaders across disciplines.
- At this time, there is no single way to document the PHP, although a national personal health plan template is near completion, and sites may explore various options to develop a documentation and communication plan that is as seamless, simple, and effective as possible.

- The PHI and PHP have standard templates. It is important to use these templates to allow providers and Veterans to have a consistent picture and shared understanding. PHPs in a variety of formats can be incorporated into a CPRS note.
- Initiatives are underway to embed the PHP in CPRS. If your site does not have the PHP in CPRS, you can use a paper copy ([Appendix J](#)). Once the Veteran completes the PHP, ensure that it reaches the appropriate site resource for scanning documents into records.
- Several WH roles should be able to enter the relevant information from the PHP into CPRS (e.g., WH Partner, WH Coach, CIH-provider, or WH Clinical Care provider). The method and format by which this is done should be decided with input from site-based representatives of each component of the WH System to ensure it is a well-coordinated documentation plan.
- If your site is working to place PHP into CPRS, consider using radio buttons for each aspect of the PHP, including the Circle of Health. Once selected, this will open text boxes that can be used to document Shared and SMART goals. Additionally, if possible, the PHP may be best housed under the “Postings” tab. This allows it to be easily searchable and updated.



The Pathway



5. The Pathway

The Pathway component of the Whole Health System (WHS) empowers Veterans to explore what really matters to them through mindful self-exploration of their mission, aspiration or purpose (MAP) and to set personal goals that allow them to be actively engaged in optimizing their health and well-being.

The Pathway is not necessarily a specific physical location, but rather a set of various Whole Health group programs and supportive services provided by trained and qualified individuals that are designed to help the Veterans begin and maintain their journey to well-being.

Fellow Veterans, or peers, who have received training in Whole Health (WH) are key elements of the Pathway. These peer facilitators may be Whole Health Partners, non-clinical Veteran staff, Peer Support Specialists or registered Veteran volunteers. Offering Pathway programming from peers enables Veterans to learn strategies to enhance well-being outside of the traditional clinical setting which may decrease demand on providers.

5.1 Whole Health Partners

WH Partners serve as key personnel that introduce Veterans to WH, PHI, PHP, and Pathway program options. Key functions of the WH Partner role are to:

- Welcome Veterans into the local system and orient them to WH concepts
- Introduce Veterans to WH and self-exploration utilizing tools such as the Personal Health Inventory (PHI) and Components of Proactive Health and Well-being
- Offer Veterans a variety of points of entry into WH
- Coordinate and connect Veterans to resources and programs based on preferences
- Provide ongoing support to Veterans over time
- Become familiar with CIH to share accurate and appropriate health information
- Facilitate Introduction to WH and TCMLH group programs once trained
- Conduct outreach to VSO's and other local Veteran support services

5.1.1 Background and Requirements for Whole Health Partners

The number of WH Partners will vary at each site depending on the size of the facility. However, every site should have a Lead WH Partner. The WH Partners will be FTEs or volunteers. Depending on the recruitment process selected, consider the following:

FTEs:

Background of Candidate:

- Hire a full-time WH Partner Lead to supervise and manage the Pathway programs.
- Hire full-time WH Partners, preferably non-clinicians, Veterans with peer experience.

Internal Administrative Roles:

- Plan and ensure local approvals.

- Work closely with HR to:
 - Determine background and skills required
 - Develop the position description based on the nationally standardized position descriptions for the WH Partner and Lead WH Partner, which are available on the OPCC&CT SharePoint Site at <https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FOPCC%2FShared%20Documents%2FCIH%20Position%20Descriptions%20and%20Functional%20Statements%2FNational%20Guidance&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7B4AD754A9%2D57D5%2D4A13%2DA317%2DD62DAB4881EB%7D&InitialTabId=Ribbon%2ERead&VisibilityContext=WSSTabPersistence>
 - Draft the vacancy announcement
- If possible, utilize existing FTE. Determine if you can partner with a department that can “lend” a non-clinical FTE to facilitate a TCMLH group.

Volunteers:

Recruitment:

- Partner with a local VSO or Veteran group.
- Meet with the local Voluntary Services representative to determine if they can help with recruitment of facilitators or serve as facilitators.
 - Directory: <https://www.volunteer.va.gov/directory/index.asp>
- If volunteers do not have access to CPRS, provide clinical supervision to ensure documentation or communication of Veteran encounters.

Qualifications, skills, and prerequisites:

- Previous experience teaching and/or facilitating groups professionally or privately.
- Interest in integrative health education. Personal experiences with integrative health approaches preferred.
- Ability to speak positively about their own health journey and willing to share personal experiences with the group.
- Ability to read, absorb, and follow the OPCC&CT WH Curriculum and supporting materials. A WH Peer Facilitator Volunteer Position Description is available on the OPCC&CT SharePoint: <https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/CIH%20Position%20Descriptions%20and%20Functional%20Statements/National%20Guidance/Whole%20Health%20Peer%20Facilitator%20Volunteer%20Position%20Description.docx>

5.1.2 Training for Whole Health Partners

WH Partner candidates must attend two OPCC&CT WH Partner Facilitator trainings ([Appendix P](#)). The two courses offered through the OPCC&CT are:

- *Whole Health TCMLH Facilitator course:* a three-day face-to-face training that focuses on facilitation skills, mindful awareness, and exploration of MAP using the PHI and PHP

- *Whole Health Partner Skills Training*: a two-day course that focuses on developing a core skill set to implement the concepts and components of the WH Pathway. Participants in this training must have previously attended the Whole Health Facilitated Groups Course (TCMLH) or Whole Health Coaching Course. A description of the training and registration information can be found on the OPCC&CT WH Education site: <https://vaww.infoshare.va.gov/sites/OPCC/Education/Whole%20Health%20Partner%20Course/Forms/AllItems.aspx>

5.2 Whole Health Pathway Group Programs

TCMLH programs are foundational to the Pathway component of the WHS. These programs aim to empower and help Veterans explore their MAP for health and well-being and are available to Veterans and their family members. Key activities Veterans engage in during the TCMLH programs include:

- Explore their MAP and personal health planning
- Examine the “Circle of Health” and take actions or place referrals that address needs drawn from that exploration
- Identify actions to pursue their MAP and act on referrals or additional resources needed to support Shared and SMART goals (e.g., referral to clinical care, CIH, WH Coach, etc.)
- Develop a basic PHP to summarize the process of MAP exploration and development of goals and action steps
- The Introduction to Whole Health and Taking Charge of My Life and Health (TCMLH) are the two main WH groups offered in the Pathway.
- The Introduction to Whole Health is a 2-hour educational and experiential session based on a specific curriculum that exposes participants to the foundational concepts of WH, allows time for self-care and self-exploration, and for completion of a PHI. These groups are related to the Executive Order, and the focus is on transitioning Service members, but all Veterans are welcome. Facilitators receive a 2-hour virtual training to learn how to deliver the Introduction to WH session. A recording of this 2-hour training is also available in TMS 2.0 Course #35647. The curriculum, implementation logistics and a schedule of the virtual trainings can be found on the OPCC&CT SharePoint: <https://vaww.infoshare.va.gov/sites/OPCC/2018ExecutiveOrderGuidanceTraining/Forms/AllItems.aspx>
- TCMLH is a longer-term group program based on a specific curriculum where Veterans can delve deeper into self-exploration of areas in their lives they wish to enhance and to create a personalized health plan with SMART goals and action steps that will help them attain these goals. TCMLH facilitators receive a 3-day in person training to learn how to deliver the TCMLH group program. TCMLH participants will:
 - Examine the “Circle of Health” and set SMART goals drawn from that exploration
 - Identify actions to pursue their MAP and act on referrals or additional resources needed to support Shared and SMART goals (e.g., self-care, referral to clinical care, CIH, WH Coach, etc.)
 - Develop a basic Personal Health Plan to summarize the process of MAP exploration and development of goals and action steps

- Individuals interested in learning how to facilitate TCMLH can register to attend the 3-day in person training on the OPCC&CT WH Education site:
<https://vaww.infoshare.va.gov/sites/OPCC/WholeHealthGroupBasedProgram/Forms/AllItems.aspx>

Veterans can engage in: 1) individual sessions with a WH Partner to complete core components, 2) group sessions conducted by a WH Partner to complete core components and further explore self-care areas of interest to the Veteran, or 3) referral to a WH Coach (Figure 4”).).

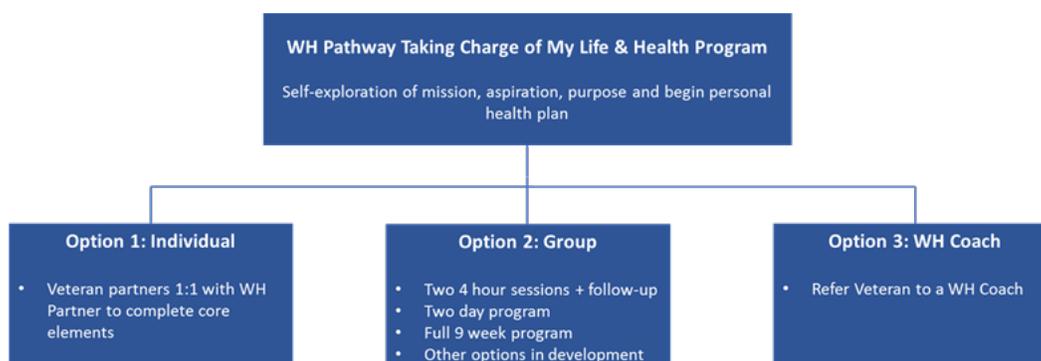


Figure 4. WH Pathway TCMLH Program Options

5.2.1 Planning for Taking Charge of My Life and Health Programs

In preparing to run TCMLH Programs, there are several logistic and recruitment considerations.

Regarding logistics, the WH Partner or Facilitator will need to determine what type of group or groups Veterans have requested (or sites have initially chosen to offer). For example, for the group option, which is the most efficient for the site and a good source of community for the Veteran, it is recommended to begin with one TCMLH group a month, and gradually increase to four groups a month. As your site engages in program offerings, the right mix of program format and frequency will be determined based on Veteran need. Regardless of format, consider offering TCMLH groups at Community-Based Outpatient Clinic, YMCAs, Veteran Centers, community colleges, or through Telehealth venues.

Facilitating the TCMLH will also require supplies. Consult the TCMLH curriculum from the OPCC&CT for a list of required supplies. In addition to standard supplies, the Facilitator may want to provide the Whole Health Pathway pocket card for Veterans to document goals that they can share during provider appointments ([Appendix M](#)). Also key is determining the location for the TCMLH groups and ensuring the location is, or can be transformed into, a HE conducive to group appointments and conversation.

Finally, the WH Program Manager or like role will need to confirm the setup of Clinic and CPRS Documentation and Coding. To do this, review the specific guidance on clinic setup, note titles and coding for WH group sessions in the “Setting up WH CPRS Tracking Tools” and the “WH the “WH Notes and Referrals” in sections 3.2.5 and 3.2.6.

5.2.2 Introduction to Whole Health and Taking Charge of My Life and Health Program Recruitment

There are many ways to recruit Veterans to participate in the Introduction to Whole Health and/or TCMLH Programs (e.g., reaching out to eligibility officers and the leadership team of Primary and Specialty Care to leverage existing initiatives). When planning sessions, it is important to factor in target sizes and attrition rates.

5.2.2.1 Eligibility Officers

- Partner with your local eligibility officer for recruitment to the Introduction to Whole Health and/or Pathway TCMLH Groups. Bring brochures to them, speak at a staff meeting, and encourage recruitment for the group programs.
- Determine if there is a welcome letter that is offered after a Veteran enrolls, and request for the Introduction to Whole Health sessions and Pathway TCMLH Group information to be added.

5.2.2.2 Primary and Specialty Care

- Contact the leadership team for Primary and Specialty Care to introduce the TCMLH Groups. This information could be presented at a staff meeting, to a smaller group representing Primary/Specialty Care, or in an email.
- Provide brochures and materials that could be offered to Veterans.

5.2.2.3 Target Size and Attrition

- Based on your site's resources, assess how many Veterans will be needed to start the group and how large the group can grow to reach your target size.
 - For example, if you are aiming for 15 members to begin a group, consider what efforts will be needed, in terms of outreach and communications, to achieve that number.
 - Have a simple communication, such as a one-page handout, "business card," or brochure to provide Veterans who attended the sessions to encourage and support them in sharing the program in their Veteran communities.
- To account for program attrition (e.g., Veterans dropping out) over time, sign up twice the number of Veterans to ensure an optimal session size. For example, you want to sign up 30 Veterans to end up with a group of 15 Veterans. Remember, the Veteran may bring family members, so plan space needs accordingly.

5.2.2.4 Other Options

- Innovative marketing is helpful when attempting to populate these groups. Over time, Veterans will spread the word to fellow Veterans based on their positive experience. When starting out, consider the following locations and modalities for sharing verbal and written information, e.g. flyers, brochures about these groups:
 - Public libraries, local colleges – especially with the Veteran Coordinator, radio stations, print and social media, evites, notes on appointment letters, pairing with

NEO, PACT and other Departmental meetings, offering as programming in residential centers, e.g. domiciliary, SARRTP, community functions that have “Veteran Appreciation Nights” such as baseball games or races, Veterans Day events, Homeless Veteran Stand Downs, Mental Health Summits and other VA and community sponsored events. OPCC&CT has developed a communications toolkit that can be found on the SharePoint:

<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FOPCC%2FShared%20Documents%2FCommunications%2FCommunications%20Toolkits%2FIntroduction%20to%20Whole%20Health%20Communications%20Toolkit&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7B4AD754A9%2D57D5%2D4A13%2DA317%2DD62DAB4881EB%7D>



Well-Being Programs



6. Well-Being Programs

Well-Being Programs, as shown in the Whole Health System Model in Figure 1, are the second of three major components of the WHS. The Well-Being Programs should be available to all Veterans, across all service lines, regardless of diagnosis or disease status. Through Well-Being programming, Veterans are equipped with skills to optimize their health and well-being. In this section, the structure of Well-Being programs is outlined, and guidance is provided for how to plan for Well-Being Program offerings and how to incorporate the PHP process into Well-Being Programs.

