

Health *POWER!*

Prevention News • SUMMER 2013



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Ted Slowik, Ph.D.



It's July already, but we in the Tar Heel State are enjoying a cool, wet summer, especially in the Piedmont. At a time of the year when we're typically slogging through triple-digit heat and coping with drought status, we are currently *8 inches above* normal rainfall levels for the year. And the temperate weather and daily precipitation just keep coming.

Fortunately, this issue of the National Center for Health Promotion and Disease Prevention's (NCP's) *HealthPOWER!* is good summer reading for a rainy day indoors—or for a sunny day at the beach. In it, we highlight some of the ways that Veterans Health Administration (VHA) staff and programs are providing personalized, proactive, patient-driven care to patients in the Department of Veterans Affairs (VA).

Our *Feature Article* tells how the Central Texas Veterans Health Care System (HCS) is using a "Roadmap to Wellness" to improve Veterans'

health. We also describe several other "bright spots" in VHA's health promotion and disease prevention (HPDP) efforts: the early success of NCP's *Patient Education: TEACH for Success (TEACH)* training program, interdisciplinary partnerships at the San Francisco VA Medical Center (VAMC), and the development of shared medical appointments for Patient-Aligned Care Teams (PACTs) at the VA Texas Valley Coastal Bend HCS. We also spotlight the successful tactics that several facilities have used to boost patient recruitment for the National Telephone Lifestyle Coaching (TLC) Pilot program. Lastly, we feature a pictorial of inspiring "before" and "after" photos to illustrate how the MOVE!® Program is helping Veterans triumph in weight management.

And in the coming weeks, look for a brief survey assessing *HealthPOWER!*'s practical value. We're always trying to make the newsletter more useful, and we're excited to get your input on how it can be an even better resource for VHA leaders, staff, and patients.

Ted Slowik

On Track to Better Health: Veterans and Staff Benefit from “Roadmap to Wellness” at the Central Texas Veterans HCS

An innovative new tool—a roadmap to help Veterans “drive themselves” to their health goals—is helping staff at the Central Texas Veterans HCS optimize the shared medical appointment (SMA) experience. “Our ‘Roadmap to Wellness’ has been really well-received by patients,” says HPDP Program Manager Rebecca Campbell. “Ninety-five percent of attendees said that they agreed or strongly agreed that they were satisfied with the SMA overall, and 98 percent agreed or strongly agreed that they were better informed about their medical condition and health.” As importantly, the roadmap is keeping clinicians on track, too, in providing the patient-centered care necessary to support Veterans who are striving to better manage their health and chronic conditions.

One-Stop Shop

Psychologist and Health Behavior Coordinator (HBC) Dr. Victor Pendleton explains that the roadmap was originally created as “something to lean on” for clinicians who had less SMA experience, particularly in the community-based outpatient clinics (CBOCs). “PACT staff who led SMAs for chronic diseases often had limited group experience, which caused some anxiety and resistance,” he says. “They

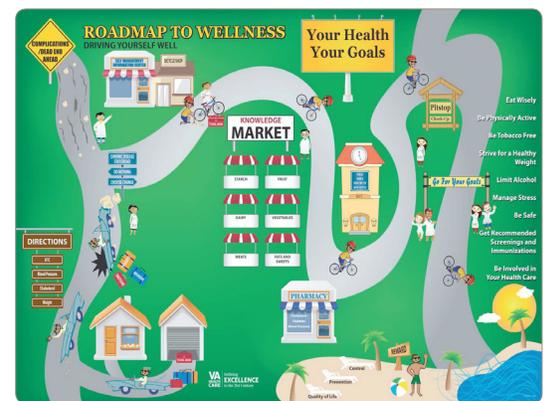
also wanted an educational tool that offered more versatility than traditional conversation maps.”

After doing research on best practices, MOVE!® Program Coordinator and Dietitian Amber Everett took the initial lead in developing the HCS’ SMA program, then worked closely with psychologist Dr. Amy Adcock, whose original mental health map was modified to allow PACTs to address chronic disease, health, and wellness. “We designed the roadmap as a ‘one-stop shop’ to give Veterans knowledge and tools from a variety of experts,” explains Everett, “and help us provide immediate answers instead of deferring advice.” The roadmap was also fashioned to promote a more casual, personalized SMA discussion that is appropriate for many Veterans, some of whom have endured years of chronic disease without a basic understanding of their conditions.

Driver’s Seat

Much of the text on the roadmap was developed by Campbell and Pendleton, who collaborated with Pharmacy, Psychiatry, Nutrition and Food Services, and the local Veterans Health Education Coordinator (VHEC) to review and approve all content. Everett teamed with talented visual information specialist Sam Torres (Medical Media) to design the board game-inspired map, which comes with support materials based on current standards and existing handouts. Approximately 3 feet high and 5

feet long, the roadmap puts Veterans “in the driver’s seat” to make their own lifestyle decisions at the “crossroads” of better health—and facilitates support from their SMA care team.



Laminated discussion cards, a provider script, patient handouts, and a facilitator’s binder guide are provided with the roadmap to facilitate the SMA process. The guide introduces the roadmap, provides a three-session lesson plan, and emphasizes behavior change and education to meet the Veteran’s needs. A set of references provides guidelines on roles and responsibilities, as well as administrative information (e.g., setting up the clinic profile and computerized patient record system [CPRS] note template, printing laboratory results and vitals). “Based on a Veteran’s needs, a PACT can use as much or as little of the information and can focus on one or many areas,” notes Everett. “So there’s structure without any restraints on the ability to educate.”

In The Flow

In August 2012, the HCS piloted the roadmap in six of its seven CBOCs. In the 2-hour-long SMAs that cover topics like diabetes, hyperlipidemia, hypertension, and weight management, Campbell says that the roadmap is typically laid out on a table. “Clinicians use it to start the discussion and evoke responses,” she explains. “Later, they can go ‘off-map’ to get more into the Veterans’ issues and concerns. When there’s a lull, they can go back to the roadmap and cards to restart the conversation.” Pendleton adds that the roadmap allows providers to return to key points, as needed, to maintain interaction. “Initially, the providers rely on the roadmap and cards a lot,” he explains. “But as they become more comfortable with the process, there’s less need for that, and they’re better able to address Veterans’ issues.”

