



Compendium on the Use of Core Whole Health Services, Complementary and Integrative Health Therapies, and Chiropractic Care at the VA

Volume 2:

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Executive Summary

As a part of the Veteran Health Administration's (VA's) Whole Health System transformation, the VA has been providing an increasing variety of Whole Health services to a growing number of Veterans for over a decade both through VA providers and through community providers. These services include 1) complementary and integrative health (CIH) therapies and chiropractic care, and 2) "core" Whole Health services. The eight CIH therapies included by the VA are acupuncture, biofeedback, clinical hypnosis, guided imagery, massage therapy, meditation, Tai Chi/Qigong, and yoga.

Two groups of Core Whole Health services are also included. One group, Core Whole Health, includes a broad range of core programs and classes offered as part of each VA Medical Center's Whole Health programming. These core offerings include Whole Health coaching and educational services, "Introduction to Whole Health", "Taking Charge of My Life and Health", and "Pathway" classes, and peer-support services. The second group of Core Whole Health services focuses on Whole Health Clinical Care services. These are specific encounters where Whole Health trained clinicians work with patients to integrate Whole Health in their treatment planning, focusing on shared goal setting, and developing and updating personal health plans. These visits are identified when clinicians document this work in the electronic medical record.

This expansion in the breadth and availability of these therapies and services is being driven by several factors, including: mounting evidence of the effectiveness of CIH therapies and Whole Health in general for many conditions;¹⁻¹¹ the inclusion of CIH therapy recommendations in national pain management guidelines and strategies;¹²⁻¹³ increasing demand from Veterans for CIH therapies;¹⁴ increasing need to offer nonpharmacologic pain management strategies to counter the opioid epidemic; and significant support from Congress and VA leadership.¹⁵⁻¹⁶

The Data Nexus project of the VA Complementary and Integrative Health Evaluation Center (CIHEC), in partnership with the VA Office of Patient Centered Care & Cultural Transformation (OPCC&CT) and VA's Quality Enhancement Research Initiative (QUERI) Program, was funded to analyze data from VA electronic medical records and community-based claims to examine Veterans' use of core Whole Health services, chiropractic care, and eight CIH therapies from fiscal years (FYs) 2017 to 2020. This *Compendium on the Use of Core Whole Health Services, Complementary and Integrative Health Therapies, and Chiropractic Care at the VA: Volume 2: Transitions in Care Due to the COVID-19 Pandemic, 2017-2020* reports on the state of Veterans' use of these services and therapies over the past four years, details the demographic and health characteristics of those Veterans, and examines Veterans' use of these therapies and services delivered using virtual telehealth technologies.

Our analyses of Veterans' use of core Whole Health Services, eight CIH therapies, and chiropractic care showed:

- A total of 441,891 Veterans made 2,930,700 visits for these services and therapies in FY20. Of these visits, 422,313 (14%) were delivered through telehealth.
- There is regional variation in the proportion of Veterans participating in these services and therapies. Facilities in Veterans Integrated Services Network (VISN) 8 had the highest rate of utilization, with 16.7% of Veterans participating in at least one service in FY20. Facilities in VISN 7 had the lowest Veteran participation rate (6%).

- In FY20, Veteran utilization of CIH therapies and chiropractic care initially continued to grow, thus following the trend observed in prior years. However, interruption in in-person services due to the COVID-19 pandemic led to FY20 utilization levels being about the same as in FY19.
- Younger Veterans and female Veterans were more likely to participate in core Whole Health services. Notably, rates of participation by race and ethnicity were similar, with Black and Hispanic Veterans having higher rates of use of some therapies compared to non-Hispanic white Veterans, highlighting successful efforts by VA medical centers to reach underserved populations.
- Veterans with chronic pain, histories of opioid use, or mental health diagnoses (e.g., depression, anxiety, and post-traumatic stress disorder (PTSD)) were more likely to use core Whole Health services than Veterans without these conditions. These findings suggest that Veterans might be interested in utilizing core Whole Health services for these conditions, potentially supplementing or substituting Whole Health for more conventional therapies which can be more time-intensive.
- About 1% of Veterans using the VA in FY20 were diagnosed with opioid use disorder. Among these Veterans, use of core Whole Health services was high. Notably, Veterans diagnosed with opioid use disorder (OUD) used core Whole Health services more than any other group, with 7.4% using these services at least once in FY20.
- Veterans' use of core Whole Health services increased during FY20 despite the COVID-19 pandemic, in part because the VA quickly adapted to the emerging virtual landscape and delivered these services via telehealth. By the end of FY20, the number of core Whole Health service visits made via telehealth was nearly equivalent to the number of visits made in-person in the three months before the onset of the COVID-19 pandemic.
- Many VA medical centers launched telehealth programs for meditation, yoga, and Tai Chi/Qigong. Veterans' use of these telehealth programs increased from April 2020 to September 2020, even as some in-person offerings were reinstated towards the end of FY20. However, therapies requiring in-person contact such as acupuncture, therapeutic massage, and chiropractic care were significantly impacted by the COVID-19 pandemic, although delivery of these therapies did not stop completely.
- One new service we identified was telehealth other support/education about CIH therapies, which some sites adopted in response to the COVID-19 pandemic. These virtual encounters included education and coaching about doing CIH on their own, self-acupressure, and other advice for Veterans around incorporating CIH self-care concepts at home. Because of the uniqueness of these encounters, they are counted separately from Whole Health.
- Veterans' use of core Whole Health Services and CIH therapies delivered via telehealth was consistent across sociodemographic groups. That is, there were no apparent disparities by age, rurality, race/ethnicity, or gender. Although there is concern that only offering Whole Health services via telehealth could reduce ease and availability to some Veterans, including older Veterans, we observed that the same groups of Veterans who were using Whole Health services in-person before the COVID-19 pandemic used these services virtually once telehealth programs were developed.

Introduction

As a part of Veteran Health Administration's (VA's) Whole Health System transformation, VA has been providing an increasing variety of Whole Health services to a growing number of Veterans for over a decade. This expansion in the breadth and availability of these services is being driven by several factors, including: mounting evidence of the effectiveness of CIH therapies and Whole Health in general for many conditions;¹⁻¹¹ the inclusion of CIH therapy recommendations in national pain management guidelines and strategies;¹²⁻¹³ increasing demand from Veterans for CIH therapies;¹⁴ increasing need to offer nonpharmacologic pain management strategies to counter the opioid epidemic; and significant support from Congress and VA leadership.¹⁵⁻¹⁶

VA's broad range of Whole Health services are comprised of 1) eight complementary and integrative health (CIH) therapies and chiropractic care, and 2) "core" Whole Health services. The CIH therapies included in this report are approved by VA to be offered as part of the standard VA medical benefits package and represent a radical step forward in providing truly integrative care – one which no other healthcare system has implemented on this scale. These therapies are acupuncture – including full body acupuncture and battlefield acupuncture (BFA), biofeedback, clinical hypnosis, guided imagery, massage therapy, meditation, Tai Chi/Qigong, and yoga. Battlefield acupuncture is a form of auricular acupuncture developed to be easily administered in a wide range of clinical as well as informal settings, and for the purposes of this report, BFA was investigated separately from full body acupuncture. Although Tai Chi and Qigong are different practices, they stem from the same roots and are based on similar concepts. As such, we combined Veterans' use of these two CIH therapies for the purposes of this report. Additionally, while some in the healthcare field still consider chiropractic care to be CIH, it is considered allopathic care in the VA. Nonetheless, we included chiropractic care in this report because of its central role in providing a non-pharmacologic approach to pain management and its close integration with many CIH programs across the VA medical system. Every VA medical facility is now required to provide access to these therapies where appropriate for Veterans' plan of care, either at a VA medical center, in the Veterans' communities, or via telehealth. Because the VA is the nation's largest integrated healthcare system, this innovation has the potential to greatly impact federal and state health policy related to the provision of CIH therapies within any healthcare setting.

Two groups of "core" Whole Health services are included. One group, core Whole Health, includes a broad range of core programs and classes offered as part of each VA Medical Center's Whole Health programming. These core offerings include Whole Health coaching and educational services, "Introduction to Whole Health", "Taking Charge of My Life and Health", and "Pathway" classes, and peer-support services. The second group of core Whole Health services focuses on Whole Health Clinical Care services. These are specific encounters where Whole Health-trained clinicians work with patients to integrate Whole Health in their treatment planning, focusing on shared goal setting and developing and updating personal health plans. These visits are identified when clinicians document this work in the electronic medical record.

The Data Nexus project of the VA Complementary and Integrative Health Evaluation Center (CIHEC), in partnership with the VA Office of Patient Centered Care & Cultural Transformation (OPCC&CT) and VA's Quality Enhancement Research Initiative (QUERI)

Program, was funded to analyze data from VA electronic medical records and community-based claims to examine Veterans' use of core Whole Health services, chiropractic care, and eight CIH therapies from fiscal years (FYs) 2017 to 2020. The *Compendium on the Use of Core Whole Health Services, Complementary and Integrative Health Therapies and Chiropractic Care at the VA. Volume 2: Transitions in Care Due to the COVID-19 Pandemic, 2017-2020* reports on the results of those analyses, showing Veterans' use of these services and therapies over the past four years and the demographic and health characteristics of those Veterans.

This *VA Compendium* is updated annually or biannually, with this 2020 update moving beyond CIH therapies to also examine core Whole Health services such as coaching and Whole Health classes. This update also examines a wider range of health conditions than previously and includes Whole Health delivered via telehealth.

Background on Whole Health in the VA. In response to increasing demand for CIH therapies from Veterans, clinicians, and Congress, the Integrative Health Coordinating Center was established in 2014 within the VA OPCC&CT to identify and remove barriers to implementing evidence-based CIH therapies across the VA, including developing national policy on the provision of CIH therapies. In 2016, the Comprehensive Addiction and Recovery Act (CARA) was signed into law,¹⁵ contributing significant momentum to the expansion of CIH therapies and chiropractic care in the VA. This legislation required both a comprehensive plan for how the VA would expand availability of these therapies and a three-year pilot to expand their provision in no fewer than 15 VA medical centers. As such, the VA designated 18 VA medical centers as "Whole Health Flagship" facilities in 2018, representing the first wave in the national deployment of VA's Whole Health System model. As a part of the Whole Health System, CIH therapies, core Whole Health and other services are delivered in the VA not only as an add-on or a set of new tools, but as a critical component of a larger transformation to a Whole Health System model of care.¹⁷ This model shifts from focusing on episodic, disease-centered care to engaging and empowering Veterans early on and throughout their lives to take charge of their life and health. (For more information on [the evaluation of the Whole Health Flagship effort](#), please see the full report.¹⁸)

Over the past several years, the VA has made significant progress in expanding the availability of core Whole Health services, CIH therapies, and chiropractic care to Veterans, especially to address pain and mental health conditions. In 2017-2018, our national survey of VA medical centers and their large community-based outpatient clinics showed the average VA medical center offered five CIH therapies, with many offering ten or more.¹⁹ Our 2019 Compendium showed this provision greatly increased in just a few years.²⁰ In addition, the VA is expanding on-station chiropractic clinics, consistent with the 2018 Consolidated Appropriations Act which requires on-station chiropractic care be provided at no fewer than 50 percent of all medical centers in each Veterans Integrated Services Network (VISN) by December 31, 2021.

Veterans' responses and health outcomes resulting from the provision of Whole Health services and therapies are very positive, as shown in our national Whole Health evaluations,¹⁸ the studies featured in our special journal supplements on Veterans' use of CIH therapies,²¹⁻³¹ and most of the 200+ studies in our QUERI CIHEC library of CIH research conducted with Veterans.³²

Part A: Veterans' Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care

1. Veterans' Use of Core Whole Health Services, CIH Therapies and Chiropractic Care, FY20

Table 1 shows Veterans' overall use of the broad range of these services including: 1) core Whole Health services, 2) CIH therapies, and 3) chiropractic care. FY20 ranges from October 2019 to September 2020 and was substantially impacted by the COVID-19 pandemic.

Table 1. Veterans' Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care, FY20

Therapy	Number of Users	Number of Visits
Any Service or Therapy	441,891	2,930,700
In-Person	371,003	2,508,387
Telehealth	122,016	422,313
Core Whole Health: Clinical Care	59,410	153,944
In-Person	37,820	79,798
Telehealth	27,435	74,146
Core Whole Health: Coaching/Other Activities	147,768	422,734
In-Person	89,874	216,096
Telehealth	77,778	206,638
CIH/Chiropractic Overall	306,290	2,392,981
In-Person	285,094	2,212,493
Telehealth	42,951	141,529
Chiropractic Care	159,959	1,101,250
In-Person	156,074	1,080,143
VA	67,148	251,259
Community	95,353	828,884
Telehealth	13,465	21,107
Acupuncture - Traditional	100,014	704,089
In-Person	98,754	698,074
VA	38,561	129,724
Community	63,277	568,350
Telehealth	2,864	6,015
Acupuncture - BFA	22,769	62,644
Massage Therapy	36,335	183,334
In-Person	35,523	181,401
VA	19,073	54,784
Community	18,194	126,617
Telehealth	1,028	1,933
Meditation	23,681	97,662
In-Person	17,734	67,352
Telehealth	7,886	30,310
Yoga	13,126	74,873
In-Person	11,051	55,737
Telehealth	2,973	19,136

Therapy	Number of Users	Number of Visits
Tai Chi/Qigong	11,487	65,237
In-Person	9,167	46,590
Telehealth	3,289	18,647
Biofeedback	5,150	12,461
In-Person	4,510	10,725
Telehealth	794	1,736
Guided Imagery	3,609	10,846
In-Person	2,671	8,061
Telehealth	1,338	2,785
Clinical Hypnosis	1,049	2,667
In-Person	804	1,766
Telehealth	337	901
Telehealth Other Support/Education	15,367	38,959

In FY20, 441,891 Veterans completed 2,930,070 core Whole Health services, CIH therapies, or chiropractic care visits. By a substantial margin, traditional acupuncture and chiropractic care were the two most-used therapies. During the COVID-19 pandemic, the VA has moved to increasing the delivery of healthcare, including core Whole Health services and many CIH therapies, using telehealth technology. Table 1 includes the distribution of visits that were conducted in-person and those that were conducted using telehealth. Notably, we identified a small number of telehealth encounters for CIH therapies that rely on direct patient contact such as acupuncture. These encounters are included, as researching these visits clarified that while providers were not providing in-person patient contact, they did attempt to deliver similar treatments virtually such as self-acupressure.