6.1 Well-Being Program Overview

The core offerings of the Well-Being Program include (1) CIH approaches, (2) well-being skill building classes organized into class tracks, and (3) Whole Health Coaching. The Well-Being program structure (Figure 5) is designed to build on and incorporate existing health education and health promotion programs, such as creative arts, adaptive sports, and programming developed by the National Center for Health Promotion and Disease Prevention (NCP), (e.g., Healthy Teaching Kitchens, Gateway to Healthy Living, and the Veterans Health Library. There are three main steps to establish a Well-Being program at your facility: (1) determine which CIH, health coaching, and Well-Being classes your site (and Veteran population) can support, (2) develop mechanisms for broad access to all veterans, and (3) develop ways to communicate to veterans and providers about the programming. A sample schedule of site-based Well-Being offerings is provided ([Appendix N](#)).



Figure 5. Well-Being Program Structure

6.2 Launching the Well-Being Program

There are several important recommendations to consider when launching the Well-Being Program at your site.

- Integration with other well-being and health promotion entities at your facility (e.g., Health Promotion & Disease Prevention, Food & Nutrition Services, Recreation Therapy, Chaplain Services) is strongly encouraged. Remember, the goal is to create alignment so Whole Health is a system approach, not just another program.
- Well-Being Program Orientation
 - Develop an orientation for the Well-Being Program, where a veteran can learn about the program offerings, understand how to get involved, and align program use with his/her PHP
 - Notably, we recognize that this guide describes two orientations – (1) Pathway: Introduction to Whole Health and (2) Well-Being Program Orientation. Depending on what makes the most sense for your facility, these orientations could be separate or combined. Thus, the field has flexibility in developing structure that makes the most sense for the Veterans they serve.

- Consider Access to the Well-Being Program:
 - The program should be easy to access for all Veterans. Mechanisms for access include self-referral, direct scheduling, consult, and additional signer. Ideally all well-being programs will include a self-referral option.
 - Notes regarding consults:
 - VHA policy governs aspects of consults, such as appropriate timeframe for initial contact to be made and completion to occur. A Well-Being Program orientation can aid in consult completion since completion or “closing” the consult can be done by writing a consult note for orientation attendance. The number of orientation sessions needed weekly will be determined by the volume of referrals to the program.
 - A Well-Being program consult ([Appendix O](#)) can be placed by any provider. If you are using the consult for medical clearance, you can alert the Veteran’s Primary Care Physician (PCP) or another medical provider for appropriate clearance.
 - Although a Veteran may be referred for a specific Well-Being Program service, it is essential that the Veteran can develop and design their own plan for engaging with the Well-Being programming. An orientation session can support this process of Veteran-centered, and driven, care within the Well-Being program.

6.3 Planning Well-Being Program Offerings

There are many potential Well-Being program offerings, and each should be considered alongside the Veteran to identify the best choice for the Veteran.

In determining what CIH approaches to stand up or structure as “anchor” services, please consider that the VHA requires eight five evidence-based CIH approaches to be offered either within the facility or the community (CIH Directive 1137) and are ideal for WHS implementation:

- Acupuncture
- Tai Chi/Qigong
- Yoga
- Guided Imagery
- Hypnosis
- Guided Imagery
- Massage
- Meditation/mindfulness

The list is updated and maintained by the Integrative Health Coordinating Center (IHCC), and can be found on the OPCC&CT SharePoint site at <https://vaww.infoshare.va.gov/sites/OPCC/SitePages/IHCC-home.aspx> . In some sites, massage and acupuncture services may be offered primarily within clinical care due to the treatment

nature of these services; in other sites, they may be largely based in the Well-Being Program. Similarly, although Tai Chi, Yoga, and Meditation will be offered primarily within a Well-Being Program in most sites, they may also be offered in other departments (e.g., mental health, pain clinic, Community Living Centers). More information about each of the eight approaches can be found on the IHCC SharePoint:

<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx>.

6.3.1 Delivering Well-Being Program Services

6.3.1.1 Staffing Well-Being Program Services

The most important aspect of delivering Well-Being Program services at your site is the individuals who will provide the care. Ideally, you can identify providers already within the VA who have the skills and/or passion for Well-Being programming. As you begin the staffing process, consider surveying current staff for expertise or interest in these areas. For example, you may already have a Registered Dietitian specialized in Integrative/Functional Nutrition, a Psychologist with extensive Mindfulness education, or a Social Worker who is also a Yoga Instructor. As you identify these staff members, work with them and their supervisors to explore sharing time among programs. Obtaining an informal MOU with the supervisor is suggested so the staff member has protected time for providing Well-Being Program services.

If possible, your site should hire (or transfer over) one or more Whole Health Coaches (Coaches) to lead the Well-Being classes, coaching groups, and individual coaching sessions. The Whole Health Coach is an official position title with VA with a nationally classified position description. Health coaches work with individuals and groups throughout the site in a Veteran-centered process to facilitate and empower Veterans to develop and achieve self-determined goals related to health and well-being. Health coaches support Veterans in mobilizing internal strengths and external resources to develop strategies for making sustainable, healthy lifestyle behavior changes and more effectively managing chronic disease. While Health coaches do not diagnose conditions, prescribe treatments, or provide psychotherapeutic interventions, they provide expert guidance and may offer resources from nationally recognized authorities. VA providers cross-trained in Whole Health Coaching skills ideal candidates for leading classes or filling this position.

If there are current VA providers interested in learning specific CIH approaches, cross-training these providers can help support CIH delivery as you launch the Well-Being Program, and over time, these providers can serve as valuable “back-fill” when short-staffed or provide “surge” support if you expand CIH offerings over time. It is important that both the provider and their supervisor clearly understand the time commitment for both the training and the use of the skills in the Well-Being Program following the training.

If your facility does not have many providers interested in Well-Being Program services, explore and expand community partnerships that do have these types of services (e.g., Veteran Centers, YMCAs, VSOs). As part of your staffing model for the Well-Being Program, you may choose to partially or completely refer out CIH and Well-Being services to the community rather than hire CIH and Well-Being professionals as employees. Key factors to consider when choosing how best to provide Well-Being Program services include availability of providers in the community, site funding for new staff, ability for existing staff to coordinate services, degree of quality

control desired for the care being provided, and the ability to provide sufficient access given staffing or space constraints at the site.

6.3.2 Credentialing Well-Being Providers

Providers of Well-Being approaches who come from the community (volunteers, FTE, or fee-basis) will not be always be credentialed and privileged within the VA facility. The National VA Credentialing Office has given guidance on this and recommends that facilities develop their own local procedures and policies for vetting non-licensed, non-credentialed providers of *health and well-being* approaches. The OPCC&CT has developed position descriptions (located on the OPCC&CT SharePoint site at

<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/OPCC/Shared%20Documents/CIH%20Position%20Descriptions%20and%20Functional%20Statements%2FNational%20Guidance&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7B4AD754A9%2D57D5%2D4A13%2DA317%2DD62DAB4881EB%7D> for minimum proficiencies for Health Coaching, Yoga, Tai Chi, and Qigong practitioners.

Please note, *this procedure does not apply to CIH treatment approaches such as acupuncture, massage, and chiropractic*, where it is necessary to have licensed, credentialed, and privileged providers. For these positions, there are appropriate qualification standards and functional statements to hire these provider types. Additional information on setting up local validation procedures, including examples from the Washington, D.C., VA and St. Louis VA, can be found in the CIH Resource Guide at

<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/OPCC/Shared%20Documents/CIH%20Resource%20Guide&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7B4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d>

Many of the Well-Being Program services can be offered in individual sessions or group format, and this flexibility is important to consider when planning your initial Well-Being Program offerings. Decisions on how to balance individual vs. group services will need to consider space availability, available staff levels, and expected patient volume, as well as some specific aspects of individual and group sessions. For example, individual session formats may be needed for some CIH services (e.g., acupuncture, massage), while techniques like Battlefield Acupuncture (i.e., auricular acupuncture) can work well in a group setting. Group sessions afford flexibility when structured as either drop-in groups offered on a first come/first served basis or closed groups offered through appointment, which can increase access. Additionally, the group session experience can provide potentially therapeutic relationships among Veterans participating in these services.

Be flexible in balancing group vs. individual care as you learn more about the level of demand for each of the Well-Being Program offerings in your Veteran population. In some cases, there may be a demand for women-only classes or services (e.g., Yoga for Women, Yoga for Military Sexual Trauma). If this is the case, sites should determine how best to address this need and make every effort to provide for these Veterans. Regardless of the services provided, close collaboration between the Well-Being Program and WH Clinical Care, as well as clear and consistent documentation of provided services, are essential to ensure a coordinated approach for the Veteran. Additional tips for Well-Being Program delivery are noted (Table 7).

In some cases, services offered within the Well-Being Program can also be offered to staff in specific staff classes, which can increase awareness and understanding of these services and reduce employee burnout. Keep in mind, though, that because of VERA and financing issues, in some facilities this may be better provided in conjunction with Employee Health Services.

Table 7. Tips for Well-Being Program Delivery

Construct a schedule for your Well-Being Program
<ul style="list-style-type: none"> • Clearly outline where and when each service will be provided and keep this consistent. • Frequent schedule changes (date & time, location, or cancellations), particularly in the beginning of establishing a program, will make it difficult to recruit Veterans, to establish trust with the Veteran community, and to convey consistency and legitimacy among other services in the facility (i.e., your referral sources). • Referrals will diminish if services are offered inconsistently or they are difficult for Veterans to find or attend. • It is always good to have back-up providers for Well-Being services. Canceling drop-in classes is difficult because Veterans just show up to the classes. If your provider is out unexpectedly (which can happen more frequently with volunteers), it is always helpful to have someone in mind to cover.

6.4 Plan Your Well-Being Class Tracks

The Well-Being Program structure may vary from site to site, but ideally the Program will have nine class tracks available to Veterans after they attend orientation (Figure 5). During orientation, Veterans will learn about the class tracks and choose the class(es) that are most aligned with their PHP. Materials for the starter skill building classes will be provided by the OPCC&CT. Class tracks are aligned with the eight areas of self-care (i.e., Components of Health and Well-Being) outlined in the PHP.



Figure 6. Nine Class Tracks of the Well-Being Program

The 9 Class Tracks Are Aligned with the Circle of Health:

- Power of the Mind
- Working Your Body
- Food & Drink
- Surroundings
- Family, Friends, Co-workers
- Recharge
- Personal Development
- Spirit & Soul
- Health Coaching

6.4.1 Building Your Tracks

- The Program offers a brief skill building starter class option. This class can be utilized by the Veteran to explore self-care in a domain. Materials for class will be provided by the OPCC&CT. Course Material can be found here: http://projects.hsl.wisc.edu/SERVICE/champions/main_login.php The user name/password is service. The course materials are skill building classes.
- Longer course offerings (e.g., six- to eight-week track classes) can also be offered if there is Veteran interest and provider availability. In FY19, these classes will need to be

developed by the facility based on Veteran interest and provider expertise. In future years, the OPCC&CT will develop curriculum guidance.

- Tracks can also incorporate and build on Physical Activity/Movement and Food & Nutrition programming and resources currently supported through Health Promotion and Disease Prevention (HPDP) Program Managers.
- The nine Healthy Living messages developed by NCP in collaboration with other VHA program offices can also be a resource for Veterans participating in the Well-Being Program tracks: https://www.prevention.va.gov/Healthy_Living/index.asp and http://vaww.prevention.va.gov/HPDP_Patient_and_Staff_Educational_Materials.asp.

6.5 The Personal Health Plan within the Well-Being Program

The PHP is an essential aspect of the Veteran's journey through the Well-Being Program.

- If a Veteran attends the Well-Being Programs with a written PHP already started, the Veteran ideally would use the PHP to help align program use with his/her MAP and identified goals/priorities.
- During the Veterans' experiences in the Well-Being program, other Shared Goals (and related SMART goals) may be established with Well-Being and CIH providers, thereby expanding the PHP.
- If a Veteran attends a Well-Being Program without a PHP but with interest in creating one, the Veteran will be provided with an overview of the PHP and Well-Being class options. The Veteran can also elect to engage with a WH Coach or the Pathway programming to begin the PHP process.
- Additional aspects of personal health planning in a Well-Being program include:
 - Provide education about personal health planning in the Introduction to Whole Health.
 - Provide forums to discuss what matters most to them (MAP exploration).
 - Provide education and information regarding CIH and well-being approaches and their role in health and well-being.
 - Conduct any CIH-approach specific assessment.
 - Provide education through VA and non-VA CIH and well-being resources.
 - Offer engagement with WH Coach, WH Partner, TCMLH or WH Clinical Care programs.
 - Offer the Veteran the opportunity to connect with other WH hospital programming in support of MAP (e.g., Healthy Living, Food and Nutrition, MOVE!, etc.).
 - Engage in the Class Tracks to support PHP goals.



Whole Health Clinical Care



7. Whole Health Clinical Care

The Veteran’s experience needs to be based on full alignment across all three components of the WHS. This section summarizes key activities and steps suggested for implementing WH Clinical Care (Figure 1), the third component of WH.

Since WH Clinical Care involves the transformation of the approach to care, the starting place will vary depending on the site. Sites should leverage their FIT Consultant to help determine the best way to start implementing WH in the direct clinical setting. It is recommended to use a phased implementation approach beginning with educating leadership and key stakeholders in WH Clinical Care prior to formal implementation.

7.1 The Journey to Whole Health Clinical Care

JOURNEY TO WHOLE HEALTH CLINICAL CARE

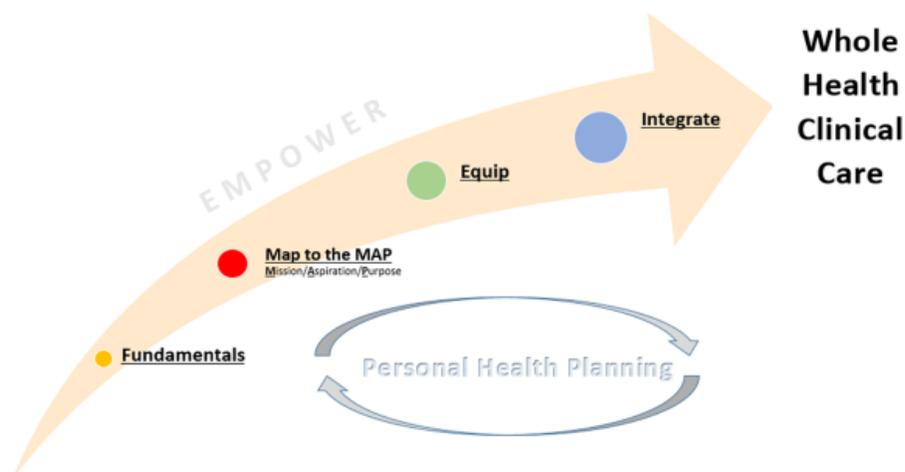


Figure 7. Journey to Whole Health Clinical Care

WH Clinical Care develops and links shared goals for health and well-being (and associated interventions) directly to what matters most to the Veteran in their life (their MAP), collaboratively helps Veterans develop or refine their personal health plan, and uses this plan to guide their care.

