

OVERALL APPROACH TO PERSONAL HEALTH PLANNING

WHAT IS PERSONAL HEALTH PLANNING?

Personal health planning is a process that facilitates the development of a Veteran's overarching Personal Health Plan (PHP). As part of this process, a Veteran engages in self-exploration to identify their mission/aspiration/purpose (MAP), sets Shared and SMART goals (Specific, Measurable, Action-oriented, Realistic and Time-based) with their team members based on their MAP, develops an action plan to meet those goals, and is connected with education, skill building, resources and support in support of those goals. Aspects of this process can take place in each Whole Health System (WHS) component.

PRINCIPLES OF PERSONAL HEALTH PLANNING



Figure 1. Key principles of personal health planning across all components of Whole Health System

VETERAN OWNERSHIP

- The Veteran can work independently or in partnership with professionals and peers (both within and outside VHA) to engage in personal health planning, and is the ultimate owner of their PHP.
- Education, skill building and offering resources and support to assist with development of the PHP ideally occur in all aspects of the WHS (e.g., including both group and individual activities), as well as within the larger community.

SELF-REFLECTION/EXPLORATION - MAP

- Self-Reflection/Exploration involves the Veteran's consideration of what is important to them and the area(s) in their lives which they prioritize for behavior change.
- This process leads to identification of their Mission/Aspiration/Purpose (MAP), to which all goals in the PHP will relate.

WHOLE HEALTH (WH) ASSESSMENT

- A WH Assessment includes an examination of an individual's overall whole health.
- The Personal Health Inventory (PHI) can be used to help facilitate this process but other methods (e.g., asking the "big questions"; use of the My Health Choices tool) can suffice as well. Note that the PHI is available in different forms and sites/programs will choose which best suits their needs (My Story PHI, Short Form PHI).
 - The "big questions" are 1) What matters most to you? (Why do you want your health? Why do you need to be healthy?) 2) On a scale of 1-5, where are you in terms of your physical health? On a scale of 1-5, where are you in terms of your emotional health? On a scale of 1-5, how is it to live your day-to-day life? and 3) What is your vision of your best possible health?
- Others may elect use the "Circle of Health" (aka Components of Proactive Health and Well-being or COHWB) for this assessment.
- This assessment can take place one on one, or via groups. Whole Health group visits (e.g., Taking Charge of My Life and Health program), Gateway to Healthy Living sessions and Shared Medical appointments are good examples of group settings to help Veterans explore what matters to them and explore the areas of self-care outlined in the "Circle of Health".
- In the WH Clinical Care setting, the WH Assessment would also include clinically relevant assessments such as a comprehensive History and Physical (H&P) (including social history and discussion of health habits and behaviors), health risks, diagnostics and could include self-care around COHWB.
- Veterans registered through MyHealthVet can complete a Healthy Living Assessment to review individual risk factors as well.
- Different disciplines may add their own dimensions to the assessment.

GOAL SETTING (SHARED AND SMART)

- Shared Goals are goals developed/shared collaboratively by the Veteran and their health care team member in service of the Veteran's MAP.
- Health care team members that participate in the development of Shared Goals are those who bring their expertise and recommendations to the interaction (e.g., clinicians, CIH providers) as opposed to team members whose roles are primarily intended to help facilitate the Veteran's self-exploration and discovery (e.g., WH Partners).
- Shared Goals facilitate common ground, and align the health team and Veteran so all are "on the same team".
- Shared Goals may be clinically focused on health outcomes (such as lowering a blood pressure), but could also be focused on a particular aspect of self-care or other activities (such as being able to go hiking with one's family members again).
- They are used as a foundation and source of motivation for setting and achieving SMART goals.
- Shared Goals do not have to be complex. Simple and basic goals can have meaning and serve an important purpose in the "here and now" of a person's life and wellness pursuits.
- Setting Shared Goals is a concept that is similar to the approach taken in Shared Decision Making and in establishing the Goals of Care, wherein the Veteran and the clinician work together to come to a common agreement about how best to move forward. With Shared Goals, this process is based on the Veteran's MAP.
- Building from Shared Goals, VHA uses the SMART goals framework to set the stage for successful achievement of goals. Veterans identify concrete, specific things he/she can do to improve their health, focused on behavior, not outcome, starting small and building over time, with a short, defined time frame.
- Note that not all Veterans will know, or wish to identify, their MAP or engage in the personal health planning process as related to Whole Health care. The Veteran's preferences should be considered and interactions/services can be tailored accordingly.

EDUCATION, SKILL BUILDING, RESOURCES AND SUPPORT

- Skill-building through education and training and access to resources and tools empowers Veterans with the skills, knowledge and confidence they need to succeed in achieving their SMART goals.
- This can include exploring the Veteran's strengths and past successes in meeting goals. TEACH and MI skills can be helpful here.
- Support from the healthcare team, groups, caregivers, family members, friends, and the community is critical to success.
- WH Partners, Coaches, CIH and clinical staff need to know the resources available within the team, the facility, the Whole Health System and in the community, that

are available to assist Veterans with Shared and SMART goals. This may include technology such as apps, and virtual and telehealth options.