2. Summary of Trends in Veterans' Use of Core Whole Health Services, FY19-20, and CIH Therapies and Chiropractic Care, FY17-20

Veterans' use of core Whole Health in FY20 increased from FY19 despite the COVID-19 pandemic (Table 2; data for core Whole Health were not routinely coded prior to FY19). CIH therapies and chiropractic care were on track to increase in FY20, but due to pandemic-related limitations on healthcare delivery, the number of Veterans using these services remained similar to the prior year.

Table 2. Summary of Trends in Veterans' Use of Core Whole Health Services, FY19-20, and CIH Therapies and Chiropractic Care, FY17-20

Type of Care	Number of:	FY17	FY18	FY19	FY20
Any Core Whole Health	Unique Users	-	-	135,032	181,781
	Visits	-	-	421,733	576,678
Any CIH/ Chiropractic Care	Unique Users	179,400	228,458	306,238	306,290
	Visits	1,589,573	2,008,406	2,668,958	2,392,981

Utilization changes in CIH therapies and chiropractic care from FY17 and FY18 may be due in part to programmatic and policy changes that increased access and utilization, as well as changes in coding practices that resulted in a more complete capture of utilization in recent years.¹⁸ Also, the documentation of community-based care related to chiropractic care, acupuncture, and massage therapy provided in FY17 is incomplete due to limitations at that time in the availability of community care claim data.

3. Detailed Trends in Veterans’ Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care, FY19-20

Patterns of utilization for the two types of core Whole Health services, CIH therapies, and chiropractic care are shown in Table 3. Therapies that were easier to provide via telehealth, such as meditation, increased from FY19 to FY20, while those that relied on in-person patient contact, such as acupuncture, declined over the same period.

Table 3. Detailed Trends in Veterans’ Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care, FY19-20

Type of Care		FY19		FY20	
		# of Users	# of Visits	# of Users	# of Visits
Any Service or Therapy		408,748	3,083,806	441,891	2,930,700
Core Whole Health	Clinical Care	31,252	107,718	59,410	153,944
	Coaching/ Other Activities	113,066	314,015	147,768	422,734
CIH/Chiropractic Care Overall		306,238	2,668,958	306,290	2,392,981
Chiropractic Care Overall		161,159	1,247,370	159,959	1,101,250
CIH Therapies	Acupuncture - Traditional	113,824	884,499	100,014	704,089
	Acupuncture - BFA	27,979	79,869	22,769	62,644
	Massage Therapy	34,516	210,591	36,335	183,334
	Meditation	15,306	60,842	23,681	97,662
	Yoga	14,425	92,175	13,126	74,873
	Tai Chi/Qigong	9,804	62,033	11,487	65,237
	Biofeedback	3,534	12,051	5,150	12,461
	Guided Imagery	1,341	3,223	3,609	10,846
	Clinical Hypnosis	1,138	2,535	1,049	2,667
	Telehealth Other Support/Education	4,204	6,885	15,367	38,959

4. Veterans’ Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care by VISN, FY19-20

Veterans’ use of any core Whole Health services, CIH therapies, and chiropractic care varied by the VISN where they received their healthcare. For example, the first row of Table 4 shows that 237,030 Veterans were healthcare users in VISN 1 for FY19-20. Among these Veterans, 11.7% used any Whole Health service and 3.8% used chiropractic care. VISN 8 reported the highest percentage of Veterans using any type of Whole Health services (16.7%), while VISN 7 had the lowest (6.3%). Traditional acupuncture and chiropractic care were the two most widely used therapies across all VISNs, while biofeedback, guided imagery and clinical hypnosis were the least commonly used.

Table 4. Veterans' Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care by VISN, FY19-20

VISN	# of VA Patients in VISN	Any Service or Therapy	CIH/ Chiro. Overall	Chiro. Care	Acup. - Trad.	Acup. - BFA	Massage Therapy	Meditation	Yoga	Tai Chi/ Qigong	Biofeedback/ GI/ C. Hypnosis	Telehealth Supp./ Edu.
1	237,030	27,816 (11.7%)	18,253 (7.7%)	8,952 (3.8%)	8,154 (3.4%)	861 (0.4%)	2,233 (0.9%)	1,411 (0.6%)	1,494 (0.6%)	709 (0.3%)	587 (0.2%)	47 (0.0%)
2	265,961	24,849 (9.3%)	21,495 (8.1%)	8,461 (3.2%)	9,159 (3.4%)	1,158 (0.4%)	5,690 (2.1%)	2,348 (0.9%)	1,592 (0.6%)	1,048 (0.4%)	532 (0.2%)	58 (0.0%)
4	279,565	28,147 (10.1%)	19,252 (6.9%)	9,201 (3.3%)	7,642 (2.7%)	2,539 (0.9%)	1,242 (0.4%)	1,855 (0.7%)	750 (0.3%)	719 (0.3%)	926 (0.3%)	31 (0.0%)
5	194,124	15,970 (8.2%)	12,431 (6.4%)	6,512 (3.4%)	3,934 (2.0%)	1,994 (1.0%)	1,417 (0.7%)	613 (0.3%)	921 (0.5%)	594 (0.3%)	289 (0.1%)	33 (0.0%)
6	389,092	46,601 (12.0%)	27,091 (7.0%)	12,573 (3.2%)	11,253 (2.9%)	2,884 (0.7%)	1,864 (0.5%)	1,403 (0.4%)	1,981 (0.5%)	1,446 (0.4%)	1,230 (0.3%)	207 (0.1%)
7	449,003	28,299 (6.3%)	19,561 (4.4%)	7,622 (1.7%)	8,263 (1.8%)	1,796 (0.4%)	1,775 (0.4%)	1,429 (0.3%)	1,182 (0.3%)	994 (0.2%)	839 (0.2%)	86 (0.0%)
8	579,037	96,711 (16.7%)	53,533 (9.2%)	20,502 (3.5%)	16,036 (2.8%)	5,708 (1.0%)	8,734 (1.5%)	4,390 (0.8%)	2,035 (0.4%)	2,325 (0.4%)	2,306 (0.4%)	11,097 (1.9%)
9	269,768	35,978 (13.3%)	29,043 (10.8%)	15,837 (5.9%)	8,356 (3.1%)	245 (0.1%)	4,072 (1.5%)	4,135 (1.5%)	1,652 (0.6%)	974 (0.4%)	612 (0.2%)	5,709 (2.1%)
10	481,217	44,912 (9.3%)	35,586 (7.4%)	20,031 (4.2%)	12,735 (2.6%)	5,692 (1.2%)	3,033 (0.6%)	1,833 (0.4%)	1,694 (0.4%)	1,151 (0.2%)	547 (0.1%)	420 (0.1%)

% = percent of all VA users in the VISN (any use during either year)

Chiro. = Chiropractic; Acup. = Acupuncture; Biofeedback/GI/C. Hypnosis = Biofeedback/Guided Imagery/Clinical Hypnosis

Table 4. Veterans' Use of Core Whole Health Services, CIH Therapies, and Chiropractic Care by VISN, FY19-20 continued

VISN	# of VA Patients in VISN	Any Service or Therapy	CIH/ Chiro. Overall	Chiro. Care	Acup. - Trad.	Acup. - BFA	Massage Therapy	Meditation	Yoga	Tai Chi/ Qigong	Biofeedback/ GI/ C. Hypnosis	Telehealth Supp./ Edu.
12	263,382	30,643 (11.6%)	20,193 (7.7%)	9,584 (3.6%)	8,131 (3.1%)	2,664 (1.0%)	1,812 (0.7%)	1,202 (0.5%)	773 (0.3%)	1,181 (0.4%)	1,204 (0.5%)	29 (0.0%)
15	240,634	30,464 (12.7%)	18,657 (7.8%)	12,284 (5.1%)	4,623 (1.9%)	2,916 (1.2%)	1,478 (0.6%)	1,027 (0.4%)	996 (0.4%)	969 (0.4%)	965 (0.4%)	28 (0.0%)
16	413,700	40,104 (9.7%)	20,240 (4.9%)	11,207 (2.7%)	5,554 (1.3%)	712 (0.2%)	2,730 (0.7%)	2,332 (0.6%)	1,133 (0.3%)	1,226 (0.3%)	709 (0.2%)	53 (0.0%)
17	405,147	38,245 (9.4%)	26,957 (6.7%)	17,111 (4.2%)	6,007 (1.5%)	3,675 (0.9%)	2,441 (0.6%)	1,959 (0.5%)	989 (0.2%)	495 (0.1%)	331 (0.1%)	20 (0.0%)
19	305,199	29,371 (9.6%)	24,483 (8.0%)	15,081 (4.9%)	8,749 (2.9%)	1,557 (0.5%)	3,905 (1.3%)	2,543 (0.8%)	846 (0.3%)	468 (0.2%)	692 (0.2%)	29 (0.0%)
20	287,612	39,793 (13.8%)	31,276 (10.9%)	19,566 (6.8%)	10,593 (3.7%)	2,948 (1.0%)	3,818 (1.3%)	1,427 (0.5%)	1,335 (0.5%)	1,008 (0.4%)	283 (0.1%)	254 (0.1%)
21	334,249	38,737 (11.6%)	34,932 (10.5%)	21,871 (6.5%)	14,337 (4.3%)	926 (0.3%)	5,722 (1.7%)	727 (0.2%)	1,176 (0.4%)	366 (0.1%)	368 (0.1%)	116 (0.0%)
22	481,513	51,840 (10.8%)	42,059 (8.7%)	20,659 (4.3%)	19,251 (4.0%)	1,408 (0.3%)	5,225 (1.1%)	3,515 (0.7%)	1,964 (0.4%)	1,616 (0.3%)	991 (0.2%)	44 (0.0%)
23	313,020	33,239 (10.6%)	26,111 (8.3%)	14,681 (4.7%)	8,425 (2.7%)	5,061 (1.6%)	3,518 (1.1%)	1,616 (0.5%)	1,759 (0.6%)	1,585 (0.5%)	823 (0.3%)	34 (0.0%)

% = percent of all VA users in the VISN (any use during either year)

Chiro. = Chiropractic; Acup. = Acupuncture; Biofeedback/GI/C. Hypnosis = Biofeedback/Guided Imagery/Clinical Hypnosis

Part B: Sociodemographic and Health Characteristics of Users of Core Whole Health Services, CIH Therapies, and Chiropractic Care

5. Sociodemographic Characteristics

Tables 5a, 5b, and 5c below provide information about the demographic characteristics of Veterans using these services in FY20. Statistical tests across demographic characteristics are not reported due to the large sample sizes as tests of statistical significance could provide misleading interpretations of the importance of any differences. Therefore, we instead highlight differences that are practically meaningful and may be actionable. As such, we present patterns that appear qualitatively noteworthy.

- **Gender:** Among VA healthcare users, men were less likely than women to use these services or therapies. Overall, 14.3% of female Veterans used at least one service or therapy, compared to 7.5% of male Veterans (Table 5a). This pattern of higher use among women was consistent for both in-person visits and services delivered via telehealth technology (Table 5a) and was observed across all CIH therapies (Table 5b) and core Whole Health services (Table 5c).
- **Younger Veterans:** In general, younger Veterans were more likely than older Veterans to use these therapies. For example, 12.5% of Veterans aged 40-49 used at least one service or therapy in FY20 compared to 8.5% of Veterans aged 60-69 (Table 5a). Although services delivered by telehealth technology were more likely to be used by younger Veterans, these differences were not as substantial as those observed between age groups for overall use of services. See ‘Part C: COVID-19 Pandemic and Pivot from In-Person to Telehealth Services’ for additional details.
- **Race/ethnicity:** African American Veterans account for 17.6% of VA healthcare users and are more likely than white Veterans to use these services and therapies. Overall, 8.9% of African American Veterans used these services and therapies compared to 8.0% of white Veterans in FY20 (Table 5a). Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native Veterans all had higher rates of use than either African American Veterans or white Veterans (Table 5a). Latinx Veterans had the highest rates of use of these services and therapies, with 12% of Latinx Veterans using at least one of these services and therapies in FY20 (Table 5a). An important component of the variation observed among racial/ethnic groups is that several large VA Medical Centers with high availability of these services are located in areas with large non-white Veteran populations such as Florida, Texas, California, and Puerto Rico.
- **Geographic residence:** Veterans living in urban areas had higher rates of use compared to Veterans living in rural areas (Tables 5a-c). In part, many of these services and therapies, including chiropractic care and acupuncture, are delivered by community providers, and these community-based services and therapies are less likely to be available in rural communities. Notably, the majority of Veterans with unknown rurality reside in Puerto Rico, where standard rural/urban coding is not available. These Veterans had one of the highest rates of use across VA – 21%.
- **Marital status:** Veterans who were not currently married were more likely to use these services than Veterans who were (Tables 5a-c)

Table 5a. Demographic Characteristics of Veterans Using In-Person and Telehealth Services and Therapies, FY20

Socio	Demographics	# of VA Patients	Any Visit		In-Person		Telehealth	
			Any Service^	Any CIH or Chiro.	Any Service^	Any CIH or Chiro.	Any Service^	Any CIH or Chiro.
Overall		5,426,809	8.1%	5.6%	6.8%	5.3%	2.2%	0.8%
Gender	Male	4,917,708	7.5%	5.1%	6.3%	4.8%	2.0%	0.7%
	Female	509,101	14.3%	11.0%	12.2%	10.0%	4.3%	2.0%
Age	18 – 39	722,823	11.0%	8.7%	9.5%	8.1%	2.6%	1.2%
	40 – 49	527,012	12.5%	9.8%	10.9%	9.1%	3.1%	1.4%
	50 – 59	782,279	11.1%	8.1%	9.5%	7.5%	3.1%	1.2%
	60 – 69	1,127,853	8.5%	5.5%	7.0%	5.1%	2.5%	0.8%
	70 +	2,266,836	5.0%	2.9%	4.0%	2.7%	1.5%	0.4%
	Unknown	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Race*	White	3,862,640	8.0%	5.5%	6.7%	5.1%	2.2%	0.7%
	AA	955,980	8.9%	5.9%	7.5%	5.4%	2.6%	1.0%
	Asian	61,840	11.1%	9.8%	10.3%	9.5%	1.8%	0.9%
	NHOPI	46,302	11.2%	9.0%	9.8%	8.4%	2.6%	1.2%
	AIoAN	41,207	9.1%	6.9%	7.9%	6.6%	2.2%	0.8%
	Unknown	458,840	7.2%	5.2%	6.0%	4.8%	1.9%	0.8%
Ethnicity**	Not HL	4,872,062	7.9%	5.6%	6.7%	5.2%	2.1%	0.8%
	HL	370,770	12.0%	7.6%	9.6%	7.0%	4.1%	1.3%
	Unknown	183,977	5.9%	4.1%	4.9%	3.8%	1.6%	0.6%
Rurality	Urban	4,183,283	8.3%	5.8%	7.0%	5.4%	2.3%	0.9%
	Rural	1,176,961	6.9%	5.0%	5.8%	4.8%	1.7%	0.4%
	Unknown	66,565	21.1%	6.3%	13.6%	5.6%	10.6%	1.0%
Currently Married	Yes	3,015,183	7.7%	5.4%	6.5%	5.0%	2.1%	0.7%
	No	2,365,194	8.7%	6.0%	7.3%	5.5%	2.4%	0.9%
	Unknown	46,432	7.6%	5.6%	6.4%	5.2%	2.0%	0.8%