To equip Veterans in doing so, WH Clinical Care connects them with resources such as Pathway programs, complementary and integrative health (CIH) approaches and WH Coaching not only to treat illness, but to also support health and well-being.

Whole Health Clinical Care is defined as the integration of each of the steps shown above, conducted seamlessly to deliver excellent clinical care that empowers and equips Veterans to live their life to the fullest, in support of their MAP and on an ongoing basis.

WH Clinical Care can be done at individual, team, program and system levels and does not necessarily require additional resources to achieve the heart of this work; connecting assessment and treatment to the MAP in a meaningful manner.

To realize this large-scale cultural transformation, however, we must take a step back, and ask ourselves, how can our clinical teams move toward this aspirational goal? How will we know we have achieved this goal? These steps (above) can help us conceptualize the answer.

7.1.1 Fundamentals

Clinical teams need to have a solid foundation in communication and cultivating relationships with each other and with their Veterans. This can sometimes require further education and practice through which individuals and teams further develop their understanding and skills in the areas of Whole Health, Communication and Building Relationships. There are many offerings in VHA that help to build these skills (e.g., TEACH, Motivational Interviewing and more). It is also helpful for clinical teams to experience Whole Health for themselves, which can be done through OPCC&CT courses and tools.

7.1.2 Map to the MAP

This is the game changer. Once teams have had time to practice, they can apply their fundamental skills with their Veterans in further work around their MAP. Again, this requires practice. Clinical teams can learn about the MAP through a variety of ways, including exploration the Veteran has done in the Pathway groups, through asking “what matters to you?”, or through a full Personal Health Inventory or other assessment tools. It is at this point that clinical teams begin to understand the importance of connecting their Veteran’s MAP to shared goals.

Some sites may opt to “start big by starting small.” A reasonable place for almost any site or program to begin transforming the delivery of their clinical care is to begin by having clinicians and staff “change the conversation.” This means starting the conversation with the Veteran as an individual as opposed to their disease or problem (e.g., Veterans should be given an opportunity to reflect on the “big questions” and share their MAP with their provider). Sites and individual providers can tailor how these “big questions” are asked (e.g., the order or covering one per visit).

Many clinicians worry asking these questions will require substantially more time or have other concerns. Strategies for changing the conversation, addressing perceived barriers and answering clinician frequently asked questions can be found in the Passport to Whole Health at <https://vaww.infoshare.va.gov/sites/OPCC/Education/SiteAssets/SitePages/Hub/Passport%20to%20WH%20Reference%20Manual%20%20FY18%20Update.pdf#search=passport%20to%20whole%20health>. Also, such content is covered in the “WH in Your Practice” course.

Sample “big questions”:

- What REALLY matters to you in your life?
- What do you want to be healthy for?
- What brings you a sense of joy and happiness?
- What is your vision of your best possible health?

Individuals and teams discover what matters most to their Veterans (aka **MAP**), connect their work to the MAP by establishing shared goals in partnership with the Veteran, and document how the treatment plan supports the Veteran's MAP in notes. If we do not connect our efforts to equip Veterans with resources, referrals, tools, skill-building and education to their MAP, we are missing the critical transformative step in clinical care.

Clinicians and providers should also begin assessing the Veteran's well-being or vitality signs. The healthcare team can do everything right and yet still miss valuable information about well-being. Including an assessment of well-being or vitality signs can give the team a fuller picture of how the Veteran is doing in their life and provides another avenue to identify and explore the MAP. You will recognize these questions from the PHI.

Please rate where you feel you are on a scale from 1 to 5, with 1 being miserable and 5 being great.

- Physical well-being
- Mental/Emotional well-being
- Life—How is it to live your day-to-day life?

Veterans become engaged in their care and decision-making when clinical teams are co-creating goals with them. When these conversations are connected to the MAP, we call it “shared goal setting” and it is similar in some ways to shared-decision making. With shared goal setting, we are not focusing solely on disease. We are connecting with MAP, and addressing health and well-being while providing clinical care.

In the context of WH, one of the most important roles of the clinician or provider is to work with the Veteran to understand their current situation, to set realistic goals for achieving greater well-being, and to support and collaborate toward achievement of those goals. In this way, the Veteran and the clinician have entered into an agreement, a partnership built on establishing goals and supporting the Veteran in progress toward those goals. This is what is meant by the “shared commitment to goal achievement.”

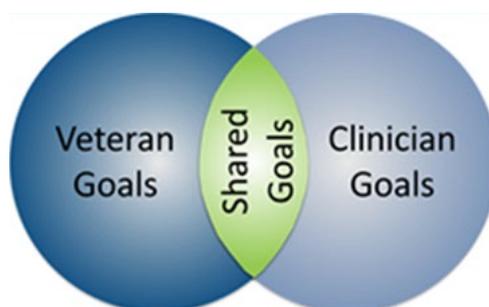


Figure 8. Shared Goals

By forging this shared commitment, the Veteran and their provider make connections between what brings meaning to the Veteran's life and the Veteran's health and well-being. The provider partners with the Veteran to set goals that match and support what is most important to the Veteran, and that are also informed by the clinical expertise of the provider/team. This engagement approach is an important WH aspect. By setting their own goals, the Veteran is more likely to commit to changes in health behavior where they may be needed. Goals based on

other factors, such as another person's desires or priorities, that are not grounded in the Veteran's own life values are far less likely to be achieved or sustained over time.

Many existing VA initiatives share a focus on empowering the Veteran for self-management and shared decision making. The Planned Care Model, Self-Management Support, and Veteran-Centered Health Education programs all work to support collaborative goal setting between clinicians and Veterans. These approaches have been promoted over the past several years through Primary Care/ NCP-sponsored educational programs and provide an important foundation for the spread of WH Clinical Care. For example, the TEACH for Success and Motivational Interviewing courses have been completed by over 35,000 PACT clinicians since 2010.

The PHP is a critical component of WH Clinical Care. Veterans can be referred into WH Clinical Care directly, or from the Pathway component or the Well-Being component; but regardless of which component they enter from, WH Clinical Care team will work closely with the Veteran to establish or update their WH goals. These goals will be reflected in an updated PHP for each Veteran and will represent a shared commitment by the clinical team and the Veteran to support achievement of these goals.

7.1.3 Equip

Once shared goals are set, the clinical team equips the Veteran with resources, tools, services, skill-building opportunities and other healthcare team members who can help them pursue those goals.

Veterans have the chance to work with Whole Health coaches, complementary and integrative health instructors, and community partners to achieve their shared goals (as available). They may also already be working with some of those team members in support of their health and well-being goals.

7.1.3.1 Complementary and Integrative Health Providers

You may decide to refer to complementary and integrative health approaches to support your Veteran's shared goals. CIH providers may be embedded within a clinical care team, work within the Well-Being Program, or be seen on a consultative basis. Within the WHS, CIH approaches should be offered through the Well-Being Program (for any interested Veteran, and not based on a particular condition) and within WH Clinical Care (within a specific clinic to support treatment of a specific disorder). In the case of WH Clinical Care, the CIH modality is only offered to the Veterans referred to a specific clinic (e.g., yoga within pain clinic; mindfulness-based stress reduction class within Trauma Services; battlefield acupuncture within PACT). Appropriate integration of CIH within clinical care is critical.

7.1.3.2 Whole Health Coaches

In addition to working with the health and Well-Being programs, WH Coaches may be embedded within a clinical care team. The clinician coaching developed by NCP can play an important role in promoting this approach in the clinical setting. Through this program, TEACH and Motivational Interviewing (MI) facilitators are available at many sites to help PACT and other clinicians apply TEACH and MI skills in actual practice. NCP provides extensive training and support to TEACH and MI facilitators to prepare them to serve as clinician coaches.

Clinician coaches provide coaching in both individual and group settings. Clinician coaches are available for individual case consultation to assist clinicians with Veteran-centered communication and health coaching approaches. The WHS implementation provides a great opportunity to support and expand clinician coaching in the use of effective Veteran-centered communication strategies.

Integrating health coaching on a wider scale begins with identifying clinical staff or other team members who are interested in committing to the “WH Coaching” course. Once WH Coaches have been trained, the clinical care team needs to create the process whereby the team can refer the Veteran to health coaching for further support. For example, a Clinical team Registered Nurse (RN), LPN, or Peer Support Specialist who has had the “WH Coaching” course can then easily follow the health goal that was created by the Veteran with the provider, thus allowing for continuity of care within the clinical team setting.

Additionally, existing resources within the VA (e.g., MOVE!, smoking cessation programs, Health Behavior Coach consults) serve to reinforce the Veteran’s health goal and are consistent with the practice of health coaching.

7.1.3.3 Other Resources

Existing resources can be used in support of a Veteran’s shared goals, as can other aspects of the WH System (i.e., Pathway and Well-being Programs). For example, SMAs, disease-based self-management programs, and treatment programs can all be used. What is critical is that these are used in alignment with the shared goals, which are developed based on the Veteran’s MAP.

7.1.4 Integrate

The next step then is to truly integrate all these steps to seamlessly to deliver excellent clinical care that empowers and equips Veterans to live their life to the fullest, in support of their MAP and do so on an ongoing basis.

Measurement strategies should be in place to assess impact of Whole Health approach.

WH Clinical Care is achieved when steps are done and used on a routine basis. When this happens, WH Clinical Care becomes the standard in which clinical care is delivered by the individual, team, program and system. System-wide transformation happens when the Veteran’s MAP and Personal Health Plan guide collaborative decisions between the clinical team and the Veteran.

Throughout this process, it is essential clinical teams are learning and focusing on their own whole health, and celebrate progress along the way.

Documentation is important along the way, as is measurement to assess the impact of this approach and allow for coordination of care.

Fundamentally, this journey is about learning the process of identifying and prioritizing your Veteran’s MAP, connecting it to shared goals, and informing your personal health planning process.

Ultimately, Veterans will have their own Personal Health Plan, and as they transform into their own advocate for their health and well-being, we will ideally see outcomes transform as well.

The sections that follow provide the reader with key operational tactics to pursue this transformation.

7.2 Operationalizing WH Clinical Care in Your Facility

Before implementing WH Clinical Care at your site, it is necessary to assess the work and Veteran (as patient) flow within the clinic. This specifically refers to how a Veteran is checked into the clinic, and the nature of the interactions they experience during each encounter. WH dialogue can potentially occur at each point of contact during that experience, and teams should work to assess the optimal opportunities for that conversation. The level of WH conversation will be determined partly by the role and training of the employee at each specific point of interaction. Once this is done, your site is ready to take the next necessary steps to implement WH Clinical Care. Review the following steps in this section to get started.

7.2.1 Pilot the Initial Implementation of Whole Health Clinical Care

- Provide support for the review of available clinical care offerings that fall under the WH Model of care. This review will form the basis of your site's "current state" in WH Clinical Care delivery. While sites will vary in their existing resources and offerings, it is important to leverage leadership and prior pilots or established best practices to share the WH goals and benefits. One option is to engage with service lines that exhibit key characteristics for success (e.g., engaged in like work to WH, engaged leadership, and willing staff).
- Develop a plan for organizational support of the pilot(s).
- Work with (or identify) a WH Clinical Champion and/or WH Education Champions to determine orientation and education needs of staff.
- Ensure team member roles are clear.
- Acquire, review, and make a plan to achieve outcome measures determined by the site, and/or set forth by the OPCC&CT related to WH implementation.

In addition to the core clinical staff, there are several other roles that can support the work of WH in conjunction with the WH Clinical Care team, such as **Medical Support Assistants (MSAs)**. MSAs have a working knowledge of the components of Health and Well-Being (i.e., what it encompasses). MSAs can develop scripts to use when presenting WH to Veterans. Script development could be developed by an MSA group as a learning opportunity about WH and their role. MSAs are often the face of the team; consistent language is important and begins with them. Additional support roles can include **Licensed Practical Nurses (LPNs)/Vocational Nurses**, and **Health Technicians**. Some teams will choose to integrate one or more CIH approaches into clinical care, in addition to being able to refer to these services through the Well-Being Program. The team should meet with the appropriate WH champions or subject matter experts to discuss education, training, and resources.

7.2.2 Whole Health Clinical Champions

WH Clinical Champions can help the clinical team integrate CIH by offering WH education and connectivity to education and training, including the WH library at

<http://projects.hsl.wisc.edu/SERVICE/index.php>. By taking these courses, the team can learn how to integrate CIH approaches into the clinical setting, and better understand both WH and the use of a PHP process with the Veteran that culminates with a PHP in CPRS/EHR for use by the broader Veteran care team.

The WH Champion may elect to conduct case reviews with the clinical team to highlight ways CIH provides patient benefit, demonstrate the referral process, and build clinician confidence in integrating CIH through open dialogue around a specific situation or case.

To provide ongoing support for the clinical team, the WH Champion can provide the clinical (or collective) care team with points of contact for WH programs and individual CIH offerings, as well as practical information on CIH approaches and links to existing Evidence-Based Synthesis Programs located at <https://www.va.gov/PATIENTCENTEREDCARE/clinicians/research/evidence-based-research.asp>. Additionally, a site's Health Behavior or Health Promotion Disease Prevention (HPDP) coordinator may have an environmental scan of community and CIH services that the WH Champion can share with other providers to use for Veteran referrals.