Getting through the entire script and roadmap typically takes three SMA sessions, and Campbell notes that the roadmap is also specifically designed to help facilitate health behavior change. “The nine Healthy Living (HL) messages are printed on the roadmap, and

at the end of a typical session, we use NCP’s *My Health Choices* tool to do some active learning, and define and set health goals,” she says. “The roadmap ties everything together so well. It helps clinicians roll with the flow of the SMA discussions, and it’s a touchstone for emphasizing HPDP and staying Veteran-centered.”

How It Should Be Done

Registered Nurse (RN) Darla Brown says that feedback from Palestine CBOC staff, for example, has been uniformly positive after their first use of the roadmap. “Veterans and clinicians love it, and we plan to use it in quarterly or bi-monthly sessions,” she says. “It puts everyone at ease, and is a great resource for providers *and* patients—it can be used in so many ways and really spurs interaction and dialogue.”

Everett says that the SMAs, too, have been well-received. “Veterans truly feel that their health matters and are motivated to really start working more on their well-being,” she explains. “Some say that they’ve learned more from a few recent SMAs than in the many years since being diagnosed! And newer

Veterans have said, ‘this is how care should be done.’” For many patients, it’s not the first time that they’ve heard the information—but often the first time it’s actually sinking in. Staff also report that they feel like they are an important part of the SMA group and are able to rely on one another to better educate Veterans.

Best Kind Of Care

The team is currently evaluating the SMA-Roadmap experience for possible improvements, but sees it as an integral part of patient care going forward. “We’ll respond to ongoing needs and plan to add new SMA subjects, like MOVE!®, for example,” says Pendleton. “But the roadmap will remain an important tool for our PACTs, and a great aid to staff new to our HCS and SMA process.” Everett agrees, adding, “the visual appeal of the roadmap, format of discussion, and our team approach will help us continue to provide the best kind of Veteran-centered care there is—the kind that’s effective!”

Patient Education: TEACH for Success Level 3 Evaluation: A Discussion with NCP's Becky Hartt Minor

Becky Hartt Minor, Health Educator with NCP's Veterans Health Education and Information (VHEI) Program, discusses how recent assessments of NCP's TEACH training have demonstrated just how much it's helping VHA staff develop their Veteran-centered communication skills.

How was NCP's TEACH training evaluated?

"We collaborated with VA Employee Education System (EES), who conducted Level 1 (Reaction & Satisfaction), 2 (Learning & Skill Acquisition), and 3 (Application & Job Impact) assessments of our TEACH training program during May and June 2012. These assessments quantified TEACH participants' reaction to and satisfaction with the training, as well as their learning, skill acquisition, and application of those skills in the work setting."

Who was sampled in the evaluation?

"A group of 1,393 participants were surveyed right after they completed TEACH training in the spring of 2012. Of those, 67 percent completed an initial survey. All of these 935 initial respondents were invited to complete follow-up surveys at 3 and 6 months, so there was some overlap across these time points. Twenty-seven percent and 17 percent responded to the 3-month and 6-month follow-ups, respectively, though the respondents were not necessarily the same each time. The target audience was composed of both PACT members—physicians, RN Care Managers, and clinical associates—and

extended PACT staff, such as dietitians, pharmacists, psychologists, social workers, physical therapists, and other specialists."

What were the participants' overall impressions of the training?

"The training was very well-received across a number of measures. Ninety percent of the respondents were satisfied with the learning, and gave it an average rating of 4.4 out of 5. Eighty-seven percent of the respondents also were satisfied with program elements across 15 satisfaction items, rating them an average of 4.2 out of 5.

After completing the program, 91 percent of respondents said that the learning activities and materials were effective in helping them learn the content—at an average rating of 4.3 out of 5. Ninety-three percent of the respondents reported that they fully accomplished the learning objectives, and 89 percent reported that they learned new knowledge and skills."



How did the training impact their implementation of TEACH skills over time?

"Respondents to the 3- and 6-month surveys indicated they were successful in implementing all five of the TEACH components.* At 3 months, average scores for success in implementing the five components ranged from 4.0 to 4.3, on a scale of 1 ("Not Successful") to 5 ("Very Successful"). At 6 months, these scores ranged from 3.9 – 4.2. When compared to the results from the 3-month survey, each TEACH category's average score was only 3 percent lower at the 6-month surveys, though the respondents were not necessarily the same on these surveys.

At the 6-month follow-up, the results were impressive: 84 percent of respondents' use of TEACH skills had increased, 83 percent reported more effectiveness with TEACH skills, and 82 percent were more comfortable using the skills after training."

What factors were identified as enablers or barriers to participants' use of TEACH skills at work?

"Respondents said that the key enablers were having the knowledge, skills, and ability to apply the TEACH content, and also having that content be applicable to their role. Likewise, they mentioned 'lack of practice time' and 'lack of leadership or co-worker support' as the most common barriers."

What are the next steps for NCP's TEACH training program?

“We’ll continue to offer this successful *TEACH* training program to PACT clinicians and other staff to help them develop Veteran-centered communication skills and competencies—important parts of VA’s transformation to proactive, personalized, patient-driven care. There’s still room for improvement in clinicians’ skill implementation in some areas—for example, in the ‘Assist the Patient with Behavior Change’ component of *TEACH*—so we’ll also continue to train and prepare *TEACH* and Motivational Interviewing (MI) Facilitators to provide ongoing clinician coaching and mentoring.

Additionally, NCP will continue to provide ongoing training and support for clinical staff to assist them to fully implement skills in clinical interactions with Veterans. The above-mentioned barriers suggest that ongoing clinician coaching, mentoring, and leadership support for use of these skills would promote further integration of skills into practice. And we’ll continue to work with facility leadership to help them support *TEACH* training and coaching.