*AA = Black or African American, NHOPI = Native Hawaiian or Other Pacific Islander, AIoAN = American Indian or Alaska Native

**HL = Hispanic or Latino

^Any Service = Core Whole Health + CIH Therapy or Chiropractic Care

Table 5b. Demographic Characteristics of Veterans Using CIH Therapies and Chiropractic Care, FY20

Socio	Demo-graphics	# of VA Patients	Any CIH or Chiro.	Chiro.	Acup.-Trad.	Acup.-BFA	Massage Therapy	Meditation	Yoga	Tai Chi/Qigong	Biofeedback /GI/ C. Hypnosis
Overall		5,426,809	5.6%	2.9%	1.8%	0.4%	0.7%	0.4%	0.2%	0.2%	0.2%
Gender	Male	4,917,708	5.1%	2.7%	1.6%	0.4%	0.6%	0.4%	0.2%	0.2%	0.1%
	Female	509,101	11.0%	5.4%	3.9%	0.9%	1.3%	1.0%	0.7%	0.5%	0.4%
Age	18 – 39	722,823	8.7%	5.7%	2.2%	0.4%	1.0%	0.6%	0.3%	0.2%	0.3%
	40 – 49	527,012	9.8%	5.8%	3.0%	0.6%	1.2%	0.7%	0.4%	0.3%	0.3%
	50 – 59	782,279	8.1%	4.2%	2.7%	0.6%	1.0%	0.7%	0.4%	0.3%	0.3%
	60 – 69	1,127,853	5.5%	2.5%	1.9%	0.5%	0.7%	0.5%	0.3%	0.3%	0.2%
	70 +	2,266,836	2.9%	1.2%	1.1%	0.3%	0.4%	0.2%	0.1%	0.1%	0.1%
	Unknown	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Race*	White	3,862,640	5.5%	3.0%	1.7%	0.4%	0.7%	0.4%	0.2%	0.2%	0.2%
	AA	955,980	5.9%	2.6%	2.0%	0.4%	0.6%	0.6%	0.4%	0.3%	0.2%
	Asian	61,840	9.8%	5.6%	4.3%	0.2%	1.3%	0.4%	0.3%	0.2%	0.2%
	NHoPI	46,302	9.0%	5.2%	3.0%	0.4%	1.5%	0.5%	0.3%	0.2%	0.2%
	AIoAN	41,207	6.9%	3.9%	2.4%	0.5%	0.8%	0.5%	0.3%	0.2%	0.2%
	Unknown	458,840	5.2%	2.8%	1.8%	0.3%	0.7%	0.4%	0.2%	0.2%	0.2%
Ethnicity**	Not HL	4,872,062	5.6%	2.9%	1.8%	0.4%	0.6%	0.4%	0.2%	0.2%	0.2%
	HL	370,770	7.6%	3.8%	2.5%	0.4%	1.3%	0.7%	0.3%	0.2%	0.3%
	Unknown	183,977	4.1%	2.2%	1.3%	0.2%	0.5%	0.3%	0.1%	0.1%	0.1%
Rurality	Urban	4,183,283	5.8%	3.0%	2.0%	0.4%	0.6%	0.5%	0.3%	0.2%	0.2%
	Rural	1,176,961	5.0%	3.0%	1.4%	0.5%	0.6%	0.3%	0.1%	0.1%	0.1%
	Unknown	66,565	6.3%	1.6%	0.7%	0.1%	3.5%	0.9%	0.3%	0.1%	0.3%
Currently Married	Yes	3,015,183	5.4%	2.9%	1.8%	0.4%	0.7%	0.4%	0.2%	0.2%	0.1%
	No	2,365,194	6.0%	3.0%	1.9%	0.4%	0.7%	0.5%	0.3%	0.3%	0.2%
	Unknown	46,432	5.6%	3.4%	1.6%	0.2%	0.6%	0.4%	0.2%	0.2%	0.1%

*AA = Black or African American; NHOPI = Native Hawaiian or Other Pacific Islander; AIoAN = American Indian or Alaska Native

**HL = Hispanic/Latino

Chiro. = Chiropractic; Acup. = Acupuncture; Biofeedback/GI/C. Hypnosis = Biofeedback/Guided Imagery/Clinical Hypnosis

Table 5c. Demographic Characteristics of Veterans Using Core Whole Health Services, FY20

Socio Demographics	Demographics	Number of VA Patients	Any Core Whole Health Services	Clinical Care	Other Activities
Overall		5,426,809	3.3%	1.1%	2.7%
Gender	Male	4,917,708	3.1%	1.0%	2.5%
	Female	509,101	5.4%	1.9%	4.5%
Age	18 - 39	722,823	3.3%	1.0%	2.7%
	40 - 49	527,012	4.1%	1.4%	3.4%
	50 - 59	782,279	4.4%	1.5%	3.6%
	60 - 69	1,127,853	4.0%	1.3%	3.2%
	70 +	2,266,836	2.5%	0.8%	2.0%
	Unknown	6	0.0%	0.0%	0.0%
Race*	White	3,862,640	3.3%	1.1%	2.7%
	AA	955,980	4.1%	1.4%	3.3%
	Asian	61,840	2.0%	0.7%	1.6%
	NHOPI	46,302	3.3%	1.0%	2.7%
	AIoAN	41,207	3.0%	1.0%	2.3%
	Unknown	458,840	2.6%	0.8%	2.1%
Ethnicity**	Not HL	4,872,062	3.2%	1.1%	2.5%
	HL	370,770	5.7%	0.9%	5.4%
	Unknown	183,977	2.3%	0.7%	1.9%
Rurality	Urban	4,183,283	3.4%	1.2%	2.7%
	Rural	1,176,961	2.5%	0.8%	1.9%
	Unknown	66,565	17.0%	1.2%	16.9%
Currently Married	Yes	3,015,183	3.1%	1.0%	2.5%
	No	2,365,194	3.7%	1.2%	3.0%
	Unknown	46,432	2.5%	0.8%	2.1%

*AA = Black or African American, NHOPI = Native Hawaiian or Other Pacific Islander, AIoAN = American Indian or Alaska Native

**HL = Hispanic or Latino

6. Health Conditions

An important aspect of Whole Health in VA is integrating the diagnostic tools, medications, and procedures of conventional healthcare into a holistic approach that moves from a medical/disease-oriented system to one that also focuses on health and well-being. As such, Veterans may use these services and therapies for overall well-being, or they may use them as part of a care plan for specific health conditions. Tables 6a, 6b, and 6c highlight use of these therapies among Veterans across a range of common chronic health conditions. Of particular note, Veterans with chronic pain, histories of opioid use, or mental health diagnoses (e.g. depression, anxiety, and post-traumatic stress disorder (PTSD)) were more likely to use core Whole Health services than Veterans without these conditions. These findings suggest that Veterans might be interested in utilizing core Whole Health services for these conditions, potentially supplementing or substituting for more conventional therapies which can be more time-intensive.

- **Chronic moderate/severe musculoskeletal pain:** 16.8% of Veterans using VA care in FY20 identified as having moderate/severe musculoskeletal pain. Among these Veterans, 18.1% used at least one Whole Health service (Table 6a). Additionally, this group had the second-highest rate of use of telehealth among all Veteran patient groups (Table 6a). Chiropractic care and acupuncture were generally the two most used CIH therapies among Veterans (Table 6b), and Veterans with chronic musculoskeletal pain used them at the highest rates.
- **Rheumatoid arthritis:** Veterans with rheumatoid arthritis are some of the heaviest users of these services and therapies in the VA (Tables 6a-c). Over 10% of these Veterans used CIH or chiropractic care at least once in FY20, compared to 5.6% of Veterans overall (Table 6b), while 5.0% used core Whole Health services compared with 3.3% of Veterans overall (Table 6c).
- **Mental health:** Veterans with mental health conditions including depression, anxiety, and PTSD used these services and therapies significantly more than Veterans without these diagnoses (Table 6a). These Veterans also participated in core Whole Health services at higher rates than Veterans without these diagnoses (Table 6c). For example, over 6% of Veterans with one of these mental health diagnoses participated in core Whole Health services compared to 3.3% of Veterans overall.
- **Opioid use disorder:** About 1% of Veterans using the VA in FY20 were diagnosed with opioid use disorder. Among these Veterans, use of Whole Health services was high. Notably, these Veterans used core Whole Health services more than any other group, with 7.4% using these services at least once in FY20 (Table 6c). These Veterans also had the highest rates of use of meditation across all health condition groups (Table 6b).
- **Obesity:** Veterans with obesity had high rates of use of many of these services and therapies. Notably, this population had the second-highest rate of use of core Whole Health services (6.8%, Table 6c) and the highest rate of use of telehealth services (4.6%, Table 6a) across all health condition groups.

Table 6a. Health Condition Characteristics of Veterans Using In-Person and Telehealth Services and Therapies, FY20

Health Conditions	Number of VA Patients	Any Visit		In-Person		Telehealth		
		Any Service^	Any CIH or Chiro.	Any Service^	Any CIH or Chiro.	Any Service^	Any CIH or Chiro.	
Overall	5,426,809	8.1%	5.6%	6.8%	5.3%	2.2%	0.8%	
Chronic Pain	912,038	18.1%	14.2%	16.1%	13.4%	4.5%	1.9%	
Mental Health Conditions	Depression	942,715	14.2%	10.2%	12.0%	9.4%	4.2%	1.7%
	Anxiety	747,137	13.9%	10.2%	11.7%	9.3%	4.1%	1.7%
	PTSD	992,327	13.7%	10.3%	11.8%	9.6%	3.7%	1.6%
	Any combination	1,794,280	12.8%	9.4%	10.9%	8.7%	3.6%	1.5%
Substance Abuse Disorder	673,350	11.1%	7.6%	9.4%	7.0%	3.1%	1.1%	
Opioid Abuse Disorder	53,533	15.6%	10.8%	13.6%	10.0%	3.8%	1.6%	
Current Smoker	1,525,697	8.6%	6.0%	7.2%	5.6%	2.3%	0.8%	
Obesity	869,393	12.9%	7.9%	10.5%	7.3%	4.6%	1.4%	
Diabetes	1,294,742	8.3%	5.0%	6.7%	4.6%	2.7%	0.7%	
COPD	769,460	8.8%	5.7%	7.2%	5.3%	2.6%	0.8%	
Cardiovascular Diseases	3,177,680	7.5%	4.8%	6.2%	4.4%	2.2%	0.7%	
HIV/AIDS	24,173	8.7%	5.6%	7.1%	5.0%	2.7%	1.0%	
Rheumatoid Arthritis	103,131	13.3%	10.1%	11.5%	9.5%	3.8%	1.6%	

^Any Service = Core Whole Health + CIH or Chiropractic Care

PTSD = post-traumatic stress disorder, COPD = chronic obstructive pulmonary disease

Biofeedback/Other = Biofeedback, Guided Imagery, and Clinical Hypnosis

Table 6b. Health Condition Characteristics of Veterans Using CIH Therapies and Chiropractic Care, FY20

Health Conditions	Number of VA Patients	Any CIH or Chiro.	Chiro.	Acup - Trad.	Acup - BFA	Massage Therapy	Meditation	Yoga	Tai Chi/ Qigong	Biofeedback / GI/ C. Hypnosis
Overall	5,426,809	5.6%	2.9%	1.8%	0.4%	0.7%	0.4%	0.2%	0.2%	0.2%
Chronic Pain	912,038	14.2%	6.9%	5.6%	1.4%	1.8%	1.0%	0.6%	0.6%	0.5%
Mental Health Conditions	Depression	942,715	10.2%	4.6%	3.4%	0.9%	1.1%	1.3%	0.7%	0.5%
	Anxiety	747,137	10.2%	4.9%	3.2%	0.8%	1.1%	1.3%	0.6%	0.5%
	PTSD	992,327	10.3%	5.1%	3.5%	0.8%	1.2%	1.1%	0.6%	0.5%
	Any combination	1,794,280	9.4%	4.6%	3.1%	0.7%	1.1%	1.0%	0.5%	0.4%
Substance Abuse Disorder	673,350	7.6%	3.3%	2.2%	0.7%	0.8%	1.2%	0.5%	0.4%	0.4%
Opioid Abuse Disorder	53,533	10.8%	3.5%	3.3%	1.3%	0.9%	2.5%	1.0%	0.8%	0.8%
Current Smoker	1,525,697	6.0%	3.1%	1.8%	0.5%	0.6%	0.6%	0.3%	0.2%	0.2%
Obesity	869,393	7.9%	3.8%	2.6%	0.7%	0.9%	0.8%	0.5%	0.4%	0.3%
Diabetes	1,294,742	5.0%	2.2%	1.8%	0.4%	0.6%	0.4%	0.2%	0.2%	0.2%
COPD	769,460	5.7%	2.6%	2.0%	0.6%	0.7%	0.5%	0.3%	0.3%	0.2%
Cardiovascular Diseases	3,177,680	4.8%	2.2%	1.7%	0.4%	0.6%	0.4%	0.2%	0.2%	0.2%
HIV/AIDS	24,173	5.6%	2.2%	1.8%	0.4%	0.7%	0.7%	0.4%	0.3%	0.3%
Rheumatoid Arthritis	103,131	10.1%	4.6%	4.3%	0.9%	1.4%	0.7%	0.5%	0.4%	0.4%

PTSD = post-traumatic stress disorder, COPD = chronic obstructive pulmonary disease

Chiro. = Chiropractic; Acup = Acupuncture; Biofeedback/GI/C. Hypnosis = Biofeedback, Guided Imagery, and Clinical Hypnosis

Table 6c. Health Condition Characteristics of Veterans Using Core Whole Health Services, FY20

Health Conditions	Number of VA Patients	Any Core Whole Health Services	Clinical Care	Other Activities	
Overall	5,426,809	3.3%	1.1%	2.7%	
Chronic Pain	912,038	6.4%	2.1%	5.3%	
Mental Health Conditions	Depression	942,715	6.0%	1.9%	5.0%
	Anxiety	747,137	5.7%	1.9%	4.8%
	PTSD	992,327	5.1%	1.7%	4.2%
	Any combination	1,794,280	5.1%	1.7%	4.3%
Substance Abuse Disorder	673,350	5.1%	1.6%	4.2%	
Opioid Abuse Disorder	53,533	7.4%	2.5%	6.2%	
Current Smoker	1,525,697	3.5%	1.2%	2.8%	
Obesity	869,393	6.8%	2.4%	5.5%	
Diabetes	1,294,742	4.3%	1.4%	3.5%	
COPD	769,460	4.1%	1.4%	3.3%	
Cardiovascular Diseases	3,177,680	3.6%	1.2%	2.9%	
HIV/AIDS	24,173	4.3%	1.3%	3.7%	
Rheumatoid Arthritis	103,131	5.0%	1.7%	4.2%	

PTSD = post-traumatic stress disorder, COPD = chronic obstructive pulmonary disease

Part C: COVID-19 Pandemic and the Pivot from In-Person to Telehealth Whole Health Services

7. Quarterly Trends in In-Person and Telehealth

The COVID-19 pandemic emerged in March 2020, about midway through FY20 which started October 1, 2019. The global pandemic rapidly disrupted much of healthcare, with medical centers across the country initially cancelling all but the most essential in-person visits. Healthcare providers across the VA adapted in a variety of ways, including offering unique services such as experimenting with drive-up chiropractic clinics using outdoor tents. The largest adaptation was the pivot to delivering many of these services through telehealth. This virtual delivery of care took multiple forms including telephone and video-based encounters, coaching sessions, and group classes. The VA's rapid adaptation to the pandemic-necessitated virtual world helped drive increased use of core Whole Health services by Veterans in FY20 compared to FY19.

