Blueprint for Success:

VA Sierra Nevada Health Care System Rolls Out Telephone Lifestyle Coaching with Impressive Results

HPDP Program Manager Jana Patterson believes that a strategy based on preparation, education, motivation, and persuasion has made Telephone Lifestyle Coaching (TLC) a success at the VA Sierra Nevada Health Care System (VASNHCS). Now several months after starting TLC in the HCS, the team led by Ambulatory Care Associate Chief Of Staff Dr. Uchenna Uchendu and Patterson has seen the impressive results of a creative, multi-faceted plan for implementing the program.

The VASNHCS won NCP's National TLC Recruitment Competition in May 2012 by achieving a 38-percent improvement from April in the number of Veterans who enrolled (i.e., completed at least one coaching call after referral). "It's exciting to get so many new Veterans started in TLC here in the Reno area," says Patterson. "And it's great to start seeing all of the benefits that TLC is providing for both Veterans and clinicians."

Big Plan, Small Start

The VASNHCS is one of a limited number of VHA facilities that are now piloting TLC, which pairs a Veteran with a personal coach to complete a series of telephone calls aimed at developing and achieving a personal health goal, such as losing weight or quitting smoking. The HCS, which serves about 25,000 Veterans in 20 counties in northern Nevada and northeastern California, formally launched the program in January 2012. But it was preparation—training, planning, and the development of specific tactics—that started in the fall of 2011 and has ensured TLC's success.

One key element of the TLC roll-out was to start small. "We initiated it at only one of our clinics—the VA Sierra Foothills Outpatient Clinic in Auburn—where there would be fewer and more manageable challenges," explains Uchendu. "Later, as we built momentum and familiarity with the program, we implemented it at the other three CBOCs and at the main HCS facility in Reno."

Informed and On Board

Using the mantra, "knowledge is power," the team focused its early efforts on clearly and concretely articulating what TLC is, what it can provide clinicians, and how it can help Veterans. "Addressing clinicians' questions about TLC was also critical to getting them interested and on board," says Uchendu. "We emphasized that TLC was a powerful tool to help make care more convenient, get Veterans healthier, and promote autonomy in managing their health." Patterson and Uchendu explain that to do this, the Reno team distributed a variety of communications—talking points, handouts, summary cards, booklets, and PowerPoints, for example—that were designed to succinctly educate about the benefits of TLC. And they provided the information to HCS clinicians, as well as a variety of non-clinical personnel, including staff members in the CLC, Mental Health, Nutrition, Outpatient Services, Pharmacy, and Social Work departments.
As they talked about TLC with staff, the team reiterated how the program could improve clinicians' efficiency and care of patients, as well as complement all of the HCS' clinical programs. And they addressed providers' specific concerns about the novel program, such as how it would impact clinical burdens and patient visits. "It was important to let them know what was in it for them—for example, that it could lessen their referral burdens," says Patterson, "and for their patients—say, that it could improve Veterans' health without the need for office visits."

Veteran Jonathan Moore and TLC champion Joyce Spaude

Promoting Partnerships

Another important step was to promote and generate enthusiasm for TLC, which the team did primarily through building and maintaining relationships. "We designated an R.N. at each site to be the local TLC 'champion'," says Uchendu. "And we put a lot of thought into matching each champion's qualities with the needs of each site program." Patterson adds, "When we started TLC at the clinics, I traveled to each one to do an introduction and meet with the champion." These initial visits augmented later, scheduled visits with local PACTs, monthly TLC progress reports for the department managers, ongoing dialogue with the site champions, and a quarterly PACT newsletter, all of which were used to motivate and engage staff, and help them succeed. "Just asking questions like, 'how's everything going with TLC?,' really us helped nurture those partnerships and promote the program," says Patterson.

Getting the buy-in of facility management was also part of the equation for success. "We did a special brief on TLC for our HCS Director," Uchendu explains. "He was enthusiastic about the program and really became a TLC champion at the facility and VISN levels."

Results, Praise

Success stories and program data speak to the positive impacts of TLC just months after its launch. Fallon (NV) CBOC TLC champion Joyce Spaude, for example, recently reported in the summer issue of the PACT newsletter on several Veterans who had met their goals in weight loss and quitting smoking, which are the two most popular TLC health goals. Patterson has also seen value of TLC personally, noting how well it worked in a recent crisis situation involving an enrolled Veteran.

To date, over 72% of the HCS' Veterans referred to TLC have enrolled in the program and Patterson and Uchendu believe that clinicians are already benefitting from lessened clinical loads. "TLC is getting Veterans excited about, and effective at, improving their health," says Patterson. "And clinicians like that TLC offers them another CPRS tool to efficiently support, monitor, and follow-up on their patients—which has reduced their clinical and referral burdens. Others, like clinical case managers, for example, enjoy being able to support patients without having to know all of their consultation details."

Getting the Word Out

The VASNHCS team is currently taking care of the typical post-launch questions and issues that come with a new process and program like TLC. They are also eagerly anticipating new TV monitors in the HCS, which will provide them with another medium for educating staff and Veterans on TLC and other HPDP initiatives. "We're also going to target other outlets to promote outreach to local Veterans," says Uchendu. "We'll be promoting TLC at our monthly wellness events and ongoing community events, and for example, we'll be working to get our Rural Health Program POC up to speed on the program."

Ultimately, Patterson says that TLC is a powerful program because it offers clinicians and Veterans "another effective way to promote and practice HPDP without the need for an in-person facility visit." Uchendu agrees, adding that "it's a great program because it truly complements all of VHA's clinical programs and offers a range of tangible benefits for both clinicians and Veterans."