Our collaboration with EES on these assessments has been a great example of a successful, productive VA partnership. So we plan to collaborate in the future to develop and test self-directed and simulated learning programs, tools, and strategies that can extend the benefit of face-face *TEACH* training. We also plan to evaluate *TEACH* to ensure program objectives are met. We’ve developed a great training program for *TEACH* and we’ll continue to make it even more valuable and effective for VHA staff!”

**The 5 components of TEACH are: Tune in to the Patient; Explore the Patient’s Concerns, Preferences and Needs; Assist the Patient with Behavior Changes; Communicate Effectively; and Honor the Patient as a Partner.*

New Model of Collaboration: Interdisciplinary HPDP Partnerships Set the Pace of Change at the San Francisco VAMC

Ask HPDP Program Manager Dr. Sandra Smeeding and HBC Dr. Stephen Rao about VA’s ongoing transformation and they’ll explain how exciting it is to be part of a “culture shift.” “We’re so grateful to be part of the process and fortunate to be in positions to directly impact the way we care for Veterans,” says Rao, a clinical psychologist at the San Francisco VAMC (SFVAMC). “We know it will take time to see all

of the results, but it’s great to see how collaborative patient-centered care is developing now.” Smeeding is equally enthusiastic about the “new model” of Veteran-centered interdisciplinary collaboration that HPDP, PACT teams, VA staff, and administrators are creating at the SFVAMC and beyond. “We’re leading and actively participating in local transformation of VA care,” she says, “and it’s exciting to be a part of the larger transformation of

the T21 model that extends to the highest levels of VA.”

Rao and Smeeding also agree that there have been several key aspects to SFVAMC’s transformation of care. “One of the key elements, facilitated by HPDP staff, has been interdisciplinary, collaborative team-building, based on strong cooperative communication and relationships, that specifically integrates the interrelated HL messages into clinical care,” they explain. “Those elements—combined with excellent

NCP, Veterans Integrated Service Network (VISN) 21, and SFVAMC leadership support—have really helped us enhance healthy lifestyles and Veteran-centered care at our main facility and six CBOCs.”

Synergy

Another key element has been creating a synergistic, interdisciplinary HPDP Executive Committee, with clinician leads designated for each of the nine HL messages. These HL messages have been integrated into clinical care by a variety of SFVAMC and CBOC activities and events—an approach that has helped staff meet FY 2013 HPDP Program goals. “For instance, we worked with *Be Tobacco Free* clinical lead, Dr. Tim Carmody, to hold wellness expos that incorporate other HL messages such as *Be Physically Active*, *Eat Wisely*, and *Manage Stress* into the *Great American Smokeout* and *Let’s Share Clean Air* events,” Rao and Smeeding note. “New interdisciplinary HL clinical teams are being formed that work well together and incorporate HPDP into their clinics, programs, and medical center events. It’s great to see collaboration promote more collaboration, and a healthy interrelatedness facilitated by HPDP initiatives.”

Vehicle For Change

According to Smeeding and Rao, HPDP has been the ideal vehicle for change at the SFVAMC. “To foster collaboration and communication, we have monthly HPDP Executive Committee meetings with all of the HL message leads and representatives from public relations and quality assurance. These monthly meetings keep the HPDP team and other staff informed, focused, and excited to plan and create local events,” says Smeeding. “We

also connect and involve providers in creating and providing a broad range of HPDP-oriented announcements, guidelines, and tools—like the NCP HL materials that are linked to our SFVAMC Intranet and Internet sites.” And involving staff from multiple clinical areas in the wellness expos helps keep both staff and patients motivated.

Importantly, Smeeding and Rao regularly participate in an array of facility staff and leadership meetings, providing frequent updates for leadership. For example, Smeeding participates in executive nursing leadership meetings, Rao participates in mental health leadership meetings, and both report quarterly to the SFVAMC Clinical and Medical Executive leadership boards, as well as to VISN 21 leadership. By creating solid lines of communication with clinical staff and leadership, they’ve developed strong, supportive relationships and teamwork to facilitate change and achieve goals at all facility levels.



“(L to R) Sitting: Dr. Stephen M. Rao, Dr. Sandra Smeeding, Dr. Jessica Keyser. Standing, first row: Gary Yee, Kellie B. Mendonca, Dr. Timothy Carmody. Standing, second row: Stephen S. Chapman, Joel Hammer.”

First

After success in tailoring MOVE!® to meet the needs of female Veterans in the Women’s Clinic, the newest and perhaps most innovative HPDP initiative is the development and implementation of a new SFVAMC 10-week MOVE!® Strength and Wellness (MS&W) Group. The MS&W class is the first SFVAMC intervention to include a Veteran exercise session, diet instruction, and health behavior coaching. Additionally, Veterans in the MS&W program participate in a VA staff-guided exercise class held during the week at a community gym that’s partnered with SFVAMC. With the support of the MOVE!® Coordinator and Registered Dietitian Gary Yee, and Recreation Therapist Chris Geronimo, Smeeding and Rao modified and enhanced the ongoing weight management program to augment the evidence-based MOVE!® program by incorporating the *Be Physically Active* HL message. Health behavior coaching also was folded in to help Veterans find their motivation to attain and maintain a healthy weight and lifestyle. The program has had early success and will soon be assessed using a variety of traditional weight management measures (e.g., weight loss, change in waist circumference, and body mass index [BMI]) and behavioral health metrics (e.g., depression, anxiety, binge eating, and social support).

Partners

To keep staff apprised of and involved in HPDP efforts, Smeeding and Rao facilitate communication and relationships by engaging multiple HL message partners, using as many formats and technologies as feasible. Distant CBOC representatives, for example, participate in HPDP Executive Committee conference calls,

then communicate ideas and events to CBOC staff. The HPDP PM, HBC, and HL message Leads participate in the SFVAMC's monthly primary care medical practice, mental health, and specialty care staff meetings to update and disseminate HL messages and HPDP programs. And Rao says that they do a lot of "curbside consults" in the facility. "We also work to promote and maintain relationships with the local, non-VA community partners—like the individuals who run the campus' weekly organic farmers' market and participate in outreach events, such as the 'Veteran Town Hall' meetings that introduce new Veterans to VA, HPDP, and other VA community services," he notes. "So again, the HPDP platform can be used to enhance relationships with everyone who cares for Veterans, from

community organizations to individual VA providers and PACTs."