There was considerable variability in the adoption of telehealth across the range of these services. For example, some therapies such as acupuncture require in-person care for all but initial planning or follow-up visits, while other therapies such as meditation and Whole Health coaching are more amenable to telehealth delivery. Figures 1 and 2 provide a summary of the quarterly number of visits delivered for each therapy in FY20. Notably, by the fourth quarter of

FY20 (July – September 2020), the number of core Whole Health services delivered via telehealth matched the number of visits delivered in-person in the first quarter of FY20 before the pandemic impacted visits (Figure 2). Despite in-person services resuming towards the end of FY20, use of therapies via telehealth such as Tai Chi/Qigong, yoga, and meditation continued to increase. While there were a small number of telehealth visits for chiropractic care, acupuncture, and massage therapy which reflected follow-up or planning activities to supplement/shorten in-person visits, use of these therapies decreased substantially during the initial months of the pandemic.

Figure 1: Quarterly Trends in Number of Telehealth and In-Person Visits to Core Whole Health Services, CIH Therapies, and Chiropractic Care, FY20

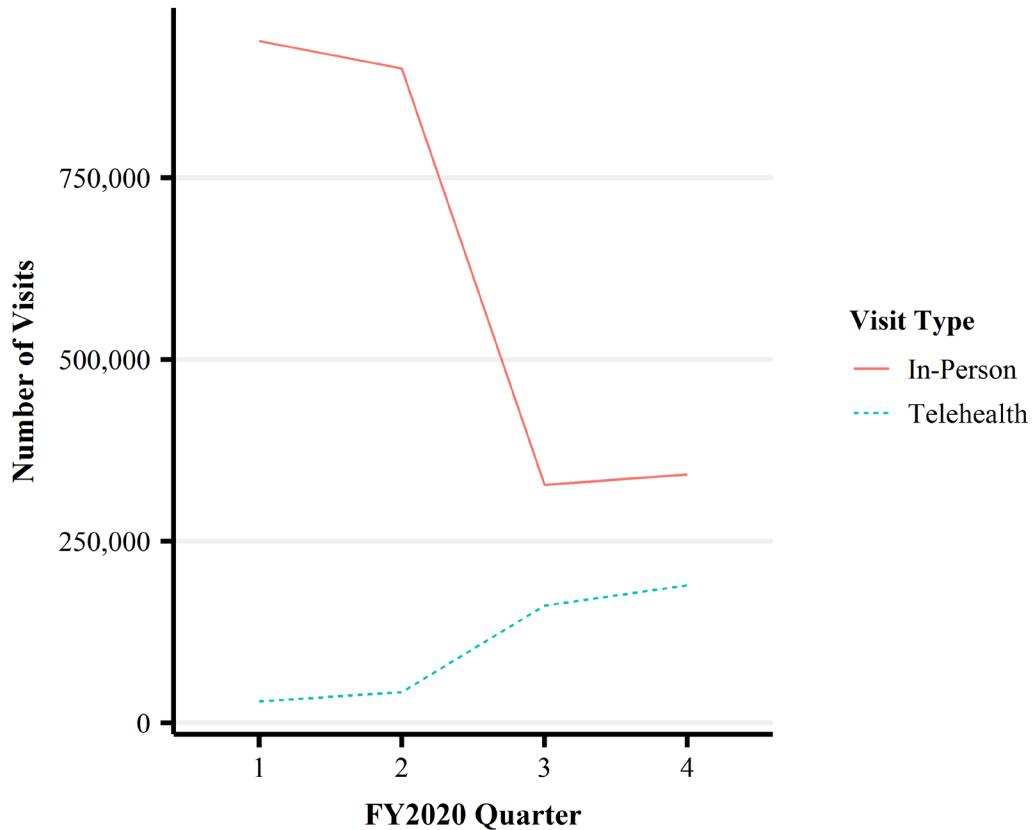
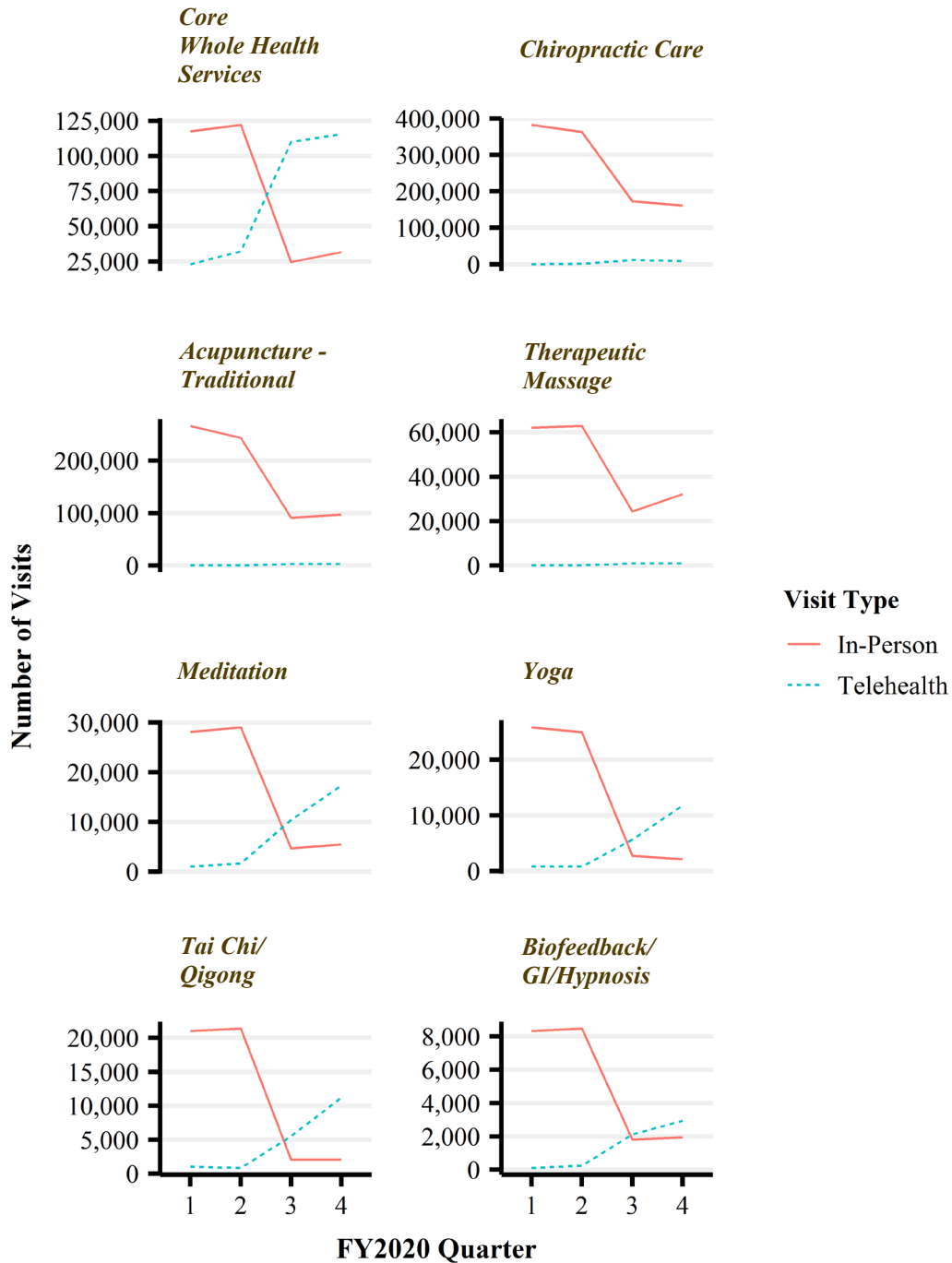


Figure 2: Detailed Quarterly Trends in Number of In-Person and Telehealth Visits to Core Whole Health Services, CIH Therapies, and Chiropractic Care, FY20



8. Trends in the Pivot to Telehealth Across Sociodemographic Subgroups

As many types of Whole Health services were made available to Veterans by telehealth, little was known about how they would be used by different Veteran populations. For example, there was concern that older Veterans in general could be less likely to participate in telehealth encounters. As shown in the figures below, Veterans' sociodemographic characteristics such as their age, race, gender, and rurality were not strongly related to changes in utilization of these services and therapies in FY20. The two services or therapies that were most widely adopted from in-person to telehealth were core Whole Health services and meditation. Figures 3 and 4 present trends in use of these two services/therapies for FY20 by Veterans' age. They show that the number of telehealth visits Veterans made by the end of FY20 was nearly identical to the number of in-person visits they made before the COVID-19 pandemic.

Figure 3: Quarterly Trends in Number of In-Person and Telehealth Core Whole Health Visits by Veterans' Age, FY20

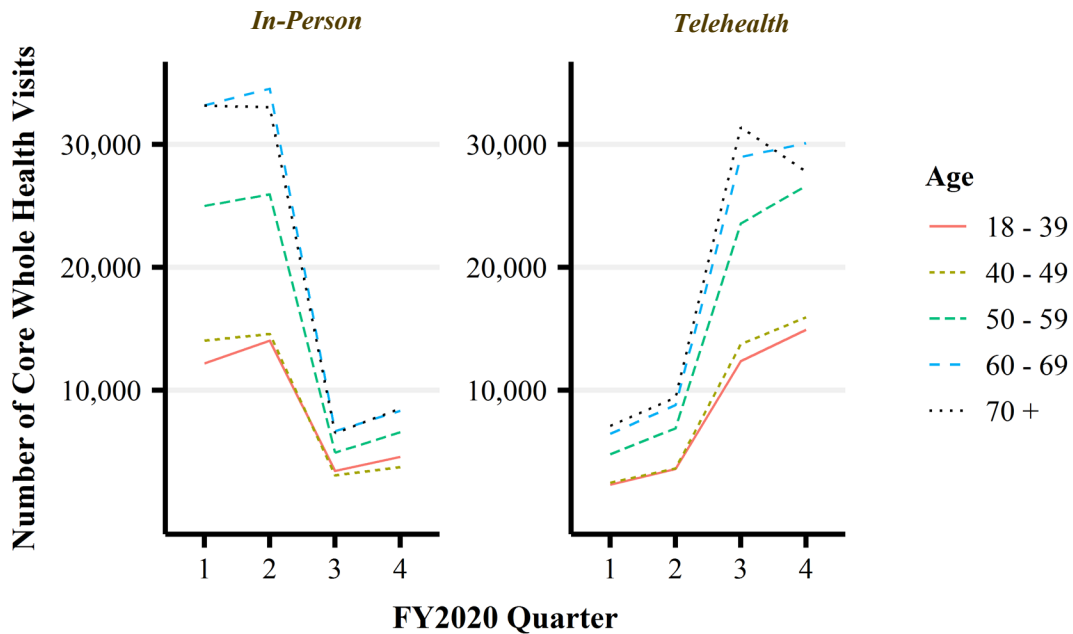
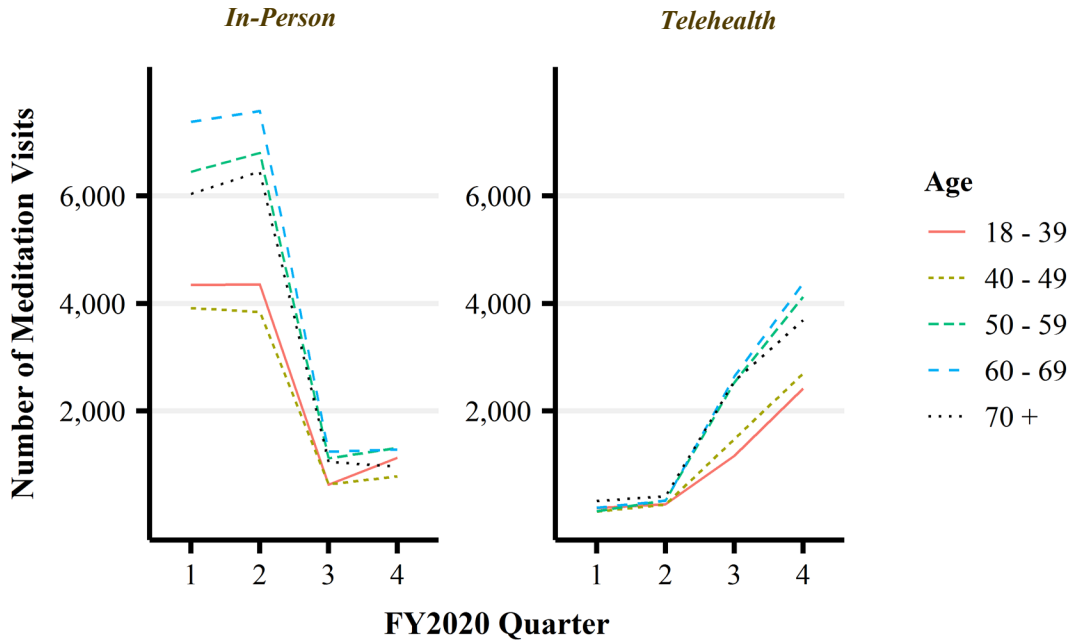
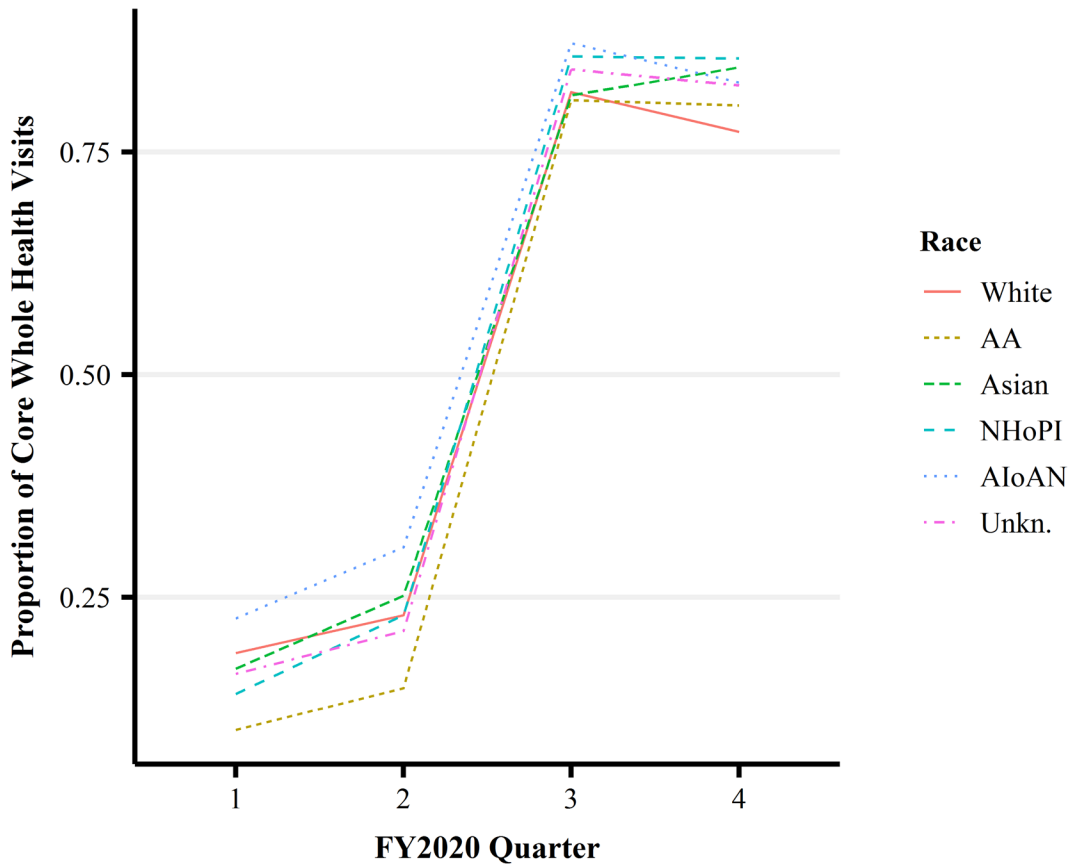