7.2.3 Initiate Pilot Implementation of Whole Health Clinical Care

Piloting is an excellent way to try out WH in the clinical setting and adjust based on iterative practices and shared learning. As you prepare to start the pilot process, it is important to note the following points:

- Ensure the roles of each team member have been clearly defined.
- Reflect on why the team was chosen for the pilot. Encourage them to focus on their strengths and clarify roles once more before beginning.
- Based on the determination of “where to start,” decide which team member will carry out which role, whether it is just the first three questions of the PHI or the full PHI.
- Encourage the use of non-traditional encounters to meet Veteran demand, such as:
 - Shared medical appointments
 - Telehealth
 - Telephone encounters
 - Secure messaging through My HealtheVet
 - Group PHI exploration
- The WH champion and/or team coach should meet regularly with the team to check on progress and obstacles, fidelity to the WH model, and need for further resources.
- Encourage teams to start with one to three Veterans (patients) a day and to grow the Veteran base from there. New Veteran appointments are a way to start because there are no pre-conceived expectations to overcome on the part of the Veteran.

- Regardless of where the pilot teams are starting, they should progress across a continuum until they reach the desired future state of WH Clinical Care.

Once the newly developed process(es) have been under way for a trial period (30–90 days typically), a team (e.g., the FIT team or a site-based team) may “shadow” the process and interactions, and use systems redesign to make improvements. The scope of shadowing occurs between the point of check-in and check-out of the clinical encounter. Consent from both the team and Veteran should be obtained well in advance of the appointment and confirmed at check-in.

During the shadowing, an observer sits in on the WH encounter. The observer should:

- Ask permission before entering the treatment area with the Veteran and let them know that any observations noted, and all personal health information discussed during their episode of care, will be kept confidential.
- Explain the shadowing process to the participating Veteran patients. Briefly clarify the role of the shadower to observe, record, and evaluate the Veteran care experiences with the goal of improving the delivery of care for all Veterans.
- Reinforce the Veteran’s prerogative to stop the shadowing or to ask the observer to step out of the room at any time during the shadowing event.
- Be a neutral witness to the Veteran and staff experiences through the encounter.
- Observe the steps in the process in real time to gain familiarity with the established process, often best viewed in flow map format.
- Take note of what works well and opportunities for improvement.

After the shadowing, the observer should:

- Review and consolidate observations and revise the flow map for the process.
- Ensure consistency between the newly developed “ideal” process and the observed process.
- Meet with the team to hear the shadowing observations and develop next steps to improve the process.

The shadowing tool used to ensure fidelity to the WH model can also be included in continuous quality improvement efforts.

7.2.4 Implementing PHP in Whole Health Clinical Care

The four components of personal health planning, described in Section 3, offer a process by which the flow of WH information can best be assimilated into the traditional clinical visit. Specifically, the process can be broken down into pre-provider, provider, and post-provider responsibilities within the four components.

1. Whole Health Assessment is obtained **pre-provider**. This could occur during a clinic visit through the LPN or RN, the WH Partners, a Pathway group or a PHI that is obtained during a CIH experience. It is important to remember that the WH Assessment includes the Veteran’s MAP.

2. Shared Goal setting occurs **when the provider utilizes the new WH information** obtained during the WH Assessment (or via another aspect of the WHS) to find common area(s) where provider and Veteran goals overlap. The strength in the principle of Shared Goal setting is threefold: (1) it provides an area of motivation for health behavior change, (2) it allows for SMART goal setting, and (3) it provides a means to start or expand the PHP.
3. Skill Building and Support usually **occurs post-provider** with a WH Coach, a member of the multidisciplinary PACT Team (e.g., Primary Care Mental Health Integration, dietician, pharmacy, MOVE!, etc.) or with a CIH instructor.
4. PHP development in the clinical care realm is a team effort, and **culminates with the provider**. While it encompasses the MAP components, which are often obtained pre-provider, it can also include other more clinical components.

Tips for implementing personal health planning in WH Clinical Care:

- If a Veteran presents to clinical care with a PHP already started, the clinical care team should review and discuss the plan with the Veteran. Then, the team should work with the Veteran to set Shared Goals (and related SMART goals), thereby expanding the PHP.
- If a Veteran presents to the clinical care team without a PHP and is interested in creating one, the team should provide an overview of personal health planning and offer to begin the Veteran's process of identifying their MAP and setting Shared Goals and related SMART goals if desired.
- Responsibility for the above actions should be shared across team members whenever possible, as is the fact that this process is likely to occur across multiple encounters.
- Basic actions for conducting personal health planning in a WH Clinical Care setting include traditional care planning and management guided by the establishment of Shared Goals, as well as the following (some of which may already be occurring):
 - Review chart for PHP note or reference to PHP in other clinical notes.
 - Inquire regularly (frequency dependent on Veteran, provider assessment, etc.) regarding MAP and update Shared and SMART goals as needed.
 - Take a team-based approach to initiating and developing a PHP.
 - Develop basic, or expand existing, PHP (e.g., high-level MAP with clinical care-related Shared and SMART goals or simply desire/motivation to improve self-care/self-management in some way).
 - Begin or continue Veteran's education about personal health planning via pre-visit phone calls, mailings, in-clinic handouts or discussions.
 - Utilize MI/TEACH skills in helping Veterans develop their PHP.
 - Explore or review what matters most to them in life (MAP) and revisit barriers to achieving goals.
 - Align Shared Goals, SMART goals, and treatment plan with MAP.

- Discuss actions Veteran will take to address bio-psychosocial needs in pursuit of MAP, anticipated barriers, and potential solutions to them.
- Conduct WH Clinical Care assessment (History and Physical and self-care around “Circle of Health”).
- Offer link to WH Coach, WH Partner, TCMLH, or Healthy Living programs and staff when appropriate and available to further expand PHP.
- Identify and deliver medical and other interventions needed in pursuit of MAP and disease treatment, self-management/prevention, and ultimately the Veteran’s highest achievable state of well-being.
- Address relevant prevention, treatment, self-management, advanced care planning, etc.
- Offer education regarding prevention and connection with Healthy Living programs (e.g., MOVE!, Tobacco Cessation, Gateway) and Veterans Health Education programming, including self-management support programs.

Document the above in CPRS using a PHP template that will be viewable to others in the VHA system and ensure the Veteran has a copy of their PHP.

7.2.5 Refine, Sustain, and Spread Your Whole Health Clinical Care Pilot

Once the initial pilot is complete, the site is ready to refine—as many times as needed and to the extent necessary to ensure a positive Veteran and staff experience of care. Once the WH processes are successfully integrated with the clinical process, the work of WH is not complete; rather, there are sustainment activities to engage in to ensure ongoing compliance and improvements. At a certain point, which will be different for every site, the WH Model will have achieved a form of clinical care transformation and will be suitable for spread to other clinical environments. As part of the implementation process, explore and contribute to the WHS Learning Collaborative VA Pulse Page. The Collaborative Pulse Page uses multi-way, multi-form communication around key implementation topics to support learning and transforming the VHA’s health system:

- **Refine:** Employing process improvement tools to manage and understand the depth and impact of change, such as flow charts, shadowing, and facilitated listening session with Veterans and staff promotes fidelity to the WH Model as well as the provision of high-quality, efficient, and coordinated care. Engaging local Quality Improvement professionals will provide expertise in the development of measurement and improvement plans to facilitate integration and sustainment of systemwide change. Integrating WH into daily work and leadership strategies reinforces its importance and models leadership commitment.
- **Sustain:** Once implementation of the WH Clinical Care is complete, it is necessary to continually evaluate the WH Program. This ongoing evaluation will help staff to modify, improve, and strengthen the practice within the clinic. Additionally, clinical staff will need continued support from their leaders to ensure dedicated time permits completion of training, planning, and implementation of process changes and ongoing skills development. Contingency plans should include proactive plans for staff absences and vacancies. Schedule and deliver continuing WH education (i.e., WH 201 and 301-level

education). Establish sustainment and ongoing implementation plans, including a plan for WH and CIH education and the development of education champions and faculty. Assign leadership responsibility and obtain staff and Veteran engagement in developing and implementing sustainment plans for the application of learned concepts and the WHS.

- **Spread:** A dissemination plan is necessary to expand the WH Clinical Care program from the pilot team(s) to full facility implementation. This will involve engaging Clinical Champions of the WHS to spread WH CC to new teams and sites through education and support. A formal dissemination plan with timelines offers the most successful approach for full implementation. Sample timelines for WH Clinical Care are available ([Appendix P](#)).

7.2.6 Implementation Tools and Resources

There are several tools to aid in the implementation and delivery of WH Clinical Care. They include both existing and newly developed tools under WH (i.e., My Story PHI, Brief PHI, Whole Health Review of Systems, review of the Circle of Health/Components of Health & Well-Being, and the HealtheLiving Assessment: <https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/healtheliving-assessment> .

Remember, delivery of WH Clinical Care is not defined by what tool is used but rather how the tool is used and for what purpose. The level of WH Assessment in which a clinical team will engage a Veteran will help to determine which tools the clinic will employ. For example, a clinic or Veteran group with staffing and enough available time may choose to utilize the “My Story PHI” as a PHI tool. A clinic that has a busier Veteran flow or less opportunity to review a PHI with the Veteran may choose to utilize a modified version of this PHI.

Many materials have been developed by Design and Flagship sites and are available to share or modify:

- Letters and/or brochures for Veterans with WH language can be created and often provide an opportunity for the team to use the new WH language and craft a message to Veterans to set the tone for the new WH clinical visit. This change is new to the Veteran and clinical team.
- Whole Health Assessment tools include a mechanism to allow Veteran self-reflection on their MAP, and around the Components of Health and Well-Being. PHI is available for this purpose in the My Story PHI, PHI One-Pager, or PHI pocket card format. Some sites have modified the tools to include a clinical focus as well.
- PHPs in CPRS/EHR templates are under development. Many VA facilities have created CPRS templates for PHIs, PHPs, or goals. You can share templates between facilities through the CAC’s VISTA email group. Templates can be updated to support your site’s medical records/approval for use. Additionally, you can find ways to have the PHI and/or PHP uploaded to the cover sheet through clinical reminders or postings to allow multiple teams access the document.
- Take-home note technology or after-visit reports can be developed to allow Veterans to have a copy of their PHP. This allows Veterans to have portions of the CPRS note printed in the clinical encounter and for the team and Veteran to have the same goals and plan, and supports follow-up.

- Brochures that outline the WH approach for Veterans are available free of charge from the OPCC&CT.
- Developing and maintaining a current list of CIH resources, both internal to the site and community based, that are easily accessible for clinical teams to draw upon, makes incorporation of CIH modalities simpler.

8. Employee Whole Health

Cultural transformation in the VA requires a fundamental change in every employee, not only in how they interact with Veterans and perform their duties, but in their own personal experience and how they live. To that end, the OPCC&CT established Employee Whole Health as a crucial component of the WH transformation strategy. Employee Whole Health encourages an approach to life and health, in and outside of work, beginning with the practice of mindful awareness. While engaging in the WHS, employees actively explore what matter most to them (their MAP), self-healing, and self-care. Employees are encouraged to consider three important questions regarding their mission, aspiration, and purpose: “What do you live for, What matters to you, Why do you want to be healthy?” There are many WH resources available to employees, and a supplemental, comprehensive Employee Whole Health Implementation Guide is under development.

8.1 Vision, Mission, Values

Implementation of the WHS represents a broad organizational and cultural transformation within VA, providing an enormous opportunity not only for Veterans, but for employees as well, a substantial proportion of whom are Veterans themselves. As VHA works to radically change the experience and practice of healthcare, leaders recognize the importance and value in also changing the culture as it relates more broadly to the health and well-being of employees. Given its scope of services and broad reach, the VA system has enormous potential to reach practicing healthcare professionals and affect not only the quality of healthcare delivery, but the health and well-being of providers and other healthcare personnel. Employees will play a key role in promoting the WHS to patients once they have experienced it themselves.

The vision of Employee Whole Health is to enhance VA employee experiences through knowledge, skills, and tools to actively attain and sustain a personal and organizational culture of health and well-being that embodies the values of VA to inspire Veterans and the community to live healthy lifestyles.

The mission of Employee Whole Health is to create an environment that encourages VA staff to adopt healthy behaviors that promote well-being, reduce the incidence of preventable illness and injury, and foster a culture of employee engagement that results in the best care and improved access for Veterans. To that end, Employee Whole Health supports the development of employee health programs that help employees live their best life in alignment with what matters most to the individual. Programs such as stress management, quitting the use of tobacco, reaching and maintaining a healthy weight, eating healthier, becoming more physically active, and sleeping better can help employees reduce their risk of chronic illness and optimize their health and well-being. This translates into lower sick leave, turnover, and burnout and higher productivity and job satisfaction.

8.2 Purpose and Audience for Employee Whole Health

This section of the WH Guide about Employee Whole Health has been developed to provide VISNs and facilities information and tools to support effective implementation of their Employee Whole Health programs and offerings. In combination with existing Employee Whole Health

education and training, resources, online tools and support, this Guide is intended to help each of the VISNs implement Employee Whole Health in VAMCs across the system.

8.3 Employee Whole Health: Pathway

The Employee Whole Health Pathway is built upon healing relationships with clinical and non-clinical staff who have been trained to help fellow staff (re)discover their MAP. The Pathway consists of individual and group sessions that begin with the practice of mindful awareness as a way to pay attention on purpose. Employees self-reflect on their MAP and begin their overarching PHP. The Pathway utilizes methods of teaching and experiencing CIH approaches to self-care. The Employee Whole Health Pathway encourages staff to take charge of their life and health as they consider the Components of Proactive Health and Well-Being:

1. **Working Your Body** – exercise and movement for energy, flexibility, and strength
2. **Surroundings**– how things around you affect your body and emotions
3. **Personal Development** – learning and growing throughout your lifetime
4. **Food and Drink** – nourishing your body
5. **Recharge** – sleep, rest, relaxation
6. **Family, Friends, and Co-workers** – your relationships with others
7. **Spirit and Soul** – a sense of connection, purpose, and meaning
8. **Power of the Mind** – tapping into your ability to heal and cope

8.4 Employee Whole Health: Well-Being Programs

Employee Whole Health Well-Being programs focus on equipping employees with self-care, skill building, and support to actively attain and sustain a personal and organizational culture of health and well-being that embodies the values of VA to inspire Veterans and the community to live their fullest lives. Employees can develop a PHP to best meet their goals in alignment with their MAP. Well-Being programs are not diagnosis or disease based but support the personal health plan of individuals and equip employees to achieve their goals and what matters most to them. Well-Being services build on and incorporate the existing health education and health promotion programs developed specifically for employees, including Wellness Is Now (WIN) with MOVEmployee!, WIN by Quitting Tobacco, and Creating Balance with WIN.