Rao and Smeeding are also quick to emphasize the importance of multi-level leadership support for VA patient-centered care changes, community partnerships, and wellness events. "We've gotten such great support for our efforts from SFVAMC leaders and the VISN 21 HPDP Lead, Kim Hall," they explain. "And the MI and *TEACH* training developed by NCP has been a key communication resource to assist in making the Veteran-centered care shift. The communication and coaching skills learned in MI and *TEACH* help clinical staff to better communicate, build teams, and understand the needs of Veterans and each other."



Encouraging

Feedback from "early adopter" staff and Veterans has been encouraging. "Others will take more time to see the value and results of our changes, and that's okay," says Rao. "We'll continue to communicate and build relationships to support them in making the shift."

"We feel that the focus of our efforts in health promotion has been successful in encouraging clinicians to include healthy lifestyle changes and goal setting during each clinic visit," she says. "Although we've accomplished a lot, there's always a need for ongoing skill reinforcement and training of new staff. But we're just proud to be a part of this positive T21 cultural transformation in Northern California, the VA Sierra Pacific Network, and throughout the VA."

What They're Saying About: VA Care and Partnerships

"The VA is the best example in this country of improving quality of care due to partnerships between researchers, operations, and existing infrastructure."

-- Russell E. Glasgow, Ph.D., Deputy Director, Implementation Science, Division of Cancer Control and Population Sciences, National Cancer Institute, speaking at a symposium at the Society of Behavioral Medicine's Annual Meeting in March 2013

Lasting Impact on Health: Demonstrating the Value of SMAs at the VA Texas Valley Coastal Bend HCS

Dr. Shauncie Skidmore says that the recent experience of one patient really typifies the kind of value that shared medical appointments (SMAs) are providing at the VA Texas Valley Coastal Bend HCS' Harlingen Outpatient Clinic (HOPC). "This Veteran had been carrying around an important diabetes question for many years, unable to ask it," she explains. "In the SMA setting, he finally had enough time—and felt comfortable enough—to get that question answered!"

Increased access to care and a multi-disciplinary health team are some of the other immediate benefits that patients are getting from the SMAs, according to Skidmore, the facility's HBC. PACT provider Dr. Manoj Gogia agrees, and also sees the additional, longer-term rewards from SMAs. "It's like investing in the future," he says, "because the positive impacts will come over several years, as Veterans raise their health and lower their morbidity."

But it has taken time, work, and a change in mindset to see these results. Initially, the benefits of SMAs benefits were not as apparent to some PACT staff, who were skeptical about a process with which they were unfamiliar.

Early Development

"Early on, I thought SMAs were a waste of time, and that one-on-one care was always better," recalls Gogia. "It took several months, but as patients came back for subsequent SMAs, I realized it was working for them—like a chronic obstructive pulmonary disease (COPD) and coronary artery disease patient, each with a long history of diabetes, who dramatically reduced their A1c numbers." Other PACT staff say that patients also appreciate the SMA team members' different perspectives on health issues, as well as the relaxed, friendly atmosphere of peer support that's enhanced in the small-group setting. At HOPC, there are typically five to seven patients per SMA—on topics like diabetes, hypertension, and hypercholesterolemia—but as patients drop out, the groups often merge.

According to Dr. Jack Tsan, HOPC Primary Care–Mental Health Integration (PC-MHI) psychologist, SMAs are an effective "supplement" for the right patients. Not all patients are good candidates for SMAs, but Skidmore says that "those who are motivated to continue do see results. And after 6 or 7 months, the group setting and repetition enhance retention of what they've learned, which has lasting impact on their health."

Enhanced

SMAs have also benefitted patient care and provider satisfaction at HOPC. SMA-related improvements include a check-in process that is shorter and more efficient using licensed vocational nurse-RN teams, training on the Primary Care Almanac or Datamart to identify potential SMA participants, a more efficient process for obtaining patient data, and a new SMA orientation class. Primary care physicians also notify a coordinator after speaking to patients about these SMA groups. Within several months of running the groups, staff who were initially ambivalent and had some early concerns about the new format began buying into the SMA process.



(L to R) Dr. Manoj Gogia, Dr. Shauncie Skidmore, Yolanda De La Fuente, Bea Agado, Dr. Jack Tsan

HOPC providers say that they are happier because they're seeing improvements in health indicators and getting some variety in their work, according to Skidmore. PACT RNs Yolanda De La Fuente and Beatriz Agado agree that SMAs facilitate staff learning and make it easier to work with certain patients. "Practice, role modeling, and teamwork have been helpful," says Agado. "Dr. Tsan has been modeling MI and goal-setting for us, and that's created a routine that makes it easy to learn these techniques. SMAs do require a little more work, but you always have the help of other teams."

Least Disruption

Much of these benefits and improvements resulted from a well-planned, collaborative process initiated

by Skidmore and Tsan. Several months prior to the first session, the two considered how to best implement and schedule HOPC's initial SMAs. "We discussed how to get it into PACT with the least disruption, foster cooperation, and minimize the stress of 'another new requirement,'" explains Tsan. "We thought a lot about which clinicians could best facilitate SMAs and how to screen for the best Veterans to invite."