Figure 4: Quarterly Trends in the Number of In-Person and Telehealth Meditation Visits by Veterans' Age, FY20



Figures 5, 6, and 7 highlight Veterans' pivots from use of core Whole Health services delivered in-person to being delivered by telehealth by their race, gender, and rurality, respectively. Figure 5 shows that prior to the COVID-19 pandemic, Veterans of some racial backgrounds were more likely to use core Whole Health via telehealth than others. However, by the end of FY20, Veterans were more uniformly using telehealth core Whole Health services, and the proportion of services delivered via telehealth was uniform across racial groups. Figure 6 shows that women and men's increase in use of core Whole Health delivered via telehealth was nearly identical. Finally, Figure 7 shows that although Veterans residing in rural areas had higher proportional use of core Whole Health services delivered by telehealth prior to the COVID-19 pandemic, they used these telehealth services at about the same rate as Veterans living in urban areas after the pandemic onset. Note in Figure 7, most Veterans with unknown rurality information reside in Puerto Rico.

Figure 5: Proportion of Veterans' Visits to Core Whole Health Services That Pivoted to Telehealth by Veterans' Race, FY20



AA = Black or African American, NHoPI = Native Hawaiian or Other Pacific Islander, AIoAN = American Indian or Alaska Native

Figure 5: Prior to the COVID-19 pandemic, Veterans of the American Indian or Alaska Native racial backgrounds were more likely to use core Whole Health via telehealth than the following groups. The groups depicted in figure 5 are White, Asian, Unknown, Native Hawaiian or Other Pacific Islander and African American respectively.

By the end of FY20 in quarters 3 and 4, Veterans were more uniformly using telehealth core Whole Health services, and the proportion of services delivered via telehealth was uniform across racial groups.

Figure 6: Proportion of Veterans' Visits to Core Whole Health Services That Pivoted to Telehealth by Veterans' Gender, FY20

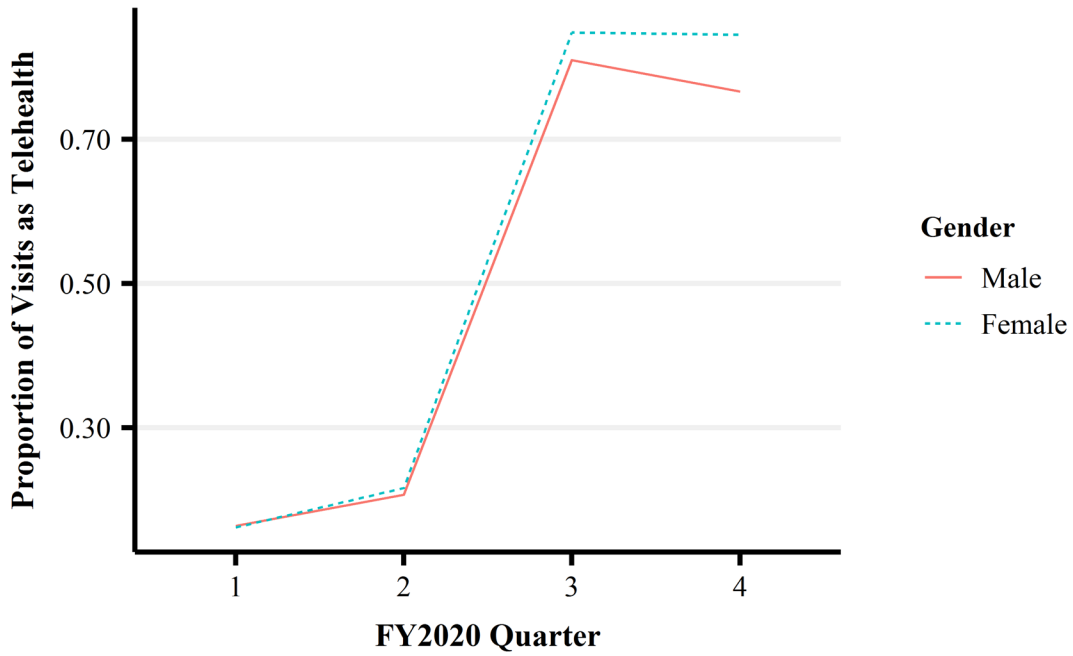
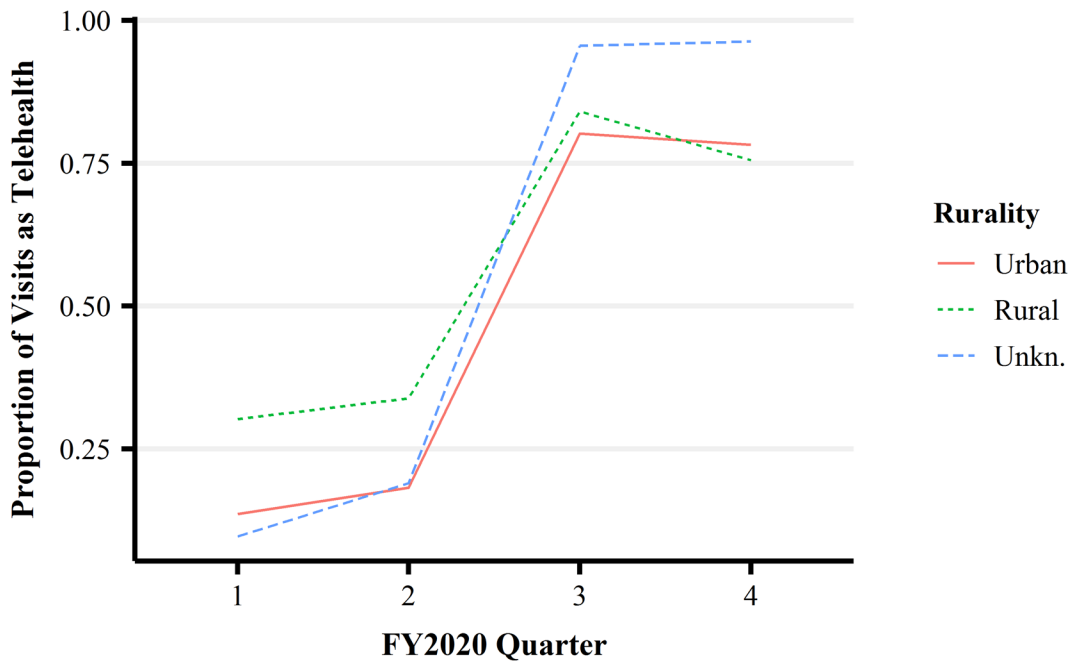


Figure 7: Proportion of Core Whole Health Services That Were Telehealth by Rurality, FY20



Methodology

We examined Veterans' use of eight CIH therapies, chiropractic care, and core Whole Health services for fiscal years 2017 to 2020 (October 2017 to September 2020). We used VA electronic health record data reflecting visits provided at the VA and data from the VA's community care billing data reflecting visits provided in the community. As mentioned earlier, some in the healthcare field still consider chiropractic care to be complementary, but it is considered allopathic care by the VA. As such, we mention chiropractic care separately in this report. A full description of VA's Whole Health program is available at <https://www.va.gov/wholehealth/>.

Description of Included Therapies and Services

Below are basic descriptions of the therapies and services included in the Compendium:

CIH Therapies

Traditional Acupuncture

Acupuncture is an ancient form of healthcare that may involve the treatment of a person with sterile thin needles to access acupuncture points to affect a change on the body. The VA uses the following providers to deliver full body acupuncture: licensed acupuncturists, medical acupuncturists, and chiropractic acupuncturists.

Battlefield Acupuncture (BFA)

This is a protocolized acupuncture treatment performed by trained professionals for the purpose of relieving acute and/or chronic pain. The protocol involves specific ear points and is widely taught within the VA system to a variety of healthcare providers. While this falls under the larger bucket of acupuncture, we split out full body acupuncture and BFA because BFA is a unique activity delivered in VA but is not typically offered in many other healthcare systems. Many VA Medical Centers who have trained VA providers to offer BFA are interested in monitoring the use of this therapy separately from full body acupuncture.

Massage Therapy

Clinical massage therapy is the manipulation of the soft tissues of the human body for therapeutic purposes. Based in ancient traditions, massage therapy is a professional healthcare discipline in the U.S.

Biofeedback

Biofeedback is a process that uses your body's own signals like heart rate and body temperature to bring about healthy changes. Neurofeedback (or EEG biofeedback) is a type of biofeedback that specifically uses brain wave signals to bring about healthy changes. Biofeedback can improve health issues that are caused or worsened by stress. Using a two-step process, biofeedback can help you relax and reduce your stress. Neurofeedback can improve health through shifting brain wave patterns in such a way there is a concomitant shift in cognition or mood. Clinical biofeedback involves interaction between a provider, a client, and a machine/device providing feedback from body-derived signals.

Guided Imagery

Guided imagery involves using a series of multi-sensory images designed to trigger specific changes in physiology, emotions, or mental state for the purpose of increasing healing responses or unconscious changes. Guided imagery often begins with a series of relaxation techniques, although this is not always so. Often guided imagery is performed as a self-help option without the involvement of a professional. However, in more complex situations, guided imagery is done in a clinical setting either one-on-one or in group.

Clinical Hypnosis

Clinical hypnosis is the process of (a) deliberately triggering a trance state and then (b) utilizing that state to encourage helpful cognitive, emotional, or physical healing responses. A trance is a natural biological state of inner absorption, concentration and focused attention. Clinical hypnosis and hypnotherapy are not the same as hypnosis. Hypnosis is the process of triggering a trance state in an individual. It's not usually geared towards therapeutic change, but just for relaxation or increasing compliance. Without a clinician using additional tools to cause change while the person is in trance, there rarely is lasting benefit to hypnosis beyond relaxation and temporary stress reduction. Clinical hypnosis and hypnotherapy are advanced skills in which a trained professional uses hypnosis to cause specific change. Clinical hypnosis and hypnotherapy are used extensively in the medical and mental health fields.

Meditation

Meditation is a defined practice or technique, often arising from a contemplative tradition, that primarily focuses on training attention regulation processes, with the intent of cultivating general mental well-being and/or specific capacities such as concentration, compassion or insight. To differentiate from clinical hypnosis, guided imagery, and psychotherapies, the focus is on training attentional processes, rather than specifically targeting a change in mental contents. For this report, we included various types of meditation including, but not limited to, mantram repetition, mindfulness, mindfulness-based stress reduction, and iRest Yoga Nidra.

Yoga

Yoga is a mind and body practice with origins in ancient Indian philosophy. The various styles of yoga typically combine physical postures, breathing techniques, and meditation or relaxation.

Tai Chi/Qigong

Tai Chi is a mind-body exercise combining slow-flowing intentional movements with breathing, awareness, and visualization. Rooted in the Asian traditions of martial arts, Chinese medicine, and philosophy, Tai Chi enhances relaxation, vitality, focus, posture, balance, strength, flexibility, and mood. Qigong is an ancient Chinese healing art, older than, and similar to Tai Chi, with a focus on cultivating the body's vital energy or qi. It involves the coordination of the breath, posture, awareness, visualization, and focused movements. Qigong may be a stationary or moving meditation. Though Tai Chi and Qigong are different practices, they stem from the same roots and are based on similar concepts. As such, we combined Veterans' use of these two CIH therapies for the purposes of this report.