The core offerings of Employee Whole Health Well-Being programs may include:

- Well-Being classes/programs (e.g., WIN with MOVEmployee!, WIN by Quitting Tobacco, and Creating Balance with WIN (or other stress reduction/burnout prevention classes))
- CIH approaches (e.g., yoga, tai chi, meditation)
- Health coaching
- Options to increase physical activity (e.g., employee fitness centers, group exercise classes, walking groups) and environmental supports (gym, bike racks, walking paths, farmers' market)

- Quarterly health events (e.g., health fairs, VA2K)
- Monthly communication to employees using multimedia approaches

8.5 Employee Whole Health: Clinical Care

The clinician/care provider's role in employee health is episodic; however, there are ways to integrate WH principles and approaches into these appointments. In Employee Whole Health, it is important for the clinician/care provider to partner with the employee to align their care in support of the employee's MAP and PHP. Employee Whole Health clinicians/care providers are changing their conversation with the employee from "What's the matter with you?" to "What matters to you and how can we help you live your best life?"

Many VA initiatives and resources have been made available to employees that attend to and address the full range of physical, emotional, mental, social, spiritual, and environmental influences that affect an employee's health. Employee Whole Health clinicians/care providers are responsible for offering these resources to employees. As mentioned in previous sections of this Guidebook, the Veteran, or in this case the employee, is the owner of their personal health plan. In the context of Employee Whole Health Clinical Care, the clinician/care provider and the employee develop shared goals with the intention of the employee adding these goals to their PHP. Employee Whole Health clinicians/care providers may also provide or recommend complementary and integrative health approaches to the employee for the purposes of treatment (Battlefield acupuncture) or well-being (health coaching, yoga, tai chi).

It is also important to note here that unlike Veteran WH, the employee will receive the bulk of their clinical care in the community, and that the VA cannot and should not replace the employee's private primary care provider.

8.6 Employee Whole Health: Personal Health Planning

As previously discussed, the WHS is based on three central components: the Pathway; Well-Being Programs; and WH Clinical Care. The PHP—a living document that grounds the approach to care in what matters most to the employee—forms the basis of decision making and treatment planning as the employee moves through the different parts of the system or throughout their wellness and care in the community. This PHP is owned by the employee and begins with the MAP. Exploration of MAP necessitates self-reflection and can be initiated in any area of the WHS and/or by any member of the employee's healthcare team, including health coaches and/or peers. The PHP links action to the employee's MAP. The action(s) can be self-care approaches or Well-Being activities as well as shared goals collaboratively created with a clinician/care provider. The resources and support may come from within or outside VA, but the MAP and self-care remain the driving force for the actions.

8.7 Employee Whole Health: Community Resources

There are several ways that employees can access health and Well-Being services. For example, most employees in VA participate in the Federal Employees Health Benefits Program, which provides health insurance coverage for employees and their dependents. Federal employees, retirees, and their survivors enjoy the widest selection of health plans in the country, many of which cover the costs of preventive services (immunizations, screenings for cancer, diabetes, and

high blood pressure, and tobacco use cessation services and medications) and may provide access to additional health and Well-Being services, including health risk assessments, primary care, and chronic disease management. Employees may also access health and Well-Being services through several personal or independent social, community, family, or church programs. What is offered varies by community, but there may be entities that offer discounts for federal employees and/or Veterans, and employees are encouraged to inquire about such community resources.

Acronyms

ADPAC	Automated Data Processing Application Coordinator
CAC	Clinic Application Coordinator
CARA	Comprehensive Addiction and Recovery Act
CIH	Complementary and Integrative Health
CPRS	Computerized Patient Record System
DF	Designation Framework
FIT	Field-based Implementation Team
FTE	Full Time Equivalents
FY	Fiscal Year
HE	Healing Environment
HPDP	Health Promotion and Disease Prevention
HR	Human Resources
HRA	Health Risk Assessment
HSR&D	Health Services Research and Development Service
IHCC	Integrative Health Coordinating Center
LPN	Licensed Professional Nurse
MAP	Mission, Aspiration, Purpose
MCAO	Managerial and Cost Accounting Office
MI	Motivational Interviewing
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSA	Medical Support Assistant
NCP	National Center for Health Promotion and Disease Prevention
OPCC&CT	Office of Patient-Centered Care and Cultural Transformation
PACT	Patient Aligned Care Team
PCO	Publications Control Officer
PHI	Personal Health Inventory
PHP	Personal Health Plan
QUERI	Quality Enhancement Research Initiative

RN	Registered Nurse
SMART	Specific, Measurable, Action-Oriented, Realistic, and Time-Based
TCMLH	Taking Charge of My Life and Health
TMS	Training Management System
VA	Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VERA	Veterans Equitable Resource Allocation
VISN	Veterans Integrated Service Network
VISTA	Veterans Health Information Systems & Technology Architecture
VSO	Veterans Service Organization
WH	Whole Health
WH Clinical Care	Whole Health Clinical Care
WHS	Whole Health System
WIN	Wellness Is Now

Glossary

Term	Definition
Clinical Assessment	The provider’s physical, mental, and psychosocial exam, including diagnostic and genomic data.
Community	A place where someone lives, works, and worships that includes all the people and groups with whom Veterans connect.
Complementary and Integrative Health	Approaches to treat illness, support health, and promote well-being.
Design Sites	Sites that proposed innovative ways to bring innovative methods related to whole-person care to their sites and their work supported the formation or “design” of the WH Model based on field-based experiences.
Flagships	18 sites charged with implementing the WH System while leading VISN-wide WH dissemination through education and mentoring.
Healing Environments	A place or setting that supports and empowers patients to foster health, healing, and well-being.
Healing Relationships	Relationships that foster effective and meaningful interactions among VHA staff and Veterans.
Health Risk Assessment	An assessment within the Whole Health Assessment that evaluates the patient’s current health status and gauges current risks.
National Tracking Mechanisms	STOP Codes, CHAR4 Codes, CPT codes, and health factors and their associated process that help to understand and evaluate both the utilization and cost of WH.
Personal Health Plan	A jointly developed plan that the Veteran and VHA care team leverages in all VHA interactions.
Personal Health Planning	A continuous process that evolves with the Veteran over time, integrates the three main WH Model components, and facilitates the development of a Veteran’s overarching Personal Health Plan.
Self-Reflection	The first step in the Whole Health Assessment, which helps Veterans identify what is important to them and the area(s) in their lives that they are most motivated to make a behavioral change (e.g., the MAP of the Veteran).

Term	Definition
Shared Goals	When the provider/clinician utilizes the WH Assessment to identify common area(s) where provider and Veteran goals overlap.
Steering Committee	A group of five to 10 members, a designated chairperson, and a Veteran representative. The Committee works with the WH Clinical Director and Field-based Implementation Team (FIT) Consultant to implement WH at the site.
Taking Charge of My Life and Health	A range of VHA program options that are available to Veterans and their family members aimed to empower and help Veterans explore their mission, aspiration, and purpose (MAP) for health and well-being.
The Pathway	A component of the WHS that empowers Veterans to explore what really matters to them, make choices in alignment with their values, and set personal goals that allow them to be actively engaged in optimizing their health and well-being.
Well-Being Programs	A component of the WHS that equips the Veteran with health education and health promotion programs as well as services that support self-care and well-being.
Whole Health	Whole Health (WH) is an approach to health care that empowers and equips each individual to take charge of their health and well-being, and to live their life to the fullest.
Whole Health Assessment	An examination of an individual's overall whole health.
Whole Health Clinical Care	A component of the WHS that treats the Veteran with best-in-class medical care in a manner that is both holistic and focused on shared Veteran and provider goals, with emphasis on what matters most to the Veteran.
Whole Health Clinical Champion	An expert in WH with a high level of motivation to implement, spread, and encourage others to adopt the practice of WH within the VAMC.
Whole Health Coach	The WH Coach is an official position title with VA with a nationally classified position description. Health coaches work with individuals and groups throughout the site in a Veteran-centered process to facilitate and empower Veterans to develop and achieve self-determined goals related to health and well-being.

Term	Definition
Whole Health Coaching	Individual or group coaching, in person, telephonically, or via Telehealth. Sessions usually last several weeks up to several months depending on the arrangement of the Veteran and Coach.
Whole Health Day	A one-day event for staff to learn about WH and offer integrative health services to pique interest.
Whole Health Orientation	A session that explains the philosophy of the WH Model and how to engage in the WH approach to maximize its value to one's health and well-being.
Whole Health Partner	A person who recruits Veterans to participate in WH, conducts Introduction to Whole Health sessions and TCMLH and Pathway programming, and provides ongoing support to Veterans.
Whole Health System Model	The WH System is a graphical model for whole health delivery. It includes three major components: the Pathway, Well-Being Programs, and Whole Health Clinical Care which are integrated by the Veteran's Personal Health Plan. These are supported by Healing Relationships and Healing Environments and delivered in the context of the Veteran's community.

Appendix A. Steering Committee Charter Sample

Complementary and Integrative Health (CIH) Steering Committee Charter

1. **MEMBERSHIP:**

-Integrative Health & Wellness Program Director Chairperson
- Health Education, Food, and Nutrition Working Group Chair..... Member
- Mind and Emotion Working Group Chair..... Member
- Spiritual Life Working Group Chair Member
- Energetic Body Working Group Chair Member
- Research Working Group Chair Member
- Events and Outreach Representative Member
- Patient Centered Care Representative Member
- Staff Representative (at large) Member..... Member
- Staff Representative (at large)..... Member
- Integrative Health Service Provider Representative..... Member

The CIH Steering Committee membership is composed of the chairperson, working group chairs, CIH service providers in the medical center, and VA staff members who are interested in partnering to promote integrative, patient-centered care. Steering Committee Members provide expert and evidence-based advice, strategic counsel, and coordinated outreach around the development of CIH programming for the DC VA Medical Center. Membership reflects participation from multiple departments at the DC VA Medical Center. Contributing members will provide expertise in CIH modalities. Appointment to the CIH Steering Committee is subject to approval by the committee chairperson. Attendance at steering committee meetings will be required for working group chairs, the chairperson, and staff representatives. Attendance of other contributors will be at the invitation of the chairperson.

Working group chairs will be appointed by the CIH chairperson at the beginning of each new fiscal year and can be removed at the discretion of the chairperson at any time during their tenure.

2. **MEETINGS:** Meetings are held on the first Thursday of the month at 12:00 p.m. in the Freedom Auditorium Conference Room.

3. **FUNCTIONS:**

- To promote health and well-being in Veterans and in DCVAMC Staff Members
- Guide the provision and further development of safe and effective integrative and complementary services to decrease stress levels, improve coping skills, and improve well-being of Veterans and Staff at DCVAMC.
- Provide education and information to Veterans and Staff about integrative health and wellness.
- Support research on user satisfaction levels and safety/effectiveness of integrative and complementary modalities offered to improve these services.
- To discuss and refine evolving issues or initiatives that are identified within the Steering Committee Working Groups

- Identify new partnership opportunities to support integrative health and wellness for Veterans and Staff in the communities in which we work.
- 4. **MINUTES**: Minutes are maintained and include the names of members and others attending, actions taken and/or recommendations made. Minutes are sent the week following the meeting to Steering Committee members. Minutes are forwarded to the Customer Service Committee.
- 5. **SUBCOMMITTEE**: The CIH Validation Subcommittee reports to the CIH Steering Committee. The CIH Validation Subcommittee consists of the CIH Steering Committee Working Group Chairs and the Chairperson. The CIH Steering Committee Chairperson will also serve as the Chairperson for the CIH Validation Subcommittee. Additional contributing (non-voting) members with expertise in CIH modalities will regularly attend meetings as subject matter experts.
- 6. **GOVERNANCE**: Reports to Customer Service Committee.

Approved by Committee: 11/5/15

Committee Chairperson: _____

SIGNATURE DATE

Medical Center Director: _____

SIGNATURE DATE

Appendix B. Validation Committee Charter Sample

Complementary and Integrative Health (CIH) Validation Subcommittee Charter

1. **MEMBERSHIP:**

-Integrative Health & Wellness Program Director..... Chairperson
- Health Education, Food, and Nutrition Working Group Chair..... Member
- Mind and Emotion Working Group Chair..... Member
- Spiritual Life Working Group Chair..... Member
- Energetic Body Working Group Chair..... Member
- Research Working Group Chair..... Member
- Integrative Health Service Provider Representative..... Member (non-voting)

Additional contributing (non-voting) members with expertise in CIH modalities will regularly attend meetings as subject matter experts. Three members are required for a quorum.

2. **MEETINGS:** Meetings are held on the third Thursday of the month at 12:00pm in the Freedom Auditorium Conference Room or on an as-needed basis as Service Chiefs and Departmental Directors seek to hire and/or validate Wellness Service Providers.

3. **FUNCTIONS:**

- To monitor and implement the CIH Provider Validation Process.
 - To review proficiencies and validate CIH Service Providers at the DC VA Medical Center.
 - To approve revisions to the CIH Provider Validation Process at the departmental level.
- **MINUTES:** Minutes are maintained and include the names of members and others attending, actions taken, and/or recommendations made. Minutes are forwarded to the CIH Steering Committee.
 - **GOVERNANCE:** Reports to CIH Steering Committee.

Approved by Committee: 11/5/15

Committee Chairperson: _____

SIGNATURE

DATE

Medical Center Director: _____

SIGNATURE

DATE

Appendix C. Relevant Whole Health Person Class Taxonomies

The person class and the user class are both required in CPRS but they are not the same.

Person Class: The person class is an older VA term that has evolved now into a taxonomy code. The taxonomy code must be attached for billing to occur.

Reference: https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=7461

User Class: A user class governs what the user can do within CPRS.