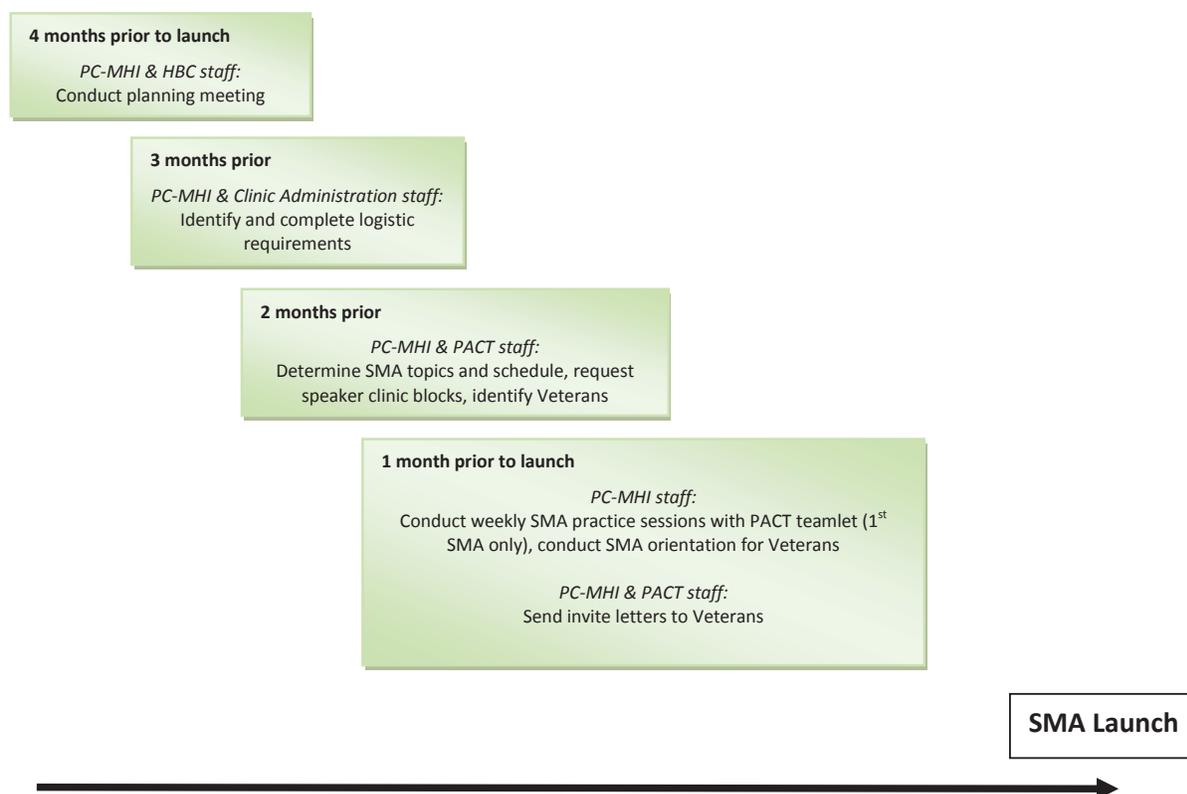
Next, Tsan worked with clinic and administrative staff to complete the logistic requirements—like establishing CPRS clinics and note templates, setting up rooms, scheduling clinics appropriately—2 to 3 months before the first SMA in fall 2012. Tsan and HOPC Administrative Officer Carlene Kennedy decided that only one doctor (PACT teamlet) would begin

implementing SMAs each month. Tsan then worked with each doctor to determine the SMA topics, developed the presentation schedule, and also collaborated with Nurse Manager Sherry Russo to determine the best ways to pinpoint Veterans for the SMA groups.

Familiarity, Timing

One month before each PACT teamlet's first SMA, Tsan met with them weekly. "We got familiar with the format, reviewed the basics of group visits, and talked more about appropriate topics and Veteran selection, which is based on factors such as diagnoses and lab levels," he says. "We also practiced an SMA routine that emphasized timing, and brainstormed procedures to address the non-SMA issues that often arise."

SMA: A Multi-Disciplinary Collaboration



Once the SMAs began, Tsan used his MI training to facilitate the first round of each SMA and foster peer discussions with each teamlet. “Integrating MI is key to SMA success because it helps Veterans find their own solutions and own their care,” he notes. “So modeling the appropriate use of MI skills to foster self-motivation and change behavior was critical for teamlets.”

Skidmore and Tsan think that there were several other keys to SMA success at HOPC. “We had support from the PC-MHI team—on things like invitation letters, topic outlines, and group facilitation,” they explain. “We also began with a smaller number of Veterans per session for the first two rounds, then gradually increased that number over time, as group skills developed.”

Momentum

To maintain SMA momentum into the future, Skidmore and Tsan plan to do individual MI coaching for each PACT RN to train them to eventually become the primary SMA facilitators. They will continue to see what works best, fine tune as necessary, obtain Veteran feedback, and reinforce what’s been achieved thus far. “What we’ve done with SMAs here at HOPC is a great example of Newton’s First Law of Motion,” says Gogia. “Strong leadership and dedicated staff have come together to break the inertia with this new program, and now we all have to keep working so keep things moving forward.”

Posted on the Orlando VAMC Facebook page, this poem written by local patients
Woody and Brenda Dudley honors MOVE!® staff

MOVE!® Instructors – Daytona Beach
By Woody and Brenda Dudley

Now Ms. Pat, we know she's all that.
Now she can be tough, but she knows her stuff.

Now Ms. Terry, she's always so merry.
And we want to thank you, sweetheart, for giving us a new start.

Now Ms. Becky is really swift, she always gave us such a lift.
And she showed us the way, how to reach our goal every day.