Chiropractic Care

Chiropractors are licensed independent practitioners in VA who provide examination, diagnosis, treatment, and management of neuromuscular and musculoskeletal conditions. Chiropractic treatment includes options such as patient education, therapeutic exercise, lifestyle recommendations, joint manipulation and mobilization, soft tissue therapies, and other conservative approaches.

Core Whole Health

Whole Health is defined as an “approach to healthcare that empowers and equips people to take charge of their health and well-being and live their life to the fullest.” The goal of the VA is to transform the organization and culture of care to start with understanding the Veteran’s life mission, aspiration, and purpose (i.e., what matters most to each Veteran) and then provide care to improve each Veteran’s overall health and well-being. Delivering Whole Health focuses on multiple components of care:

1. Whole Health Clinical Care – in which providers align allopathic and complementary integrative health care with Veterans’ personal health plan, goals, mission, aspiration and purpose;
2. Whole Health Pathway – in which Veterans are introduced, often by peers, to the concepts of Whole Health, explore their mission, aspiration, and purpose and develop a personal health plan; and
3. Well-being programs – in which Veterans participate in a combination of complementary and integrative health (CIH) services, health coaching, and other self-care and skill-building groups to equip Veterans to manage their health.

Whole Health Clinical Care

The services included in Whole Health Clinical Care include visits with a health care provider in which Whole Health is explicitly a focus. These include visits with a provider focused on working with Veterans on their Personal Health Plan, visits focused on exploring a Veteran’s Mission, Aspiration, and Purpose, and visits focused on treatment planning related to a Veteran’s individualized goals. These visits may be conducted as part of regular care with a primary care or mental health provider; or may be visits with a Whole Health clinician.

Whole Health Coaching and Other Core Whole Health Services

These services include a wide variety of educational offerings developed to support Whole Health for Veterans. The services included as core Whole Health services in this report include Whole Health Coaching, Whole Health Pathway, Introduction to Whole Health sessions, ‘Taking Charge of My Life and Health’ classes, peer-led Whole Health coaching, and other well-being classes led by VA staff. Note, while many movement therapies, including participation in dance class offerings or VA’s MOVE! Program, are closely aligned with Whole Health, these services are tracked separately and are not included in this Compendium as core Whole Health services.

Telehealth Other Support/Education

In extracting encounters for this year’s Compendium, we identified Telehealth encounters that were being recorded in the electronic medical record with note titles and location names associated with “CIH Coaching”. These telehealth encounters were a result of the COVID

pandemic in which restrictions to in-person care led to this unique type of encounter in which providers offered education and support to Veterans at home guided by CIH self-care concepts. These encounters were not usual delivery of CIH therapy and were not specifically Whole Health coaching. Due to the uniqueness of these encounters for the report we included them as a separate category.

Identification of VA Users Nationally

We report use of core Whole Health services, CIH therapies, and chiropractic care among a nationwide cohort of VA healthcare users. Although more than 9 million Veterans are currently eligible to use VA care, the denominator for this report is focused on Veterans who used VA care in each year. This cohort reflects the population of Veterans using VA who also had the greatest potential to also use core Whole Health services, CIH therapies, or chiropractic care. This cohort included every Veteran with a recorded primary care, mental health, or pain clinic visit in VA electronic health records within FY17, FY18, FY19 or FY20. We identified these visits by using the following VA stop codes: 322, 323, 348, 350, 420, 502, 509, 510, 513, 533, 534, 539, 540, 550, 562, and 565. For FY20, we added the following codes: 156, 157, 170, 170-179, 324, 326, 338, 342, 527, 542, 545, 704. Although Veterans can use care at multiple locations in a given year, each Veteran was assigned to a single VA facility to avoid double counting. For the purposes of the Compendium analysis, if a Veteran had a qualifying visit at more than one VA facility in the fiscal year, they were associated with the facility at which their latest visit took place in that fiscal year. This date is defined as the index date and is the basis for several calculations including age at the time of this visit. Utilization was associated with the individual Veteran and their VA facility assignment. For example, if a Veteran was assigned to Boston in VISN 1 because this is where their last visit occurred in the fiscal year but they had resided or traveled earlier in the fiscal year and received acupuncture in Tampa in VISN 8, for the purposes of this report, the Veteran and their receipt of acupuncture is connected only to the Boston/VISN 1 denominator.

Patient Clinical and Demographic Characteristics

We examined utilization of CIH therapies and chiropractic care among Veterans with three types of health conditions as detailed below:

1. Chronic musculoskeletal pain,
2. Mental health conditions, and
3. Chronic health conditions.

Chronic Musculoskeletal Pain

We identified patients having this type of pain by extracting data from the VA electronic health records using an algorithm developed by the VA-DoD Pain Management Collaboratory. This uses two criteria to determine if a Veteran has documented moderate-to-severe chronic musculoskeletal pain. First, Veterans were required to have two moderate-to-severe pain severity scores on the numeric rating scale (NRS ≥ 4) in the year prior to the index visit, separated by at least 30 days (we defined “index visits” as their more recent visit within the FY17-FY19 period

to the three departments noted above). Second, we looked for documentation of a diagnosis (ICD10) code related to musculoskeletal pain in the electronic health record in the year prior to the index visit. Codes were selected by their ICD10 code category and subcategory and included the following (which is a subset of the categories identified by Goulet, *et al*, 2016).³¹ Veterans were characterized as having chronic musculoskeletal pain if they met both NRS and ICD10 criteria in the year prior to (and including) the date of their index (latest) visit in a fiscal year.

Back pain
Neck pain
Limb/extremity pain, joint pain, and arthritic disorders, except: <ul style="list-style-type: none"> • Gout and other crystal arthropathies • Neuropathic arthropathy
Fibromyalgia
Headache: include only Tension Type Headache (TTH)
Orofacial, ear, and temporomandibular disorder pain
Musculoskeletal chest pain
Other painful conditions: include only general pain

Mental Health Conditions

To identify Veterans with selected mental health conditions (depression, anxiety, or PTSD), we adapted ICD10 diagnosis codes from an ICD9 diagnosis code list developed by the VA’s Primary Care Analytics Team (PCAT)³² using AHRQ’s MapIT tool (available at <https://www.qualityindicators.ahrq.gov/Resources/Toolkits.aspx>) and the 2018 mapping of ICD9 to ICD10 codes. Veterans were characterized as having one of these mental health conditions if we found documentation of a diagnosis in the year prior to their index visit.

Chronic Health Conditions

We identified Veterans with selected chronic health conditions (cardiovascular disease, diabetes or obesity) by the presence of a documented diagnosis by ICD10 code in the year prior to their index visit. We adapted ICD10 diagnosis codes from the ICD9 codes in the Elixhauser comorbidity index³³ using the AHRQ MapIT tool as described above.

Detailed Methods for Identifying Service Utilization in the Electronic Health Record

We used CPT codes (if applicable), clinic stop codes (chiropractic care only), clinic location names, CHAR4 codes, clinic note titles, health factors, and community care billing information (by CPT code – chiropractic care, acupuncture, and massage only) to identify utilization of CIH therapies and chiropractic care among the annual cohorts. We developed the search terms based on guidance from OPCC&CT, reported methods from an evaluation of Whole Health Flagship sites,¹⁸ and feedback from subject matter experts. To avoid double-counting the same actual

service, we combined coding documentation from different data sources for the same type of therapy provided to a single patient on a single day into a single episode of care. For example, if we found one or more CPT codes for acupuncture and a CHAR4 code for acupuncture on the same day, this was coded only as a single acupuncture encounter.

Telehealth vs In-Person Visits

Once core Whole Health service and CIH therapy visits were identified using these methods, we determined if the utilization occurred in-person or via telephone/video using stop codes and location names associated with the VisitSID. The specific stop codes and clinic names used to identify virtual visits include: 147, 179, 221, 444, 445, 446, 447, 648, 679, 683, 684, 685, 686, 690, 692, 723, 724. In addition, we searched for key words in clinic names: (LocationName like '%tele%' and LocationName not like '%teleret%') or LocationName like '%VVC%' or LocationName like '%CVT%' or LocationName like '%CCHT%' or LocationName like 'HT %' or LocationName like '%VTC%' or LocationName like '% TH %'. To avoid double-counting, we combined all possible visits on the same day into a single episode of care. If any of the visits recorded on that day were coded as in-person, the episode of care was considered to be in-person. For example, if a patient had an in-person chiropractic visit or participated in an in-person biofeedback session, but a telephone follow-up note for that service for that same day was also identified, the episode of care was only counted once as in-person visit although there may have been a component of telehealth care.

Coding Variation in the VA Electronic Health Record

As we noted above, we relied on several types of codes because few CIH therapies are associated with universal medical coding methods (e.g., CPT codes). Also, the coding of therapy use can vary significantly across the healthcare system, within a single facility, and even over time, as therapies become more established. Capturing and integrating data from many parts of the electronic health record allows us to capture as much utilization as possible, even if coding is not yet standardized.

Below, we present Venn diagrams to visually demonstrate this variation in coding practices for FY20, where each region of the diagram represents a coding method (e.g., CPT codes, health factors/note titles and clinic location names) and the numbers represent the number of encounters in a given period that are associated with each method. Venn diagrams describe the overlap across coding approaches for therapies delivered in-person (Figure 8) and therapies delivered by telehealth (Figure 9). These figures demonstrate that for therapies with a defined set of CPT codes, such as acupuncture, those CPT codes can be used to capture almost all of the utilization. However, for therapies without established CPT codes that use internal VA coding methods and guidance from OPCC&CT, it is important to use data from both structured (CHAR4) and semi-structured data sources (e.g., clinic location names and notes). Examples such as meditation and core Whole Health services highlight that variability remains in coding approaches with different sites using different coding approaches.

Figure 8. Venn Diagrams Depicting Overlap of Coding for Visits on the Same Day Captured by CPT Codes, CHAR4 Codes, HealthFactors, Location Names, and Clinic Titles – In-Person Visits in FY20

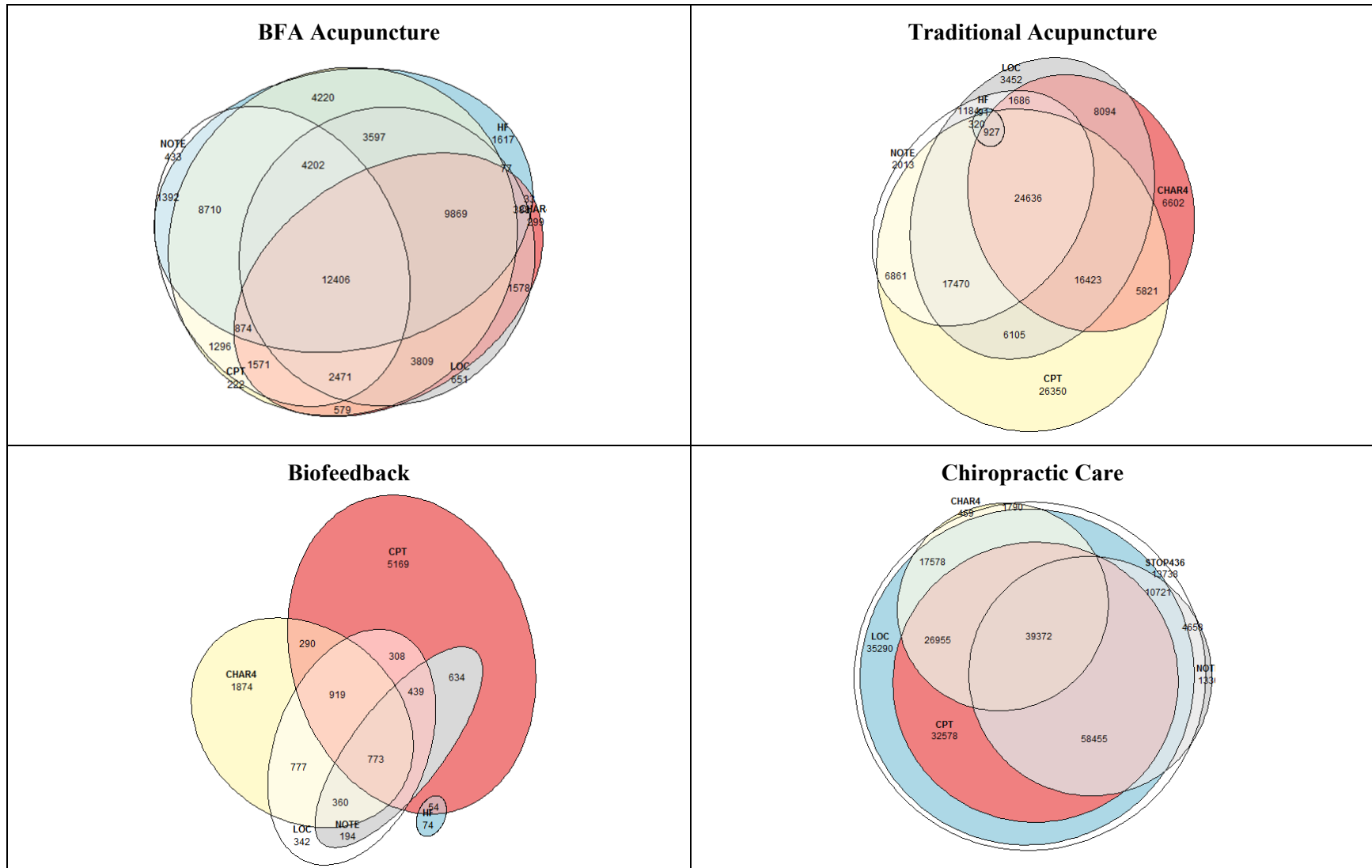


Figure 8. Venn Diagrams Depicting Overlap of Coding for In-Person Visits on the Same Day continued