Reference: [https://www.va.gov/vdl/documents/Clinical/CPRS-Text_Integration_UTILITY_\(TIU\)/tiuum.doc](https://www.va.gov/vdl/documents/Clinical/CPRS-Text_Integration_UTILITY_(TIU)/tiuum.doc)

- Non-licensed Well-Being providers (e.g. health coaches, whole health partners, yoga/tai chi/meditation instructors, etc.)
 - Person Class:
 - **Code:** 174H00000X
 - **Type:** Level II Classification
 - **Health Educators:** Health educators work in a variety of settings providing education to individuals or groups of individuals on healthy behaviors, wellness, and health-related topics with the goal of preventing diseases and health problems. Health educators generally require a bachelor's degree and may receive additional training, such as through mentoring, internships, or volunteer work. *Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]*
 - User Class: (omit items that are not in your system)
 - Provider
 - Ores
 - Magdisp Admin
 - Magdisp Clin
 - SDECVIEW
 - AXVVA ALL LOCS
 - Menus:
 - OR CPRS GUI CHART
 - DVBA CAPRI GUI
 - AGD DGZ HBA
 - AGD NSZ WARD ADM
 - AGD AJH ROOM SCHEDULER
 - AXVVA VISUAL AID CLINI APPS

Other Relevant person classes:

- **Acupuncturist: 171100000X:** “An acupuncturist is a person who performs ancient therapy for alleviation of pain, anesthesia and treatment of some diseases. Acupuncturists use long, fine needles inserted into specific points in order to treat painful conditions or produce anesthesia.”
- **Naturopath: 175F00000X:** “Diagnoses, treats, and cares for patients, using system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body: Utilizes physiological, psychological, and mechanical methods, such as air, water, light, heat, earth, phototherapy, food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor and orifical surgery, mechanotherapy, naturopathic corrections and manipulation, and natural methods or modalities, together with natural medicines, natural processed foods, and herbs and nature's remedies. Excludes major surgery, therapeutic use of x-ray and radium, and use of drugs, except those assimilable substances containing elements or compounds which are components of body tissues and are physiologically compatible to body processes for maintenance of life.”
- **Massage Therapist 225700000X:** “An individual trained in the manipulation of tissues (as by rubbing, stroking, kneading, or tapping) with the hand or an instrument for remedial or hygienic purposes.”

Source: <http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/>

Appendix D. Criteria for Facility Whole Health Education Champions

A successful Whole Health education plan relies on highly trained, skilled educators and faculty. The OPCC&CT provides faculty for Whole Health programs through a contract with the Pacific Institute for Research and Evaluation (PIRE) and their CIH and Health and Wellness Coaching master instructors. In addition, the OPCC&CT is building a national pool of internal faculty, known as Education Champions, to meet current needs and future growth and sustainment of Whole Health education. Whole Health education programs will initially be delivered at each facility by the PIRE/OPCC&CT faculty and the national pool of Education Champions. Recommended Qualifications for the Clinical and CIH Facility Education Champions are as follows:

D.1 MD/DO Facility Education Champion

Minimum of a Doctor of Medicine or Doctor of Osteopathy degree and at least three to five years of experience in Complementary and Integrative Medicine (CIM), ideally having completed or enrolled in an Integrative Medicine, Functional Medicine, or other related fellowship program.

- Experience in clinical/medical environment as a provider
- Completed advanced training in areas of CIM
- Experience in practicing CIM within clinical practice
- Experience in teaching and instructing areas related to CIM including education, research, facilitated discussion, and experiential activities
- Expert understanding of the research related to the Components of Health and Well-being, and ability to teach and share practice and research examples with others
- Verified engaging, interactive and professional instructor presentation style

D.2 Complementary and Integrative Health (CIH) Professional Facility Education Champion

Minimum of a Master's Degree with clinical background and at least five years' experience in holistic approaches to care. Bachelor's Degree with extensive and relevant experience may be acceptable.

- Experience practicing in a multidisciplinary clinical/medical environment
- Completed advanced training in areas of CIM
- Extensive experience in teaching, instructing and facilitating clinicians and groups
- Experience in facilitating groups in the topics of Health and Well-Being
- Experience practicing in one to two areas of CIM (e.g., Yoga, Qigong, Tai Chi, Mindfulness, Reiki, Healing Touch, Massage, Acupuncture, Hypnotherapy, Integrative Nutrition, Integrative Health Coaching)

- Experience in teaching and instructing areas related to CIM, including education, research, facilitated discussion, and experiential activities
- Verified professional, engaging, interactive, and experiential facilitator presentation style

Appendix E. Hiring Whole Health Service Providers

E.1 Full Time Employees (FTEs)

- Consider hiring full time Well-Being/Complementary and Integrative Health (CIH) providers, if possible. Position Descriptions are available for Tai Chi/Qi Gong instructor, Yoga instructor, WH Coach, WH Partner, WH Clinical Director, WH Program Manager, and WH Program Assistant. PDs are available on the OPCC&CT SharePoint Site at:
<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/OPCC/Shared%20Documents/CIH%20Position%20Descriptions%20and%20Functional%20Statements&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7b4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d>
- When hiring FTE consider:
 - Permanent vs. term appointments
 - Term appointments will need to be renewed frequently, depending on the budget for that year, which can be challenging for ongoing programs
 - Use of hiring authorities (e.g., Research Hiring Authority)
 - Hiring FTE staff than can provide multiple services (e.g., a psychologist that can offer MBSR, meditation, biofeedback, whole health coaching)
- Consider utilizing existing FTE staff
 - Current FTE staff may have training in yoga, meditation, reiki and may be willing (with supervisor approval) to offer those services at the facility. Options to involve these FTE:
 - Establish an informal MOU to work with employees of other services within your facility so trained providers have protected time to offer Well-being Program services
 - Use detail assignments from within VHA
 - Use reassignments for lateral transfers within VHA

Note: Existing clinical staff who have training in CIH approaches should check with their state boards to confirm whether they can provide CIH approaches under their scope of practice.

E.2 Contractors

- Work with your local Contracting Office to identify the site's needs and outline deliverables in order to bring on a contractor to your service and develop a Scope of Work.
- Determine if you are going to use a sole source contract or if you will put the contract out for bid. Sole source means a specific person is identified as the preferred vendor, which requires a written justification. In the case of a contract out for bid, individuals will apply for the contract just as they would a job announcement.

- Contractors allow for flexibility with external funding like grants. Grant funding can cross fiscal years if the contract is written to allow for that.
- Life cycle of a contract:
 - An Acquisition Package (AP) is created by a COR (Contracting Officer Representative) and the Project Manager (PM) at the VA represents the requesting service.
 - The AP is reviewed by Contracting. The Contracting Officer (CO) then puts the contract out to bid, or contracts the sole sourced vendor.
 - Contract is awarded to vendor. COR initiates paperwork for security clearance, badge, etc.
 - Period of performance begins. COR should meet with PM regularly to assess progress.
 - Contract is either renewed (option years) or ends.

E.3 Volunteers

- Volunteers are unpaid providers/staff.
- Collaborate with your local Voluntary Services representative to determine local requirements for becoming a volunteer at your facility. Directory of Local VA Voluntary Service Offices is here <http://www.volunteer.va.gov/directory/index.asp>
- Ensure that the Well-Being/CIH service that the Volunteer will be providing is on their volunteer form.
- Well-Being/CIH volunteers must be vetted and meet the same competency criteria as FTE staff for the service they are providing.
- Refer to CIH Position Descriptions for FTE for minimum proficiencies.
- Volunteers generally cannot access the VA network (i.e., cannot access a computer at the facility), which would mean they could not enter notes in CPRS or access other computer applications.
- If using volunteers for service provision, determine who will administratively enter the charting. In CPRS?
- Ensure that the clinic set up in VISTA is non-count (for more information on clinic set up see the CIH Resource Guide at: https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/CIH%20Resource%20Guide/CIH%20Resource%20Guide_Final%20April%202018%20V6.pdf#search=cih%20resource%20guide
- The OPCC&CT is working with the National Voluntary Services Office to develop guidance on working with volunteers and WOC to support CIH Programming.
- For additional guidance on Voluntary Service Procedures and definitions please refer to VHA Handbook 1620.01. https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2165

E.4 Without Compensation (WOC) Employees

- Unpaid staff (considered federal employees) who have computer access.
- Can go through credentialing and privileging if standards exist.
- Operate similarly to FTE onsite, but they are not paid.

E.5 Memorandum of Understanding (MOUs)

- Establish an MOU and a Data Use Agreement (if applicable) to work with employees at institutions with which your facility is affiliated but whose income will not be supplemented by the VA and will not require VA network access.

E.6 Fee Basis

- Clinical staff can provide services at a VA facility through a fee basis agreement. They need to have proper credentialing, privileging, and approval through HR before working at the VA. Fee basis staff can be paid an hourly rate for their services. Typically, there is an annual ceiling for compensation.
- Non-clinical staff may provide services at VA through a fee basis agreement, but will be paid per “unit” of the approach they are offering. This unit cost (i.e., health coaching, meditation, yoga), is determined after an analysis of the competitive market/Medicaid/Medicare rate. The facility can then enter into a fee basis agreement that is just under that comparison rate. There is an annual ceiling for compensation.

E.7 Community Care Provider Network Contract

The Department of Veterans Affairs issued a Performance Work Statement to solicit a Community Care Network (CCN) to provide a broad range of health care services with the intention of delivering a program that would be easier to understand, administer and would meet the needs of America’s Veterans. The VA defined a high performing network as one that included a mix of Health Care Services as well as CIH Services.

The CCN Health Benefit Package section describes all of the services that are provided under the contract. It identifies all services covered under the Basic Medical Benefits Package, and includes but is not limited to modalities such as Chiropractic and Acupuncture services, which have become a common form of treatment. In addition, the CCN Solicitation goes on to require specific approaches in the Complementary and Integrative Healthcare Services section of the solicitation.

- Link to official public resource www.FBO.gov current solicitation and all amendments under solicitation #VA791-16-R-0086:
- The request for proposal (RFP) was posted on FBO on 9/19/2018. Information and updates should be found on the FBO webpage available at:
<https://www.fbo.gov/index?s=opportunity&mode=form&id=913474594d57da8ffd6e08e6f3c3a000&tab=core&cvview=1>

Referral information will be updated and posted on the program office site once it is made available.

Table 8. CIH Clinical Codes

VA National Clinic List Code	Name	Coverage
BIOF	Biofeedback	Under certain conditions pursuant to 38 CFR § 17.38
HYPN	Hypnotherapy	Under certain conditions pursuant to 38 CFR § 17.38
MSGT	Massage Therapy	Under certain conditions pursuant to 38 CFR § 17.38
NAHL	Native American Healing	Under certain conditions pursuant to 38 CFR § 17.38
RLXT	Relaxation Techniques (e.g., meditation, guided imagery)	Under certain conditions pursuant to 38 CFR § 17.38
TAIC	Tai Chi	Under certain conditions pursuant to 38 CFR § 17.38

Appendix F. Whole Health Education Training Courses

Table 9. Whole Health Education Training Courses

Program	Audience	Description	Faculty
<p>“WH 101 for Clinicians” Local, onsite 1-day</p>	<p>Clinical staff, including licensed and non-licensed staff</p>	<p>Teaches approaches that support the healing response. Clinicians plan small changes they can make in their daily practice to set an intention, be present, focus on what matters to the Veteran, empower Veterans, and utilize tools to enhance their own resilience.</p>	<p>The OPCC&CT Faculty Faculty in Training Local Education Champion</p>
<p>“WH 101 Facilitator Training” Local, onsite 4 hours</p>	<p>Clinical staff, including licensed and non-licensed staff</p>	<p>Local staff with WH expertise are taught how to facilitate the WH 101 for ongoing dissemination.</p>	<p>The OPCC&CT Faculty Faculty in Training Local Education Champion</p>
<p>“WH Partner Training Centralized” 2-3 days</p>	<p>WH Partners</p>	<p>Orientation and training specific to the WH Partner role.</p>	<p>PIRE/UW Faculty in training Local Education Champions</p>
<p>“Taking Charge of My Life and Health (TCMLH) Centralized” 3-days</p>	<p>WH Partners, Peer Support Specialists, Veteran volunteers, clinical and non-clinical staff</p>	<p>Teaches facilitators how to lead the 9-week Whole Health Group Based Program, during which Veterans explore what matters to them in their life and their values, aspirations, mission, and purpose in life; learn the practice of mindful awareness; and engage in goal setting, skill-building, and self-management of their health and health care, with the support of a group of their peers.</p>	<p>PIRE/UW Faculty in training Local Education Champions</p>

Program	Audience	Description	Faculty
<p>“WH in Your Practice” Local, onsite 2.75 days</p>	<p>Clinical leaders and clinical staff including licensed and non-licensed staff</p>	<p>A skills-based program designed to extend the boundaries of care beyond disease management to include the creation of health and well-being, for Veterans and clinicians alike. Discuss the research and evidence and use case studies and experiential activities to explore WH and CIH approaches to common conditions that Veterans face, including pain. Participants can apply the skills learned the next day in their practice and begin to utilize a Whole Health and CIH approach with Veterans.</p>	<p>The PIRE/UW/OPCC&CT Faculty in training Local Education Champion</p>
<p>“WH Coaching Centralized” 6 days divided in two 3-day sessions with practice between</p>	<p>Non-clinical and clinical staff, including Peer Support Specialists and Veteran volunteers</p>	<p>Provides training, practice, and mentoring for participants to become Whole Health Coaches, and develops Whole Health coaching skills for clinicians and staff that honor the Veteran’s health goals. Meets the accreditation requirements from the National Consortium for Health and Wellness Coaches, meaning graduates are eligible for national coaching certification.</p>	<p>PIRE/UW Local Education Champions</p>
<p>“Whole Health Facilitated Group” 3 days</p>	<p>Veteran peer facilitators</p>	<p>Group-based Program that allows Veteran Participants to become more proactive in their own health.</p>	
<p>“Whole Health Partner Skills” 2 days</p>	<p>Whole Health Partners & Program Managers</p>	<p>Equips students with a core skill set for the Whole Health Partner to implement the concepts and components of the Whole Health Pathway.</p>	

The OPCC&CT also developed several online and advanced education options in support of WH patients, providers, and support staff. Review the following tables to learn about these courses.