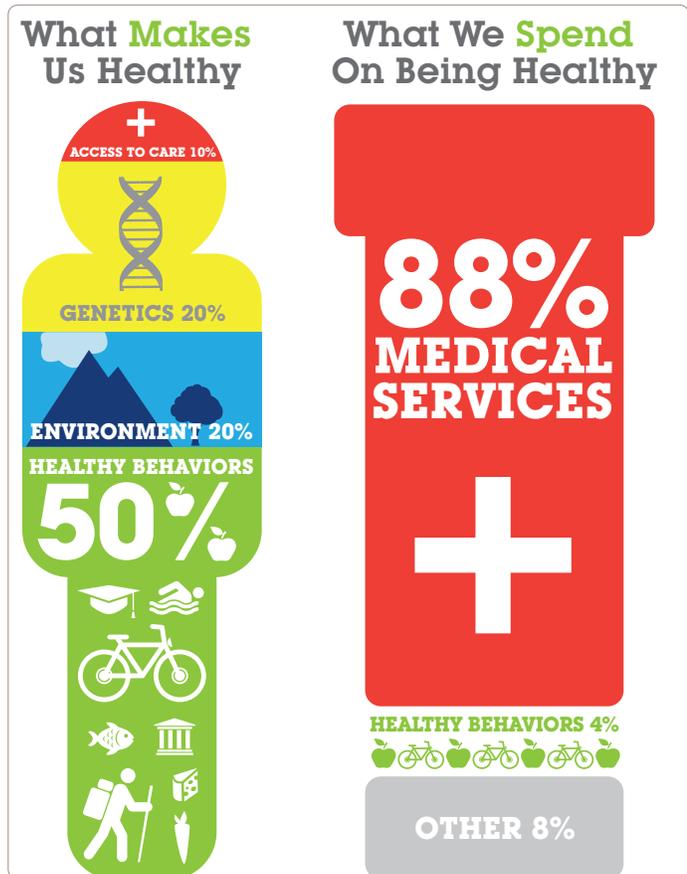
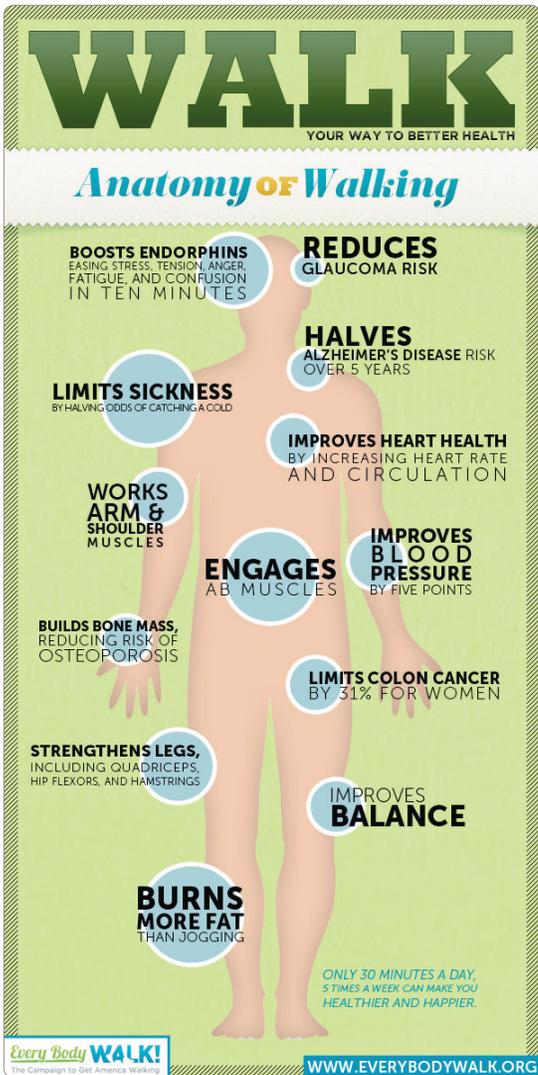
And when we lost weight, she thought it was so great.
And she would shout it out loud, because she was proud.

And didn't we all agree, that we had the best three.
And we really do appreciate, how you always motivate.

You certainly know how, so please take a bow.
And please keep your stand, while we give you a hand.

And for what you instill, you gave us the will.
So we'll continue to improve, for we'll stay on MOVE!

The following are examples of infographics that support the Healthy Living messages.



Bipartisan Policy Center.

Available at: <http://bipartisanpolicy.org/projects/lotstolose/infographic>

Training dates for the three **NCP-sponsored Communication Skills Training courses in 2013** have been finalized:

- *Patient Education: TEACH for Success* - July 23-25, 2013
- Motivational Interviewing - August 6-8, 2013 (changed from a previous date)
- Clinician Coaching, Presentation, and Facilitation Skills for *TEACH* and MI Facilitator - August 13-15, 2013

Please contact NCP’s Becky Hartt Minor (919-383-7874, ext. 2490 or becky.minor@va.gov) with questions on the courses.



Recently launched in May 2013, the **Veterans Health Library (VHL)** offers Veterans, family members, and caregivers 24/7 Internet access to comprehensive, consistent, Veteran-focused health information. The Library is available via My HealthVet and at www.veteranshealthlibrary.org, and provides content that’s been vetted by VHA subject matter experts, designed for Veteran literacy, and enhanced with user feedback. The VHL also helps clinicians provide VHA-consistent guidance to Veterans in face-to-face, telephone, and secure messaging encounters. The Library—which contains Go-to-Guides, on-line guides, Flipbooks, and videos, and over 1,500 health information sheets, many in both English and Spanish—is available to all Veterans, no matter where they receive care.



NCP’s MOVE!® team, in collaboration with VA EES has released **new and improved MOVE!® Web-based training for all clinicians in the Talent Management System (TMS)**. This brief, interactive training provides significant updates to MOVE!®, and is designed for clinical staff who contribute to MOVE!® care, primary care staff who have a critical role in screening and supporting weight management, and others. This training course provides an overview of weight management in VHA and updates on new processes with principles of weight management, including dietary and physical activity health behavior counseling, weight loss medications, and bariatric surgery.

The training is available at: <https://www.tms.va.gov> using TMS item #VA 16773. This link will take you to the TMS log in page. Once logged in you should be automatically directed to the MOVE! Web-Based Training course’s “On Line Content Structure page.” Please note that those participants who do not have the above link can still access the course in TMS with the course title (MOVE! Web-Based Training) or TMS item number (16773) as explained in the brochure instructions. (*Note: NCP recommends that all staff who contribute to MOVE!® care complete this training annually.*)



The **National Telephone Lifestyle Coaching (TLC) Pilot** has officially ended its enrollment phase, but Veteran participation in coaching calls will continue until October 31, 2013. To date, a total of 9,357 consults were generated, 5,321 Veterans have enrolled in TLC, and more than 4,500 TLC enrollees have completed at least 3 coaching calls. Preliminary outcomes show that at 6 months after enrollment, 45 percent of participants who set a goal to be tobacco free had quit, and 34 percent who set a goal to lose weight had lost at least 5 percent of their starting weight.