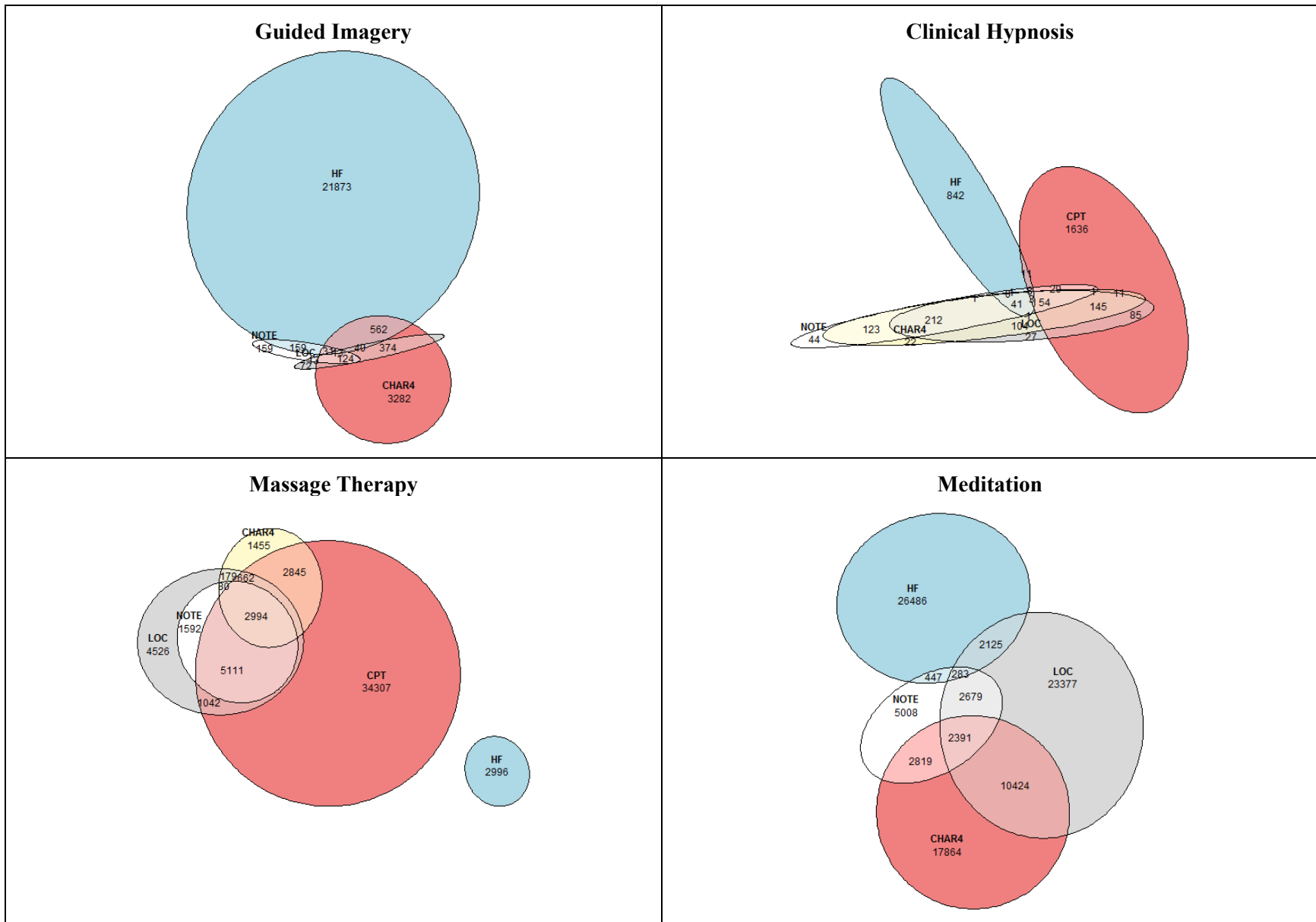


Figure 8. Venn Diagrams Depicting Overlap of Coding for In-Person Visits on the Same Day continued

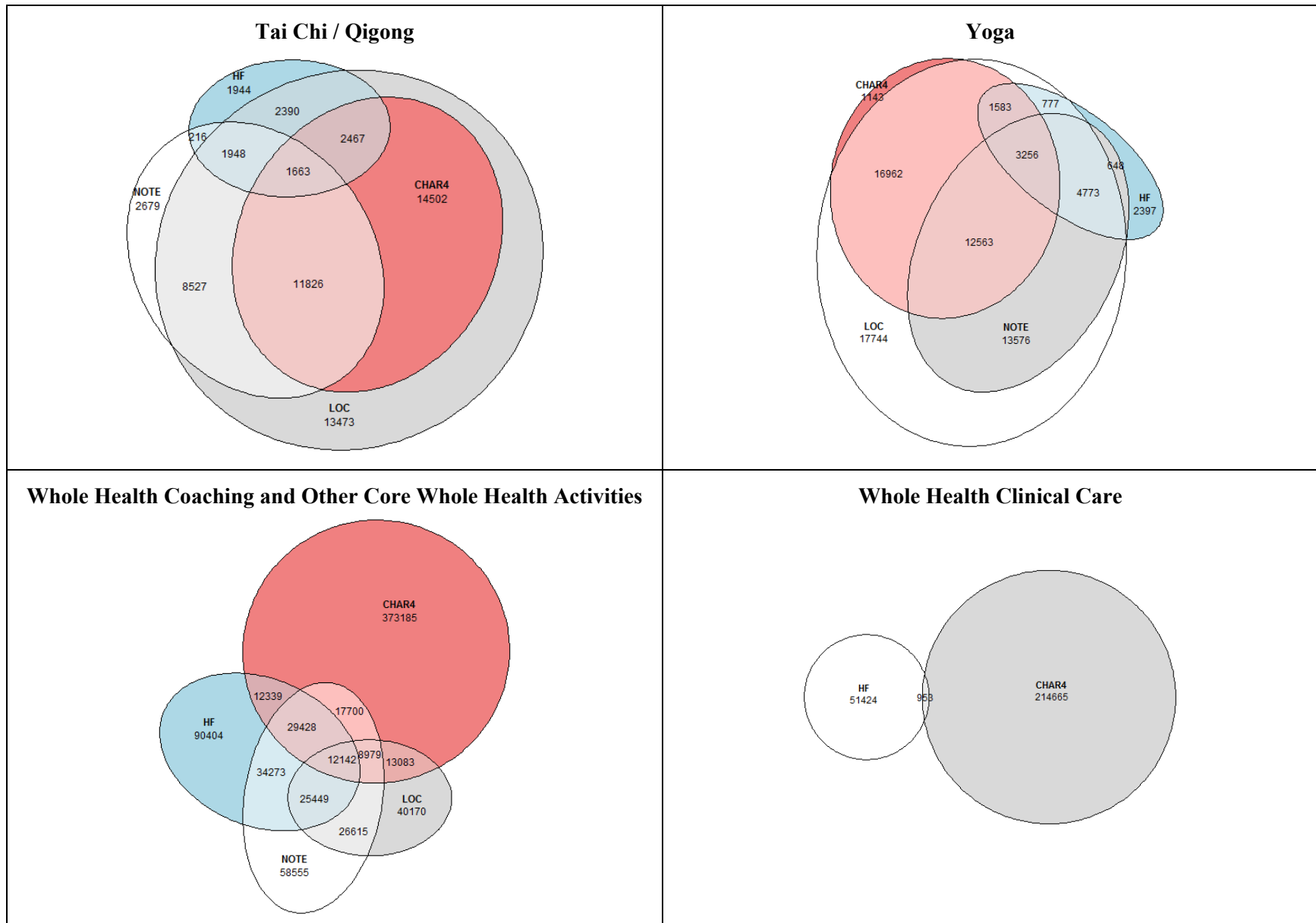


Figure 9. Venn Diagrams Depicting Overlap of Coding for Visits on the Same Day Captured by CPT Codes, CHAR4 Codes, HealthFactors, Location Names, and Clinic Titles – Telehealth Visits in FY20

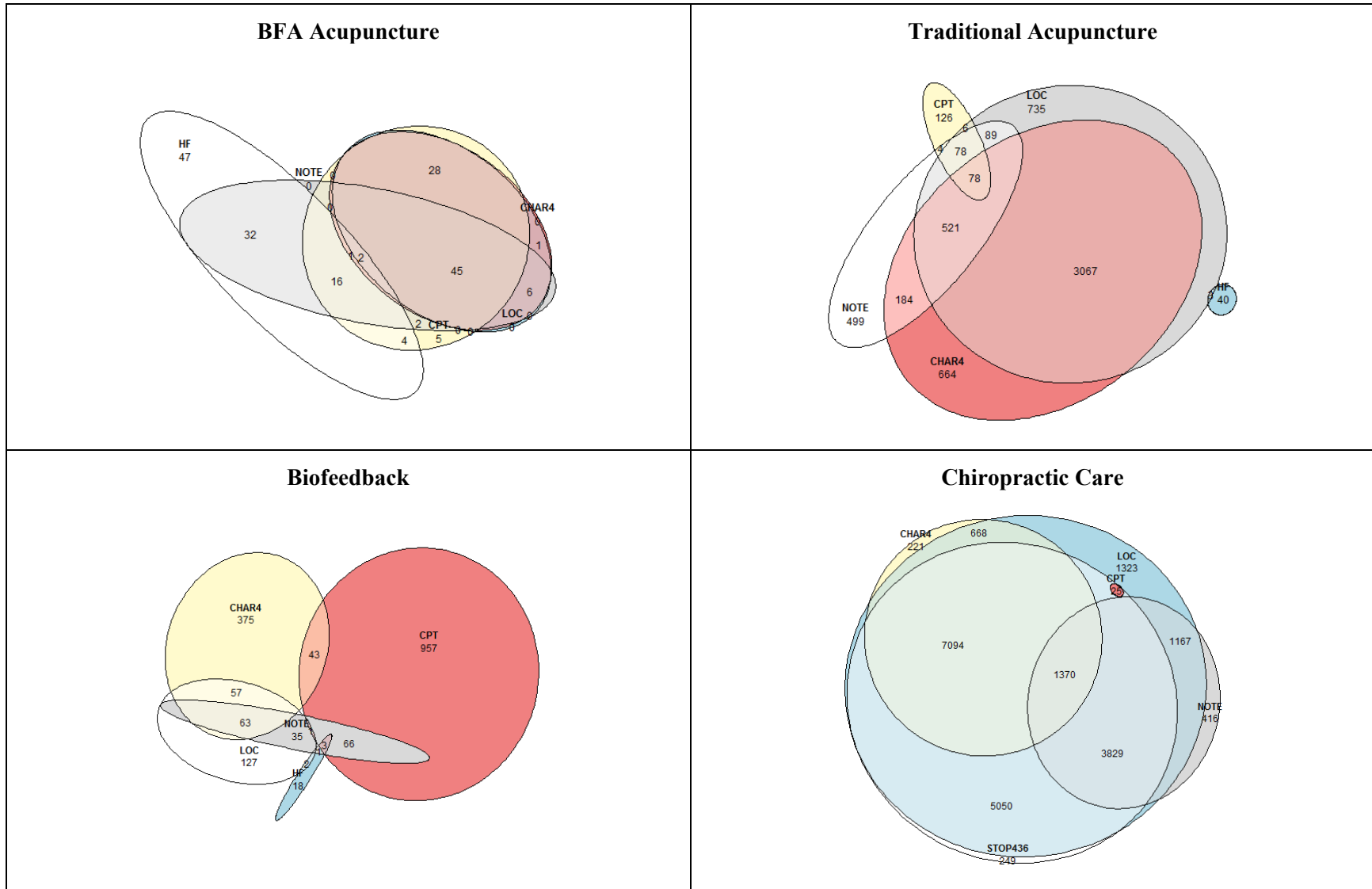


Figure 9. Venn Diagrams Depicting Overlap of Coding for Telehealth Visits on the Same Day continued