Table 10. Online and Advanced Education Options

Program	Audience	Description	Faculty
<p>Mindful Awareness Online TMS code 31300 1-hour</p>	<p>Clinical staff, including licensed and non-licensed staff</p>	<p>This one-hour virtual learning course is for clinical staff, including licensed and non-licensed staff, to help participants explore and experience mindful awareness and learn its benefits for patient health outcomes, as well as their own well-being. Clinicians will learn how to describe Mindful Awareness and its use within VA, explore the research regarding Mindful Awareness, and how to develop a plan to incorporate Mindful Awareness into daily routine and practice.</p> <p>The course provides <i>Category 1 AMA Physicians Recognition Award™</i> CME credit; ACCME for physicians and ACCME – NP for non-physicians, and <i>American Nurses Credentialing Center (ANCC)</i> for nurses.</p>	

Program	Audience	Description	Faculty
<p>Introduction to Complementary and Integrative (CIH) Approaches Online TMS code 29890 1-hour</p>	<p>Clinical staff, including licensed and non-licensed staff</p>	<p>The Whole Health approach is inclusive of conventional care and CIH. This module focuses on how complementary approaches fit, or don't fit, into your practice; offers an introductory CIH overview; and explores how to consider CIH approaches in an evidence-informed Personal Health Plan (PHP).</p>	
<p>Clinician Self-Care Online TMS code 29607 1-hour</p>	<p>Clinical staff, including licensed and non-licensed staff</p>	<p>Clinician self-care is equally important in the WH model and begins with the clinician, "Me," at the center of the Circle of Health. Burnout in medicine is an epidemic and supporting clinician self-care can help protect against it.</p>	
<p>WH for Pain and Suffering Centralized 2-days</p>	<p>Clinicians working with people in pain</p>	<p>Provides education and skills-based practice on a Whole Health approach to pain and suffering using complementary and integrative therapies. Participants learn how mind-body approaches and self-management can support coping and well-being for people with pain. They are presented with key research and information on how to apply CIH in pain care.</p>	<p>PIRE/UW/OPCC&CT Education Champions</p>

Program	Audience	Description	Faculty
<p>Eating for Whole Health 2-days</p>	<p>Clinical staff wanting to incorporate nutrition into personal health planning</p>	<p>Explore nutrition-related topics, ranging from how our foods affect our bodies at a molecular level to how best to support Veterans in making changes related to their eating patterns. Vignettes cover areas where nutrition can have a particularly profound impact on health, including for prevention, mood and overall brain function, pain, and gastrointestinal health. The latest thinking on fats, proteins, and carbohydrates are discussed and mindful awareness, food safety, and fundamental cooking tips and guidelines are addressed.</p>	<p>PIRE/UW/OPCC&CT Education Champions</p>
<p>Personal Health Planning: Making it Real Local, as available 2.5 days</p>	<p>Clinical staff involved in co-creating a Personal Health Plan (PHP) with Veterans</p>	<p>Takes clinicians through a deep dive into personal health planning. The program includes a didactic component, small group-based and experiential learning sessions, and mentored sessions with faculty who have expertise in personal health planning using a Whole Health model and CIH approaches. Faculty accompanies teams into their actual clinical settings and offer support and guidance regarding health planning.</p>	<p>The OPCC&CT Faculty Education Champions</p>

Appendix G. Clinic Names and Note Titles Sample

The following are examples of clinic names and note title samples. This list is not exhaustive. However, it can provide your site with information on how to get started.

Table 11. Sample Clinic Names and Note Titles

Health Offering	Clinic Name	Note Title
Whole Health	DC/IHW HEALTH ED	Integrative Health & Wellness Health Education Note
MBSR Group	DC/IHW MBSR	Integrative Health & Wellness Health MBSR Note
Qigong	DC/IHW QIGONG	Integrative Health & Wellness Health Qigong Note
Tai Chi	DC/IHW TAI CHI	Integrative Health & Wellness Tai Chi Note
Wellness Reiki	DC/IHW REIKI	Integrative Health & Wellness Energetic Wellness Note
Integrative Medicine Physician	DC/IHW INTEGRATIVE MED	Integrative Health & Wellness Integrative Medicine Clinic Note
Integrative Medicine Fellow	DC/IHW INTEGRATIVE MED FELL	Integrative Health & Wellness Integrative Medicine Clinic Note
Wellness Massage	DC/IHW MASSAGE	Integrative Health & Wellness Massage Note
Orientation	DC/IHW ORIENTATION GRP	Integrative Health & Wellness Orientation Note
Tailored Group Acupuncture	DC/IHW ACUPUNCTURE GRP	Integrative Health & Wellness Tailored Auricular Acupuncture Note
Acupuncture Clinic	DC/IHW ACUPUNCTURE	Integrative Health & Wellness Individual Acupuncture Note
iRest Group	DC/IHW IREST	Integrative Health & Wellness iRest Note
Gentle Yoga Group	DC/IHW YOGA	Integrative Health & Wellness Yoga Note
Meditation Group	DC/IHW MEDITATION	Integrative Health & Wellness Energetic Wellness Note
Integrative Nutrition & 8 Week Group	DC/IHW NUTRITION GRP	Integrative Health & Wellness Nutrition Education Note
Nutrition Workshops	DC/IHW NUTRITION WORKGROUP	Integrative Health & Wellness Education Note

Appendix H. Whole Health Pathway Group Note Template

Note Title: PT CENTERED CARE WHOLE HEALTH EDUCATION NOTE

WHOLE HEALTH EDUCATION GROUP

DATE: [TEXT BOX]

DURATION: [TEXT BOX]

ATTENDEES: [TEXT BOX]

Veteran attended session [TEXT BOX] of the nine-week Whole Health Group. The Whole Health approach involves addressing mind, body, and spirit in an integrative approach to health & well-being. The eight areas of Whole Health include: Personal Development; Food & Drink; Recharge; Family, Friends, & Coworkers; Spirit & Soul, Power of the Mind, Working your Body, and Surroundings.

Topics discussed:

Small text box

Veterans engaged in a discussion about the above topics and practiced deep breathing and meditative practices to begin and end the group. In addition, the Veterans engaged in

[TEXT BOX] exercises.

The Veterans were given a chance to ask questions about the topics of the group this week.

Recommendations/Homework:

Small text box

Plan: Return to group next week

Appendix I. Internal Partnership Opportunities

There are many service lines or programs within your site that offer natural partnership opportunities. The list below is not exhaustive, but offers likely areas where fellow Whole Health champions and allies may be found.

- Health Promotion and Disease Prevention Coordinator (HPDP) MOVE!
- Health Behavioral coordinator (HBC)
- WH Coaches
- Veteran Health Education Coordinator
- Primary Care/Patient Aligned Care Team (PACT)
- Primary Care Mental Health Integration (PCMHI)
- Substance Abuse Residential Rehabilitation Treatment Program (SAARTP)
- Pain Management Teams
- Patient Advocates/Veteran Experience Officer
- Physical Medicine and Rehabilitation (PMR)
- Medicine
- Surgery/Anesthesia
- Employee Health and Well-Being
- Quality Management
- Social Work Services
- Nutrition
- Pharmacy
- Mental Health
- Peer Support Specialists
- Nursing Service

Appendix J. Personalized Health Plan (PHP) Sample

NATHAN S. (Nate)

DOB: 11/11/1981

MISSION (in Nate’s words):

To be physically well enough to actively participate in all the events that matter to me, spending time outside doing nature photography and being with my girlfriend.

SUMMARY OF PLAN (Top themes and Action Plan items):

You have a lot you want to do with your life, but you say you are overwhelmed, especially because of all your chronic illnesses. You want help navigating the system to work with them all. You have been working with a psychiatrist and mental health provider for assessments and counseling, in addition to taking your prescribed medications. Right now, you state that your physical well-being—how you eat and your activity level—are your highest priorities. You have shared that your joy comes from photography, helping others, and feeling useful. You want to work with a Whole Health Coach to focus your efforts over the next 12 months.

OVERALL HEALTH GOALS:

1. Improve nutrition and lose 20 pounds within the next year. Work with a nutritionist or Dietitian through MOVE.
2. Increase physical activity (walking, hiking, yoga) to 30 minutes per day or a total of 180 minutes per week. Create an exercise plan with a personal trainer, and meet with trainer twice a month. Consider group classes.
3. Learn how to incorporate mind-body tools in daily life through exercises taught by mental health providers.

MINDFUL AWARENESS:

- Note your sleep patterns and keep a sleep journal: hours of sleep, times woke up, dreams, or flashbacks.
- Pay attention to what you notice just before a flashback, so you can learn more about the patterns and make it easier for you to predict when they will come. Continue to learn ways to keep yourself safe when they occur.

PROACTIVE SELF-CARE

A. Working the Body

As we agreed, start ramping up your exercise with the goal of getting 180 minutes (3 hours) each week. Go out hiking once or twice a week. You agreed that you could benefit from the help of a personal trainer. I will refer you to the MOVE program.

B. Recharge

Review the information on healthy sleep and make sure you follow the sleep hygiene steps. It is okay to continue with the melatonin. Keep following through with your counselor for the work with your PTSD. Consider the sleep study referral.

C. Spirit and Soul

You lit up talking about your photography. Be sure to keep it up. Display some of your work at that gallery that was interested. Continue to pray. A men's prayer group might be a great way to get more social contact and help you feel more spiritually connected.

D. Surroundings

I am glad that you like your current home and have fixed it up. We discussed the safety of your home. You shared that you do not keep a gun at home because of the flashbacks. This is a good idea. I ask that you keep me updated if this changes for you, and I will continue to check in with you.

E. Power of the Mind

As we discussed during your visit, there are many ways to explore the mind-body connection. You can talk with your counselor about options, too. Suggest you start with deep breathing exercises as I demonstrated with you. I gave you a handout for that. Talk to your psychologist about biofeedback, as we discussed.

SUPPORT TEAM**Principal Professionals**

Primary Care Provider

Psychiatrist

Mental Health Provider

Dietitian

Personal Support Team

Girlfriend, Lisa (most support)

Friends (casual going out friends)

Parents (does not rely on them)

Whole Health Coach

PROFESSIONAL CARE**Prevention**

Up to date. Follow up with the cholesterol tests and A1c as scheduled.

Medications

Continue medications as prescribed. OK to continue dietary supplements, as we discussed.

Results

Blood pressure up at 150/90; return for re-check in 2 weeks.

Treatment (Conventional and Complementary)

Chiropractic is fine to continue, but use caution with intensive approaches where a lot of force is applied to your lower back. Start the new blood pressure medication. I am glad your psychologist is using some of the techniques helpful for PTSD, pain, and some of your other concerns.

Referrals

Nutrition and health coaching on board. Follow-up with that sleep study as discussed.

Skill building and education

Breathing techniques. Mindful eating.

FOLLOW UP (Next Steps)

1. Call to set up an initial appointment with the Whole Health Coach (within 1 week).
2. Register for the MOVE program and meet with the Dietitian (within 1 week).
3. Follow-up with the Sleep Study referral (within the next month).
4. Return for nurse blood pressure check (in 2 weeks).

See me again in 2 months, and we will go over supplements in depth at that time.

Appendix K. Personalized Health Inventory (PHI) Sample Template

This is an example of a Personal Health Inventory (PHI) from CPRS. As you scroll through the PHI within CPRS, you can click to expand on a specific component as shown in the included screen shots.

Reminder Dialog Template: PERSONAL HEALTH INVENTORY COMPLETE

PERSONAL HEALTH INVENTORY STAGE 1

Additional Personal Health Inventory notes:

- No data available for PERSONAL HEALTH INVENTORY STAGE 1
- No data available for PERSONAL HEALTH INVENTORY STAGE 2
- No data available for PERSONAL HEALTH INVENTORY STAGE 3
- No data available for PERSONAL HEALTH INVENTORY STAGE 4

Thank you for allowing us to partner with you in making a holistic, personal health plan and commitment to improve your health and quality of life. We believe that the best way to achieve your optimal health and well being is to combine self care and professional care.

Click on the link for additional information.

[Personal Health Inventory](#)

We are going to think about your overall life. Taking time to think about what matters to you will help you to create your healthiest life. Let's begin:

1. What REALLY matters to you in your life? Why do you want or need your health?
*

2. What brings you a sense of joy and happiness?
*

3. On a scale from 1 to 5 (1 being miserable, 5 being great) rate where you feel you are on:

a. Physical Well-Being:

Visit Info Finish Cancel

PERSONAL HEALTH INVENTORY STAGE 1

Health Factors: PH INV S1 HAPPINESS, PH INV S1 WHAT MATTERS, PH INV S4 CHANGE IN HEALTH HABITS, PH INV S4 CURRENT AND LIKE TO BE, PH INV S4 HEALTH 5 YEARS

* Indicates a Required Field

Reminder Dialog Template: PERSONAL HEALTH INVENTORY COMPLETE

CURRENT AND DESIRED STATES
 For each area, consider where you are and where you would like to be then we will use your answers to develop some personal goals.

- a. Working the body: (Energy and Flexibility) - Movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.
- b. Recharge: (Rest and Sleep)- Getting enough rest and sleep and participating in activities that help you feel recharged and fueled.
- c. Food and Drink: (Nourish and Fuel)- Eating healthy well-balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.
- d. Personal Development: (Personal life and Work life)- Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.

PERSONAL HEALTH INVENTORY STAGE 3

CURRENT AND DESIRED STATES
 For each area, consider where you are and where you would like to be then we will use your answers to develop some personal goals.

- a. Family, Friends, and Co-Workers: (Hearing and Being Heard)- Having caring and supporting relationships where you feel heard and connected to people you love and care about. The quality of your communication with family, friends, and your co-workers.
- b. Spirit and Soul: (Growing and Connecting)- Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times. This may include your faith or religion, meaningful community organizations, or other sources of comfort and

PERSONAL HEALTH INVENTORY STAGE 1

Health Factors: PH INV S1 HAPPINESS, PH INV S1 WHAT MATTERS, PH INV S4 CHANGE IN HEALTH HABITS, PH INV S4 CURRENT AND LIKE TO BE, PH INV S4 HEALTH 5 YEARS

* Indicates a Required Field

Reminder Dialog Template: PERSONAL HEALTH INVENTORY COMPLETE

CURRENT AND DESIRED STATES
For each area, consider where you are and where you would like to be then we will use your answers to develop some personal goals.

a. Working the body: (Energy and Flexibility) - Movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.

Current State: Rate current state on scale of 1(low)-5(high) :

1(low)
 2
 3
 4
 5(high)
 6(not answered)

Desired State: Rate desired state on scale of 1(low)-5(high) :

1(low)
 2
 3
 4
 5(high)
 6(not answered)

b. Recharge: (Rest and Sleep)- Getting enough rest and sleep and participating in activities that help you feel recharged and fueled.

Visit Info Finish Cancel

PERSONAL HEALTH INVENTORY STAGE 1

Health Factors: PH INV S1 HAPPINESS, PH INV S1 WHAT MATTERS, PH INV S4 CHANGE IN HEALTH HABITS, PH INV S4 CURRENT AND LIKE TO BE, PH INV S4 HEALTH 5 YEARS

* Indicates a Required Field

Appendix L. Personalized Health Plan Goals (Sample)

Before a Veteran completes their Personal Health Plan (PHP), they will develop personal and shared goals with clinicians and other providers. The following screen shots illustrate how these goals appear.