Since 2006, nearly a half a million Veterans have participated in the **MOVE!® Weight Management Program**. For patients who commit to participate in MOVE!® over 4 months and at least 8 times:

- Over 80 percent will stop weight gain.
- Over 60 percent will lose some weight.
- Over one-quarter will lose 5 percent or more of their initial weight—a loss that lowers weight-related health risks.

-
- A recent study showed that this level of participation was associated with a 40-percent reduction in the incidence (new diagnosis) of diabetes.



NCP has completed the **VHEI FY 12 Report**, and its components are now posted to the VHEI SharePoint site:

- The Tabular Summary displays all the findings.
- The Narrative Summary highlights significant findings for VHE Programs in the field.
- The Executive Summary gives a brief overview of the findings.
- Suggestions are provided for using the Report.

Please contact NCP’s Barbara Snyder (919-383-7874, ext. 2480 or Barbara.Snyder2@va.gov) with questions or comments on the Report.



In June 2013, the following **updates were made to Clinical Preventive Services Guidance Statements** (http://vawww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp):

- The *Td/Tdap Immunization Guidance Statement* was updated to include recommendations for a Tdap to be given during each pregnancy.
- The *HPV Immunization Statement* was re-posted with minor updates to the Background and Tools section, **but no change in clinical guidance.**
- The *Hepatitis A Immunization Guidance Statement* was re-posted with minor updates to the Background and Tools section, **but no change in clinical guidance.**
- The *Cervical Cancer Screening Statement* was updated to incorporate the 2012 American Society for Colposcopy and Cervical Pathology (ASCCP) guidance and algorithms for follow up of abnormal screening exams.
- The supporting document, “*Consistency between Clinical Reminders and VHA Clinical Preventive Services Guidance Statements: Additional Information*”, was updated to reflect these additions and changes. In addition, changes were made in this document to reflect upcoming changes to the breast and cervical cancer screening clinical reminders based on Vista Clinical Reminders Patch PXR 2.0*28 which was released in June 2013.



Several **articles of interest to VHA clinicians** were published:

- “A novel approach to educating men about preventative health in the digital age.” Campbell B. J *Men’s Health*. 2012;9(1):45-50
- “Evidence-based persuasion: An ethical imperative.” Shaw D, Elger B. *JAMA*. 2013;309(16):1689-90
- Multiple articles on patient-provider communication. *JAMA*. 2013; 309(22)
- “It is better to be a fat ex-smoker than a thin smoker: Findings from the 1997-2004 National Health Interview Survey-National Death Index linkage study.” Siahpush M, Singh GK, Tibbits M, Pinard CA, Shaikh RA, Yaroch A. *Tob Control*. 2013; Apr 10 [*Epub ahead of print*]



The Department of Health and Human Services recently released the **National Prevention Council’s 2013 Annual Status Report**. The report, which highlights the progress being made in implementing the Council’s National Prevention Strategy at the state and local levels, is available at: <http://www.surgeongeneral.gov/initiatives/prevention/index.html>



The Community Preventive Services Task Force (Task Force) released its **2013 Annual Report to Congress and Agencies Related to the Work of the Task Force**, which focuses on cardiovascular disease (CVD). The report provides

recommendations on preventing CVD, suggestions for filling the evidence gaps in preventing CVD, a full list of prevention opportunities, the Task Force’s recent accomplishments, and plans for future work.



SmokefreeVET, a new mobile text messaging service available to Veterans quitting smoking, has recently launched. This text messaging program provides 24/7 support, tips, and encouragement to Veterans interested in quitting smoking. SmokefreeVET is a collaboration between VHA Tobacco & Health and the National Cancer Institute’s Tobacco Control Research Branch. Veterans can sign up for the program by:

- Texting VET to IQUIT (47848) from their mobile phone
- Visiting www.smokefree.gov/VET

VHA providers should consider encouraging patients interested in quitting smoking to use SmokefreeVET for extra support during their quit attempt. (SmokefreeVET should not replace health care provider counseling to quit, and all patients using SmokefreeVET should be provided with smoking cessation medications to enhance their chances of quitting. Smoking cessation medications on the VA formulary can be found at: http://www.publichealth.va.gov/docs/smoking/nicotine_drugs_list.pdf)



VA Tobacco & Health: Policy and Programs recently published the first issue of the new, monthly **VHA Tobacco & Health Newsletter**, a helpful resource for providing updates on VA policy, trainings, and clinical resources on important tobacco and health issues. If you would like to be added to the e-mail group to receive the newsletter, please contact publichealth@va.gov.



The Centers for Disease Control and Prevention (CDC) is continuing its *Tips From Former Smokers*, a national public health ad campaign featuring real people living with smoking-related diseases or the health effects of secondhand smoke. These ads raise awareness of the negative health effects caused by smoking, encourage smokers to quit, and encourage non-smokers to protect themselves and their families from secondhand smoke. VA is promoting awareness of Tips From Former Smokers on our Tobacco & Health Web site, as well as through Facebook and Twitter. A Veteran with COPD is featured in one of the new ads developed for the campaign: <http://www.cdc.gov/tobacco/campaign/tips/stories/michael.html>.



Program Update: Phase 1 and 2 Pilots of “Be Active and MOVE!®” - Bay Pines (FL) VAHCS

Barbara Parker, R.T., C.T.R.S., and the “Be Active and MOVE!®” (BAM) team (Telehealth Clinical Technicians Demion [Alex] Young, Nellie Lumpkin, Denisha Hutto, Star Adams, and Mariamma Braxton, and Telehealth Coordinator Rod Miles) recently reported on Veterans’ successful outcomes at the Bradenton and Sebring (FL) CBOCs:

- Ten of the 11 BAM participants completed the 8-week program.
- Most participants lost weight, with weight losses ranging between approximately 21 and 4 pounds each, for a combined total of almost 80 pounds.
- Participants commented that the BAM sessions were “great” and gave them “increased awareness”, “goal to exercise” knowledge of home exercise programs, and the “push they needed” to continue with physical activity.

The Bay Pines team plans to incorporate the lessons learned into future phases, continue to offer the program, and later expand the program to additional CBOCs/outpatients clinics.