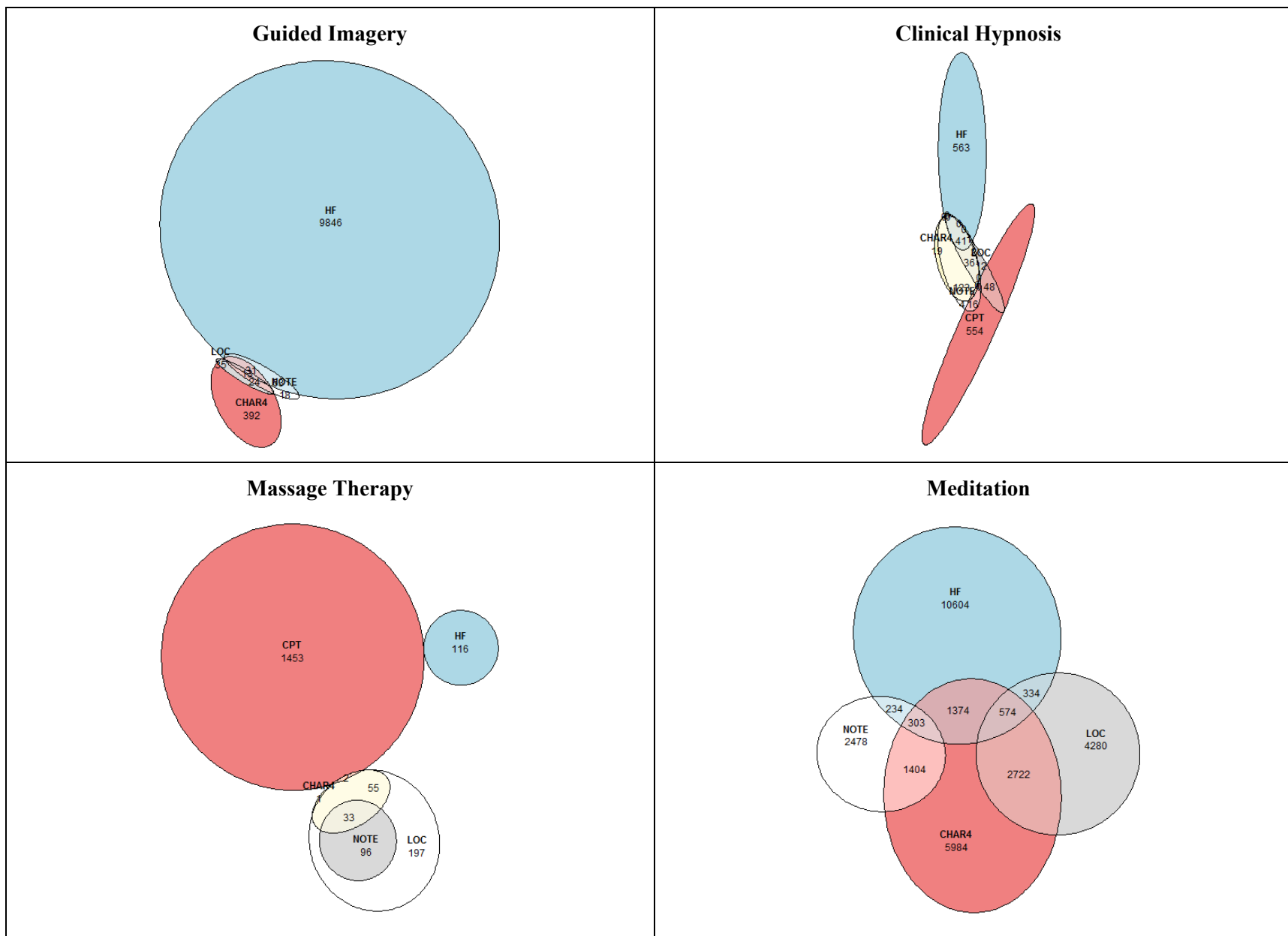
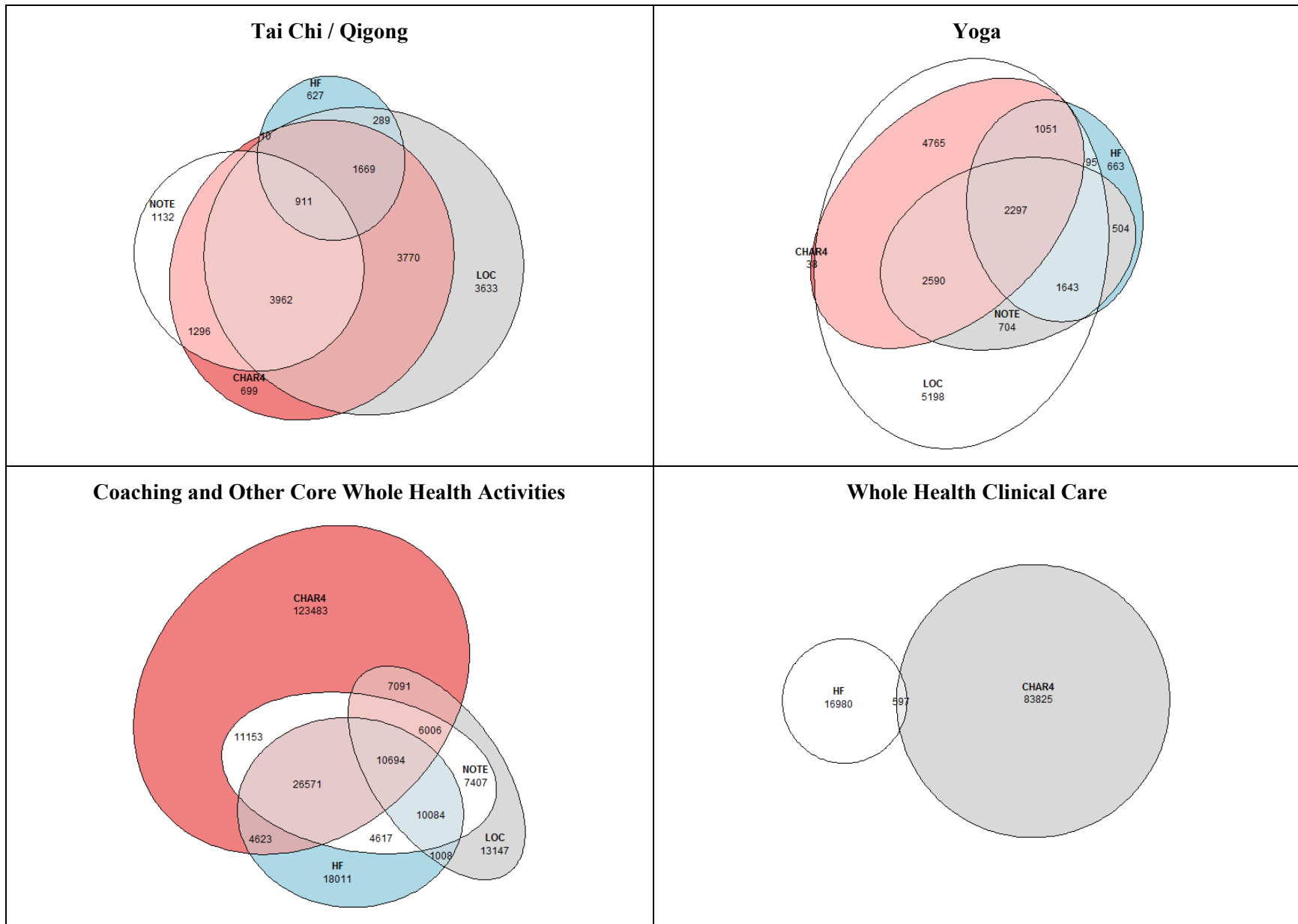


Figure 9. Venn Diagrams Depicting Overlap of Coding for Telehealth Visits on the Same Day continued



Search Terms Used

Below are the specific search terms we used to identify CIH and chiropractic care therapies received in the VA healthcare system for FY20 utilization patterns. These terms were reviewed by subject matter experts for each of the modalities, and account for changing coding guidance. Whole Health coding guidance is continually updated, and for current guidance please consult <https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/Whole-Health-System-Coding-Guidance.aspx>.

Required Evidence-Based CIH Therapies

Visit Type	CPT Code	Char4 Code	Stop Code	Health Factors	Location Search Strings ¹
Acupuncture²	97810, 97811, 97813, 97814, S8930	<i>Trad:</i> ACUP <i>BFA:</i> IACT	-	-	<i>Traditional Includes:</i> ‘acup’, ‘acpu’ <i>Traditional excludes:</i> ‘bfa’, ‘battlefield’ <i>BFA Includes:</i> ‘battlefield’, ‘bfa’ <i>All exclude:</i> ‘acupressure’, ‘labfasting’, ‘chiro’, ‘instruction’
Massage Therapy	97124	MSGT	-	-	<i>Includes:</i> ‘massage’ <i>Excludes:</i> ‘acupressure’
Yoga	-	YOGA	-	-	<i>Includes:</i> ‘yoga’ <i>Excludes:</i> ‘irest’
Tai Chi/Qigong	-	TAIC, CGQC	-	-	<i>Includes:</i> ‘taichi’, ‘tai chi’, ‘taic’, ‘taiji’, ‘taiji’, ‘qigong’, ‘qi gong’
Meditation³	-	MANT, MBSR, MDTN, MMTT,	-	-	<i>Includes:</i> ‘mindful’, ‘mantram’, ‘meditation’, ‘irest’, ‘mbsr’ <i>Excludes:</i> ‘yoga’, ‘eating’, ‘oncology’, ‘child’
Guided Imagery (GIMA)	-	GIMA	-	-	<i>Includes:</i> ‘guided’, ‘imagery’, ‘guided image’ <i>Excludes:</i> ‘biopsy’, ‘core’, ‘ultrasound’, ‘med’, ‘procedure’, ‘teach’, ‘radiology’, ‘placement’, ‘oncology’
Clinical Hypnosis (Hypn)	90880	HYPN	-	-	<i>Includes:</i> ‘hypn’, ‘hypno’, ‘hypnosis’, ‘hypnotherapy’ <i>Excludes:</i> ‘hypnotic’
Biofeedback (BioF)	90875, 90876, 90911, 90901	BIOF	-	-	<i>Includes:</i> ‘biofeed’, ‘bio feed’, ‘neurofeed’, ‘neuro feed’ <i>Excludes:</i> ‘consult’, ‘cancel’

1. Search strings are used to generate lists of Clinic Names, Note titles, and Health Factor titles utilized to record therapy provision. We describe exemplar search terms here but due to space we did not list every search term/variation used.
2. We searched for Battlefield Acupuncture (BFA) separately from traditional acupuncture. Daily utilization was categorized as BFA if any of the data from that day was consistent with BFA.
3. We did not distinguish between the different types of meditation practice offered in the VA such as Mantram Repetition, Mindfulness, Mindfulness-Based Stress Reduction, iRest Yoga Nidra, etc.

Chiropractic Care

Visit Type	CPT Code	Char4 Code	Stop Code	Health Factors	Location Search Strings ¹
Chiropractic Care	98940, 98941, 98942, 98943	RHGC	436	-	<i>Includes: 'chiro'</i> <i>Does not include: 'acup', 'fol up', 'rsvp', 'bfa', 'fee'</i>

1. Search strings are used to generate lists of Clinic Names, Note titles, and Health Factor titles utilized to record therapy provision. We describe exemplar search terms here but due to space we did not list every search term/variation used.

Other

Visit Type	CPT Code	Char4 Code	Stop Code	Health Factors	Location Search Strings ¹
Telehealth — Other Support/Education²	-	-	-	-	<i>Includes: 'CIH Coach' (location only)</i>

1. Search strings are used to generate lists of Clinic Names, Note titles, and Health Factor titles utilized to record therapy provision. We describe exemplar search terms here but due to space we did not list every search term/variation used.
2. Virtual advice about CIH was offered by some sites during the COVID pandemic and was attempted to be captured when recorded in the EHR through search strings.

Core Whole Health

Visit Type	CPT Code	Char4 Code	Stop Code	Health Factors	Location Search Strings ^{1*}
Whole Health Clinical Care	-	IDHC SCVT SNVC WCGC	-	'VA-WHS - Changing the conversation' 'VA-WHS - Mapping to the Map' 'VA-WHS - Map to the map' 'VA-WHS - AFHS-IDENTIFY PATIENT PRIORITIES' 'VA-WHS - AFHS-PATIENT PRIORITIES FOLLOW-UP' 'VA-WHS - AGE-FRIENDLY-WHAT MATTERS' 'VA- PHP MAP' 'VA- PHP my Goal'	<i>*WH Clinical Care search only includes char4 and health factors.</i>

1. Search strings are used to generate lists of Clinic Names, Note titles, and Health Factor titles utilized to record therapy provision. We describe exemplar search terms here but due to space we did not list every search term/variation used.

Visit Type	CPT Code	Char4 Code	Stop Code	Health Factors	Location Search Strings ^{1*}
Whole Health Clinical Care <i>(continued)</i>	-	IDHC SCVT SNVC WCGC	-	‘VA- PHP Shared Goals’ ‘VA-WHS - AGE-FRIENDLY MEDICATION’ ‘VA-WHS - AGE-FRIENDLY-4MS’ ‘VA-WHS - AGE-FRIENDLY-MENTATION’ ‘VA-WHS - AGE-FRIENDLY-MOBILITY’	*WH Clinical Care search only includes char4 and health factors.
Coaching and Other Core Whole Health Activities	-	HTAC HTFC RLFX WCDC WCEC WCHC	-	‘INTRODUCTION TO WHOLE HEALTH’ ‘TAKING CHARGE LIFE AND HEALTH’ ‘WHOLE HEALTH COACHING’ ‘WHOLE HEALTH EDUCATION’ ‘WH COACHING’ ‘WH EDUCATION’ ‘my goal update’ ‘PHP’ ‘PHI’ ‘Personal health inventory’ ‘Personal health plan’	‘Taking Charge’ ‘TCMLH’ ‘Introduction to Whole Health’ ‘Introduction to WH’ ‘Whole Health Orientation’ ‘WH Orientation’ ‘Whole Health Introduction’ ‘WH Introduction’ ‘WHCoach’ ‘Whole HealthCoach’ ‘Whole hlthCoach’ ‘Whl HlthCoach’ ‘Whole-hCoach’ ‘WHLHLTHCoach’ ‘Whl HlthCoach’ ‘WHPathway’ ‘Whole Healthpathway’ ‘Whole hlthpathway’

1. Search strings are used to generate lists of Clinic Names, Note titles, and Health Factor titles utilized to record therapy provision. We describe exemplar search terms here but due to space we did not list every search term/variation used.

Visit Type	CPT Code	Char4 Code	Stop Code	Health Factors	Location Search Strings ¹
Coaching and Other Core Whole Health Activities <i>(continued)</i>	-	HTAC HTFC RLFX WCDC WCEC WCHC	-	‘INTRODUCTION TO WHOLE HEALTH’ ‘TAKING CHARGE LIFE AND HEALTH’ ‘WHOLE HEALTH COACHING’ ‘WHOLE HEALTH EDUCATION’ ‘WH COACHING’ ‘WH EDUCATION’ ‘my goal update’ ‘PHP’ ‘PHI’ ‘Personal health inventory’ ‘Personal health plan’	‘Whl Hlthpathway’ ‘Whole-hpathway’ ‘WHLHLTHpathway’ ‘Whl Hlthpathway’ ‘Whole Health Education’ ‘WH Education’ ‘Personal health inventory’ ‘Personal health plan’ ‘Whole Health PHI’ ‘Whole Health PHP’ ‘WH PHI’ ‘WH PHP’ ‘Whole hlth PHP’ ‘Whole hlth Phi’

1. Search strings are used to generate lists of Clinic Names, Note titles, and Health Factor titles utilized to record therapy provision. We describe exemplar search terms here but due to space we did not list every search term/variation used.

Exclusions

We made efforts to exclude encounters that were identified by our search terms but were associated with no-show visits or were administrative visits without provision of care. These could include referrals to VA services, community care, consultations, or other notes. We employed three strategies to exclude these visits:

- 1. Excluding administrative stop codes associated with referrals to community-based care from the outpatient visits queried**

We only applied this filter to therapies commonly referred to the community: acupuncture, massage and chiropractic care. Community-based care received was identified using the PIT tables, as described above. Administrative stop codes excluded: 655, 656, 660, 669, and 674.

- 2. Excluding administrative strings from the unstructured searches**

We excluded locations, note titles, and health factors that included these strings even if they also included the strings we searched for above. Strings excluded from unstructured searches: ‘research’, ‘rsch’, ‘messaging’, ‘choice’, ‘community care’, ‘non va’, ‘vcp’, ‘consult’, ‘telephone’, ‘referral’, ‘outside’, and ‘no show’. We note that this exclusion is not an overriding exclusion – so a visit with one of these notes that is also associated with a CPT code or health factor consistent with service provision will count towards utilization.

- 3. Applying overarching exclusions**

“No show” visits are often noted with a note recorded in the Outpatient visit record. Visits that were only associated with a clinic name and not any other indication of service were queried to see if they were associated with a “No show” or other administrative note. If so, they were excluded. The overarching notes excluding location only visits are: ‘choice referral’, ‘community care referral’, ‘non va referral’, and ‘no show’.

Community-Based Care Data

We also searched the community-based care billing information (the VA’s Program Integrity Tool [PIT] Professional Claims data) by CPT code to identify community-based chiropractic care, traditional acupuncture, and massage therapy. As with the VA data, we count community care utilization on the level of the patient-day, and combined CPT codes associated with the same type of therapy on the same day into a single encounter. Due to changes in how community-based claims are processed, data in the PIT tables from FY17 may be incomplete, so we examined only FY18 – FY20 data (partial FY17 data is included in the overall utilization numbers analyzed here).

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