Reminder Dialog Template: PERSONAL HEALTH PLAN GOALS

PERSONAL HEALTH GOALS

Based on your self assessment, we will develop some personal health goals that are specific, measurable, action oriented, realistic, and time bound (SMART).

- Specific - Be concrete about what you exactly want to do.
- Measurable - The amount of time and frequency that you will do the activity.
- Action Oriented - Describe the specific activity.
- Realistic - Choose to start with something that you know you will be able to accomplish.
- Time bound - You should have a start date and end date. It is important to have an end date to check-in to see where you are in accomplishing your goal.

Please remember that you are the expert on you so what matters in your life, your values, goals, and priorities should drive this plan. Let's start by selecting an area that you feel would be important to improve:

- Working Your Body: "Energy and Flexibility"
- Recharge: "Rest and Sleep"
- Food and Drink: "Nourishing and Fueling"
- Personal Development: "Personal Life and Work Life"
- Family, Friends and Co-Workers: "Hearing and Being Heard"
- Spirit and Soul "Growing and Connecting"
- Surroundings "Physical and Emotional"
- Power of the Mind "Strengthen and Listen"

Visit Info Finish Cancel

PERSONAL HEALTH GOALS

Based on your self assessment we will develop some personal health goals

<No encounter information entered>

* Indicates a Required Field

Reminder Dialog Template: PERSONAL HEALTH PLAN GOALS

Recharge: "Rest and Sleep"

Rest, relaxation, and sleep recharge and refuel you. Sleep is critical for important body functions. Rest, relaxation, and leisure activities create a sense of peace and calm and lower stress. You may also find that physical activity, spending time with family and friends, spending time in nature, completing a significant challenge, or working on a hobby helps you to recharge. Paying attention to the balance between activity and rest is important for optimal health.

Let's think about your current state. Before, when you were asked to rate your current state on a 1 to 5 scale, what were the reasons you chose for your current number?

*

What changes would make this area a "5" for you?

*

Now, let's make a SMART goal:

Set smart goal for the next week. Be specific: what, where, how much, how often. Example: Will walk at least 3 times a week for 20 minutes each, after work:

*

Possible barriers and ways to overcome. Weather, pain, time. Example: Walk indoors, exercise with friend?

*

Walk indoors, exercise with friend?

*

Resources you have or need to meet goal:?

*

Support you have or need to achieve goal?

*

Importance, on a scale of 0-10 with 10 being very important how important is this goal? *

Confidence level you have, on scale of 0-10 with 10 being very confident: How Confident are you that you can achieve this goal? *

Who do you believe will be your primary support person in reaching this goal?

*

Information/Interventions:

Visit Info Finish Cancel

PERSONAL HEALTH GOALS

Based on your self assessment, we will develop some personal health goals

<No encounter information entered>

* Indicates a Required Field

Appendix M. Personal Health Plan Wallet Card (Sample)

Use the “Personal Health Plan Wallet Card” to help the Veteran identify areas of their life that influence their health and well-being.



My Personal Health Plan Wallet Card

Whole Health is all about helping me live my life to the fullest.

My Mission, Aspiration or Purpose: What do I live for? What matters most to me?



**Areas of strength (+), challenge (-)
My areas of focus are checked**

+ or -	Area of Circle	✓
	Mindful Awareness	
	Working My Body	
	Surroundings	
	Personal Development	
	Food and Drink	
	Recharge	
	Family, Friends and Coworkers	
	Spirit and Soul	
	Power of the Mind	
	Professional Care	
	Community	

Why do I want to be healthy? How does being healthy support what matters most to me?

IB 10-931

P96815

My overall goals:
My self-care priorities:
Major medical concerns and screenings:
Medications and supplements:
Professional care (conventional and complementary):
My support team (family, friends, health team members):
My education and skill building:

Revised 7/18

<https://www.va.gov/patientcenteredcare/>

Appendix N. Integrative Health and Wellness Program Schedule Sample

The following schedule can give you an idea of how to organize your CIH and Well-being offerings.

Integrative Health And Wellness Program						
Weekly Group Schedule						
	Monday	Tuesday	Wednesday	Thursday	Friday	
<p>No appointment is necessary for drop-in groups. Massage appointments are made the Monday before only.</p> <p>Please arrive at least 15 minutes prior to the group start time to sign in on the attendance sheet. The group will begin and no additional participants will be admitted after EITHER 1. The room is full or 2. 10 minutes past the group start time.</p> <p>If you are interested in a closed, multi-week group, please attend on the scheduled start date. After Week 1, participants must wait until the next cycle.</p> <p>The Integrative Health and Wellness Program is located in 1E-390</p> <p>We can be reached at: (202) 745-8000 x53882</p> 	<p>Mindfulness Based Stress Reduction (MBSR) 9 Week Group 8:00-10:30am Room 1E-390 Next group starting 7/11/2016</p>	<p>Tailored Group Acupuncture 9:00-10:30 Room 3B 114</p>		<p>iRest Yoga Nidra Meditation 8:00-9:00am Room 1E-390</p>		
			<p>Wellness Massage 9:00am—2:00pm (30 minute sessions) Room 1E-390</p>		<p>iRest Yoga Nidra Meditation 10:00—11:00am Room 1E-390</p>	
			<p>Tailored Group Acupuncture 10:30am-12:00pm Room 1E-390</p>	<p>Tailored Group Acupuncture 10:00-11:30am Room 3B 114</p>	<p>Tailored Group Acupuncture 10:00-11:30am Room 3B 114</p>	
			<p>Meditation 12:00-1:00pm Room 1E-390</p>		<p>Gentle Yoga 11:00-am-12:00pm Room 1E-390</p>	
		<p>Gentle Yoga 1:00-2:00pm Room 1E-390</p>	<p>Integrative Nutrition 8 Week Group 1:00-2:30pm Room 1E-390 Next group starting 7/12/2016</p>	<p>Whole Health Pathway 1:00-2:30pm Room 4A 303 See brochure for details</p>	<p>Tailored Group Acupuncture 1:00-2:00pm Room 1E-390</p>	
		<p>Tailored Group Acupuncture 1:00-2:30pm Room 3B 114</p>	<p>Tailored Group Acupuncture 1:00-2:30 Room 3B 114</p>	<p>Tailored Group Acupuncture 1:00-2:30pm Room 1E-390</p>	<p>Women's Self-Discovery Workshop 2:00-3:30pm Room 1E-390 *a portion of the group will be outside See flyer for dates</p>	
		<p>Meditation 2:00-3:00pm Room 1E-390</p>	<p>Nutrition Workshop 2:30-4:00pm Room 1E-390</p>			
			<p>Tailored Group Acupuncture 4:00-5:00pm Room 1E-390</p>	<p>T'ai Chi 3:00-4:00pm Room 1E-390</p>	<p>Qigong 3:30-4:30pm Room 1E-390</p>	
			<p>Whole Health Pathway 4:00-5:00pm Room 4A 303 See brochure for details</p>			

Appendix O. Well-Being Program Consult Samples

PLEASE COMPLETE ALL FIELDS. INCOMPLETE CONSULTS WILL REQUIRE RESUBMISSION. IHW SERVICES ARE TO DECREASE STRESS AND INCREASE OVERALL WELLBEING, NOT FOR THE TREATMENT OF ANY SPECIFIC CONDITION.

*Provider has informed the Veteran that services in this program are available only after attending the program orientation. * Yes No

*Veteran requires a caregiver to attend appointments at the DC VAMC. * Yes No

*Veteran is accompanied by a service animal. * Yes No

*Veteran is wheelchair bound and requires travel to attend appointments at the DC VAMC. * Yes No

*Veteran understands that this is a voluntary program in which he/she can participate: * Yes No

*Veteran is cleared by a medical provider to participate in all IHW Wellness Activities (see below for list of services). * Yes No

If Veteran is NOT cleared to participate in ALL services, please specify which services the Veteran is not cleared to attend due to contraindications.

Please list any physical or psychological conditions that providers should be aware of prior to working with this Veteran (including but not limited to conditions of the spine and neck that would limit the Veteran's participation in physical activities/manipulation, pregnancy, or behavior that is disruptive in a group setting). If there are none, please report "N/A". *

*Reason for wellness referral: (services are not intended for the treatment of any specific condition). *

*Provider recommended referral (MINIMUM OF ONE RECOMMENDATION IS REQUIRED , can check more than one) :

Tailored Group Ear Acupuncture (exclusion: pregnancy)

Meditation

Template: WHOLE HEALTH & WELL-BEING OUTPT STL

WHOLE HEALTH AND WELL-BEING SERVICES ARE MEANT TO PROVIDE THE PATIENT A WAY TO DECREASE STRESS AND INCREASE OVERALL WELL-BEING. THEY ARE NOT MEANT TO BE USED AS A TREATMENT OF ANY ONE SPECIFIC CONDITION.

*Staff member completing consult has informed the Veteran that services in this program are available only after attending the program orientation.
 * Yes No

*Veteran understands that this is a voluntary program in which he/she can participate: * Yes No

(Optional) If there are any physical or psychological conditions that providers should be aware of when working with this Veteran, please comment here (example: spine or neck conditions, PTSD, pregnancy, disruptive behavior).

Click here if your patient is interested in one of these whole health approaches (optional):

- Tailored group ear acupuncture (exclusion: pregnancy)
- Meditation
- Gentle yoga
- Tai Chi
- Integrative Nutrition Education Group
- Whole Health Education Group

All None * Indicates a Required Field Preview OK Cancel

Appendix P. Whole Health Clinical Care Implementation Timeline (Sample)

Table 12. Whole Health Clinical Care Timeline

Section	Objectives	Yr 1 Oct	Yr 1 Jan	Yr 1 Apr	Yr 1 Jun	Yr 2 Oct	Yr 2 Jan	Yr 2 Apr	Yr 2 Jun	Yr 3 Oct	Yr 3 Jan	Yr 3 Apr	Yr 3 Jun
A	Identify Pilot Sites												
1	Identify WH Champions / Leadership team	Y											
1.1	Create subcommittee / workgroup for WH CC	Y											
1.2	Identify strong partnerships in clinical settings	Y	Y										
2	Identify Pilot Sites	Y	Y	Y									
2.1	Role clarification		Y	Y									
2.2	Optimize team dynamics		Y	Y	Y	Y							
3	Rollout of PHP												
3.1	First 3 questions	Y	Y										
3.2	PHI		Y	Y	Y								
3.3	PHP			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3.4	Health coaching		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
B	CPRS Documentation												
1	Work with CAC to create templates	Y											
2	Pilot Sites to work with templates		Y	Y									
3	Incorporate feedback, consistent use			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
C	Education												

Section	Objectives	Yr 1 Oct	Yr 1 Jan	Yr 1 Apr	Yr 1 Jun	Yr 2 Oct	Yr 2 Jan	Yr 2 Apr	Yr 2 Jun	Yr 3 Oct	Yr 3 Jan	Yr 3 Apr	Yr 3 Jun
1	Whole health 101/201	Y	Y	Y									
2	FIT engagement - Advanced PHP			Y	Y								
3	Whole health 301/401					Y	Y	Y	Y	Y	Y	Y	Y
D	Marketing												
1	Brochures, posters, magnets, pocket cards, etc.	Y	Y										
2	Further outreach to additional clinical teams			Y	Y	Y	Y						
3	Outreach to VSOs, veterans, other service lines		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E	Evaluation												
1	WHP toolkit measures		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	Utilization of PHI/PHP		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	Veteran satisfaction (SHEP/SAIL)					Y	Y	Y	Y	Y	Y	Y	Y
4	Access					Y	Y	Y	Y	Y	Y	Y	Y

Appendix Q. WHS Measures and Metrics

Q.1 Selecting Metrics and Outcome Measures

While some sites are required to collect specific outcome data, others may prefer to do so of their own accord to investigate the impact on cost and quality implementing a new approach to health care. The following information can help inform decisions about what to measure and how to measure it. OPCC&CT is in the process of developing a toolkit to assist with outcomes evaluation. All can be accessed easily through internet search (except patient activation theory (PAM) which is proprietary), and you can work with your FIT consultant to help choose the appropriate metrics for your site.

Q.2 WHP Metrics

- Key Outcome – Sense of life, meaning, and purpose
 - Life Engagement Test
 - Institute for Healthcare Improvement (IHI)/100 million healthier lives measure
- Key Outcome – Engagement in health care and management
 - Perceived health competence scale
 - PAM - proprietary
 - IHI measure
- Key Outcome – Goal setting and attainment
 - Goal attainment questions adapted from the FY 15 PHP survey
- Key Outcome – perceived improvement in health and well-being
 - Perceived Stress Scale (PSS)
 - PROMIS-10
 - Defense and Veteran’s Pain Rating Scale (DVPRS)
- Key Outcome – Patient-Centered Care (Healing Environment)
 - CollaboRATE
 - Consultation and Relation Empathy (CARE)

Q.3 Other Measures

- Survey of Healthcare Experience of Patients (SHEP)/ Strategic Analytics for Improvement and Learning (SAIL) Questions to consider:
 - In the last 6 months, how often did this provider listen carefully to you?
 - In the last 6 months, did this provider spend enough time with you?
 - Using any number from 0-10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
 - In general, how would you rate your overall health?
 - In general, how would you rate your overall mental or emotional health?
 - Comprehensiveness composite score
- All Employee Survey (AES) Questions to consider:
 - Considering everything, how satisfied are you with your work group?
 - Considering everything, how satisfied are you with your job?

- How satisfied do you think other VA employees are with the products and services provided by the place where you work?
- How satisfied do you think Veterans and their families are with the products and services provided by the place where you work?
- Questions on moral distress
- Veteran satisfaction (can pull questions from an accepted database)
- Ambulatory Care Sensitive Conditions Hospitalizations
- Risk Standardized Admission Rate per 1000 patients
- Provider Almanac report
- Performance Measures: Many performance measures are related to HEDIS measures and it is possible that the WHS can cause improvements in these metrics; however, it is not likely this will be an immediate outcome. It is a good idea to work with your Research support and FIT consultant to determine the proper metrics in your evaluation strategy.