NCP Program Support Assistant **Angela Gathright** recently returned from a year-long deployment to Afghanistan as part of Operation Enduring Freedom.

Congratulations to **Nancy Granecki**, who received NCP's "Above and Beyond" Staff Award. The quarterly honor, which is given to a staff member by peers, recognizes Nancy's outstanding contributions as Special Assistant at NCP.



What They're Saying About: NCP's Healthy Living Message Whiteboard Videos

"I watched all of [the Limit Alcohol Whiteboard video] and [it's] terrific and so upbeat!... absolutely awesome. We... use it in our groups and one-to-one sessions... the video is not scolding and is a real depiction of how one feels... I know it will help so many people... [it's] a great 'tool' in the toolbox of ICARE... can't wait to see the other ones!"

-- Patient Health Education Coordinator in VISN 17

"These Whiteboard videos are ingenious, and a great way to capture the visual acuity of the audience... very useful! [We're working] to... provide [them] to patients in our waiting areas."

-- Public Affairs Specialist in VISN 8

National Telephone Lifestyle Coaching (TLC) Recruitment Competition Winners: Strategies for Success

Local HPDP staff members discuss their successful approaches to TLC recruitment at their facilities.

HPDP Program Manager Gweneh Vilo, Southeast Louisiana Veterans HCS (September 2012 winner)

“I attribute the TLC recruiting success to three strategies I used to engage the staff. The first was to **educate the PACT teams at each CBOC**. The goal was to have an interdisciplinary team appropriate for TLC, so I also included the extended PACT team members, such as the dietitians, case managers, and Mental Health staff. I also conducted a series of **ongoing trainings at all CBOCs**, with progress communicated bi-monthly via the employee newsletter, e-mails, and HPDP Committee meetings. Lastly, the **HCS administration’s buy-in** was key because I able to use the employee bulletin and travel to the CBOCs to provide education and maintain program awareness.”



(L to R) Susan Berryhill R.N., MOVE!® Coordinator; Donna McConnell Lambert, R.N., Case Manager; Angela Cemo, Nutritionist; Gweneh Vilo, R.N., HPDP Program Coordinator

HPDP Program Manager Happiness Kinaro and HBC Dr. Jenna Tedesco, Wilmington (DE) VAMC (November 2012, December 2012, January 2013, and April 2013 winners)

“Our HPDP committee members explored a number of possibilities to increase participation in the TLC program. We determined that a huge motivator at our facility is food—in particular, a favorite food called *Frankie’s Famous Cheesecake*, which is named after Frank Musacchio, one of our dedicated volunteers and our facility HBC’s life partner. So we started a competition in which departments were challenged to refer the most number of Veterans to the TLC program. The prize was a **chance at winning one of Frankie’s delicious cheesecakes**. The buzz around this competition was palpable—departments were joking with and playfully engaging each other, all with the hope of winning the prize. Our first month of this promotion was a tremendous success in terms of TLC recruitment; the second month was even greater!

Additionally, we offered participation in TLC to all Veterans who were actively involved in other programs through HPDP, including mindfulness-based programs, MOVE!®, and smoking cessation. These Veterans were invited to use **TLC to ‘augment’ their health intentions** and practice their skills consistently. Patients found this additional level of support to be an immeasurable help!”



HPDP Program Manager/MOVE!® Coordinator Melissa Mertensmeyer, Harry S. Truman (MO) Memorial Veterans’ Hospital (February 2013 winner)

“In January 2013, the Truman MOVE!® Team changed the MOVE!® consult process. Prior to this time, the Team received a consult and then automatically scheduled the Veteran into the next available MOVE!® clinic. But ‘no shows’ in the MOVE!® clinics continued, so as the MOVE!® coordinator, I began **calling each Veteran when a consult was received to discuss MOVE!® programming options**, which include TLC. These calls allowed Veterans to ask questions, then make an informed decision about which option would best fit their lifestyle and schedule. Once we began doing these phone calls, our facility’s TLC consults increased!”

MOVE!® Success Stories: Before and After



MOVE!® is helping Veterans Larry and Tammy Tunison stay on the path to recovery and better health.

MOVE!® motivated Veteran Danny Brewster to get healthy and lose over 100 pounds.



MOVE!® helped Veteran Derek Longo achieve his weight loss goal.

CALENDAR *of* EVENTS

NCP Education Conference Call

2nd Tuesday of the month

1:00 pm ET

1-800-767-1750, Access Code 18987#

• Upcoming calls—August 13, September 10

Health Promotion/Disease Prevention Conference Call

1st Tuesday of the month

1:00 pm ET

1-800-767-1750, Access Code 35202#

• Upcoming calls—August 6, September 3

VISN MOVE!® Coordinators Call

2nd Tuesday of the third month of each quarter

3:00 pm ET

1-800-767-1750, Access Code 59445#

• Upcoming call—September 10

VISN/Facility MOVE!® Coordinators and Physician Champions Call

2nd Tuesday of the first and second month of each quarter

3:00 pm ET

1-800-767-1750, Access Code 59445#

• Upcoming call—August 13

Veterans Health Education Hotline Call

4th Tuesday of the month

1:00 pm ET

1-800-767-1750, Access Code 16261#

• Upcoming calls—August 27, September 24

National Health Behavior Coordinators Call

2nd Wednesday of the month

12:00 pm ET

1-800-767-1750, Access Code 72899#

• Upcoming calls—August 14, September 11

HealthPOWER! is an award-winning, quarterly publication from the VHA National Center for Health Promotion and Disease Prevention, highlighting health promotion and disease prevention activities in VA.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration

Patient Care Services

Health Promotion and Disease Prevention

VHA National Center for Health Promotion and Disease Prevention (NCP)

Office of Patient Care Services

Suite 200, 3022 Croasdaile Drive, Durham, NC 27705

NCP MISSION

The VHA National Center for Health Promotion and Disease Prevention (NCP), a field-based office of the VHA Office of Patient Care Services, provides input to VHA leadership on evidence-based health promotion and disease prevention policy. NCP provides programs, education, and coordination for the field consistent with prevention policy to enhance the health, well-being, and quality of life for Veterans.

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