- VHA has Healthy Living Programs that include education, resources and services related to health promotion, disease prevention, health behavior change and goal setting. These also include trainings in Motivational Interviewing and TEACH. Associated with Healthy Living Programs are environmental scans that list internal and external resources for Veterans. The local Health Promotion and Disease Prevention Program Manager is often the local subject matter expert in these resources.
- Education and skill-building opportunities should be offered to Veterans in support of their SMART goals.
- Connecting Veterans with other parts of the Whole Health System, can be an important part of the education process.
- Veteran engagement in the WH System should be revisited at periodic intervals as agreed upon by the Veteran. An annual WH Partner check-in might be one strategy allowing a WH Partner to maintain a connection with the Veteran even when they are not actively engaged in a WH System element.

PERSONAL HEALTH PLAN

- The PHP is the overarching, documented (e.g., hardcopy or electronic) compilation of the above information (ideally both in CPRS and with the patient via app/wallet card).
- The Plan may be brief, or extensive, depending on the Veteran's preferences and the degree to which they are involved in the WH System.
- The PHP is a living plan; regular updates will help ensure that it stays current and relevant for all users. It should ideally be updated annually but may require more frequent updates.

TIPS FOR IMPLEMENTING PERSONAL HEALTH PLANNING

The following are considerations for implementing personal health planning across the WH System. For specifics about how the personal health process functions in each of the WH System components, please refer to those sections of the Guide.

- Education about Whole Health and personal health planning should be widely provided to prepare both Veterans and staff for WH transformation and personal health planning. This will help to avoid issues such as having a Veteran present to WH Clinical Care with the start of their PHP and the clinical team being unaware of what it is or the purpose it serves.
- Pursue alignment with key facility and/or health care team performance metrics (e.g., HEDIS, SHEP, SAIL).
- Deliver training that is tailored to the audience (e.g., if presenting to clinical care providers, elicit and acknowledge similarities and alignments with current practice,

as well as areas to consider transforming in support of a more effective, efficient system to better support the whole person).

- Communicate alignment with existing programming (e.g., NCP Gateway to Healthy Living, MOVE!™, Veterans Health Education programs), and tools/resources (e.g., HealthLiving Assessment (HLA), Veterans Health Library (VHL), SMART Goal forms such as the My Health Choices worksheet), that can also be a part of the WH approach.
- Illustrate how the personal health planning process aligns with processes that may already exist, and to invite staff to identify these when possible.
- Offer staff the opportunity to select whichever tools best suit their practice style, in support of the WH approach.
- Often, it is best to start implementation with a small number of individuals or teams. Then, have those individuals involved in the training of the next cohort.
- Training should ideally include not only didactic education, but also real-time coaching, feedback, role-plays, and other skill building exercises.
- Fidelity checks may be helpful for identifying training and coaching opportunities, as well as assessing implementation.
- Key leaders representing each of the main WH System components should support seamless personal health planning across the components, and that communication of the PHP across disciplines is happening as well.

DOCUMENTATION AND COMMUNICATION

The PHP is owned by the Veteran, but those partnering with the Veteran will need to be informed. This will be accomplished via a combination of methods. At this time, there is no one way to document the PHP and sites may explore various options to develop a documentation and communication plan that is as seamless, simple, and effective as possible.

- Veteran may complete a hard copy of basic template.
- WH Partner, WH Coach, CIH-provider or WH Clinical Care team should enter relevant part of the PHP into CPRS. The method and format by which this is done should be decided with input from representatives of each component of the WHS to ensure it is a well-coordinated documentation plan.
- Use a shared template format for the PHI so that anyone can pull it into their existing note, and it can still be searched for those health factors.
- Consider using radio buttons for each aspect of the PHP, including COHWB. Once selected, this will open text boxes that can be used to document Shared and SMART goals.
- If possible, the PHP may be best housed under the “Postings” tab. This allows it to be easily searchable and updated.
- If care is being received in the community, Veteran will share the PHP with their health team members as appropriate.

- Within WH Clinical Care, teams will determine most appropriate process for documentation depending on clinical flow/roles/duties. Ideally, the basics of the PHP will be documented in a note that can be queried so that providers across clinics can access the information (as opposed to embedded in clinical notes for example).
- Develop patient data objects for the “big questions”, the COHWB, and Shared Goals, in addition to a PHP template. A large PHP template is a separate stand-alone document which can be referenced when needed, but for clinical teams within a session, writing notes, the ability to drop in these data objects (which would always be current) would allow flexibility and ease of use. These data objects could be easily incorporated into provider and clinical care templates.
- A copy of the PHP with MAP, Shared and SMART goals, and self-care actions should be provided to the Veteran.

PERSONAL HEALTH PLAN (PHP)

The following are the components of the overarching Personal Health Plan.

Name:

Date:

Mission, Aspiration, Purpose (MAP):

What really matters. What you want your best health for:

Goals:

Strengths (what's going right already)/Challenges:

Skill Building and Support

Mindful Awareness:

Self-Care:

- Working the Body
- Surroundings
- Personal Development
- Food and Drink
- Recharge
- Family, Friends, and Co-Workers
- Spirit and Soul
- Power of the Mind

Professional Care: Conventional and Complementary

- Health concerns
- Prevention/Screening
- Treatment (e.g., conventional, complementary, medication, supplements)
- Referrals

Community

- Resources
- Support Team

Next Steps

Please Note: This plan is for my personal use and does not comprise my complete medical or pharmacological data, nor does it replace my medical record.