Health POWER!

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Chief Consultant for
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Transforming Prevention in VHA: Where We've Come From and Where We're Going

Happy New Year! No, I'm not mixed up on the calendar or jumping ahead to the Winter issue of the HealthPOWER! newsletter. I'm thinking about the new fiscal year, FY 11, which began October 10, 2010. Even though we don't usually celebrate with champagne toasts or noise makers at work, the turn of the fiscal year is still a good time to reflect on the year just past and to look ahead to the year to come. FY 10 was an intense year for all the VACO program offices involved with developing the Secretary's transformational initiatives, as well as for the VISNs and medical centers who were asked to implement them. It was a year of conceptualizing, planning, building, and rolling out – all at the same time! Even though I'm sure it felt chaotic for everyone at times, it was an amazing year of beginning the transformation of VHA health care from a system of care that is very good to one that is even better, that is even more patient-centered, innovative, and on the leading edge of health care delivery in this country.

A little more than a year ago, here at VHA National Center for Health Promotion and Disease Prevention (NCP), we began to write a plan for transforming preventive care in VA medical centers. We had a good start, having spent some time thinking about and writing a 3-year strategic plan for NCP earlier in 2009 (you can find it here: **http://www.prevention.va.gov/PREVENTION/docs/NCP_2010_2013_Strategic_Plan.doc**). This plan laid the foundation of what we proposed for the VHA Preventive Care Program transformational initiative. The Preventive Care Program plan, with eight main components, set an ambitious direction. These components were: 1) building an infrastructure for facility-level health promotion/disease prevention (HPDP) programs through the establishment of two new positions, a HPDP Program Manager and a Health Behavior Coordinator (envisioned as full-time, 1 each per medical center); 2) integrating HPDP care, especially focused on health behavior change, into routine clinical care through health coaching and other techniques; 3) providing training in patient-centered communication for clinical staff, in particular, those involved with Patient-Aligned Care Teams (PACT); 4) beginning the process for acquiring, modifying, and implementing an online health risk assessment jointly through My HealtheVet and CPRS; 5) contracting for a system-wide library of health education materials in a variety of formats (print, online, video, etc.), called the Veterans Health Library; 6) planning for a pilot of telephone lifestyle coaching program; 7) collaborating with the Public Health Strategic Health Care Group and the Department of Defense to provide active duty and Veteran-tailored smoking cessation support through telephone quit lines; and 8) working closely with the Office of Mental Health Services to offer mental health promotion resources in the area of problem-solving training for Veterans.

All of these activities are designed to assist Veterans in following 9 key Healthy Living messages: Get involved in your health care. Be tobacco free. Be physically active. Eat wisely. Strive for a healthy weight. Limit alcohol. Get recommended screenings and immunizations. Manage stress. Be safe. These messages, which sound so simple but often are so challenging to do, are essential for achieving and maintaining a long, healthy life.

This issue of HealthPOWER! and previous issues over the past year have described many of the details about these components of the Preventive Care Program initiative. As you have read, we made a great deal of progress in FY 10. More than 60 percent of the new HPDP Program Manager and Health Behavior Coordinator positions were filled by the end of the FY. A self-study orientation program was launched in August, as described on page 5. Tools for helping PACT staff become skilled in the new role of health coaches, detailed on pages 7-8, been developed and reviewed by many field staff. Training Health Behavior Coordinators and Veterans Health Education Coordinators to be local facilitators for patient-centered communication courses started in July and August this year, as noted on page 6. The clinical requirements for the health risk assessment were developed and OI&T staff began work on writing the technical requirements – steps necessary for acquiring the tool through contracting. As you'll read on page 10, we

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Problem-Solving Training

Contributed by
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Psychological Health

Problem-Solving Training (PST) is a cognitive-behavioral approach that focuses on adaptive problem-solving attitudes and skills. The VHA Office of Mental Health Services, in collaboration with the National Center for Health Promotion and Disease Prevention, is currently undertaking an exciting pilot program to offer brief PST to Veterans who are experiencing challenges or distress but who may not yet be in need of specialty mental health care. The aim is to teach these Veterans the problem-solving skills they need in order to prevent further difficulties and to improve their overall quality of life, hopefully averting the need for more intensive mental health interventions.

VA has made great strides in the past several years in the dissemination and implementation of evidence-based psychosocial treatments for various mental health conditions. National training and dissemination programs have greatly expanded the availability of treatments such as cognitive behavior therapy and acceptance and commitment therapy for depression, and prolonged exposure and cognitive processing therapy for post-traumatic stress disorder (PTSD). Making state-of-the-art treatments such as evidence-based psychotherapies for PTSD, depression, and serious mental illness part of the treatment repertoire is a national priority within VA.

During the past several years, VA has also begun offering access to mental health care resources outside of traditional mental health treatment settings. For example, Veterans can meet with mental health providers in primary care settings through the Primary Care Mental Health Integration Initiative. The mental health section of the My HealtheVet website offers a wide array of tools and information. The Veterans Justice Outreach Program is a growing resource for identifying and meeting the mental health needs of Veterans who are involved in the legal system. Finally, many mental health programs in VA include community outreach components aimed at providing information and resources to Veterans who may have never stepped foot in a VA facility. One hope in expanding the accessibility of mental health information and resources into these various settings is that Veterans with mental health disorders will have easy access to the mental health care they need. However, another very promising new frontier in mental health is the potential for early identification or even prevention of mental health disorders.

PST is an evidence-based approach that has the potential to expand access to evidence-based mental health resources for Veterans even further into various settings and modalities as well as to prevent the need for more intensive mental health care. PST is a cognitive-behavioral approach based on the Social Problem-Solving Model originally outlined by D'Zurilla and Goldfried in the 1970s. According to this model, stress is a function of three major variables: 1) stressful life events, 2) emotional stress response, and 3) coping via problem-solving. PST focuses on

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helping individuals understand and then change their emotional stress response and teaching them coping skills that use rational problem solving. Problem-solving training is a positive approach that can help individuals deal with stressful events by recognizing problems and maintaining a problem-solving state of mind instead of reacting in an emotional or extreme manner.

PST has been shown to be effective for alleviating a variety of mental health problems and for promoting healthy emotional adjustment to physical health problems (e.g. Malouff, Thorsteinsson, & Schutte, 2007). In addition to treating established conditions, enhancement of problem-solving skills can also promote psychological resilience. Therefore, PST may be an important means of decreasing mental health symptoms and minimizing the negative effects of distress, thereby improving overall quality of life and preventing development or worsening of mental health problems. Problem-Solving Therapy can be delivered as brief training, education, prevention, or treatment; by computer or through the Internet (with or without assistance from a trainer, coach, or therapist), by telephone, or in person.

The focus of our pilot efforts are on prevention and early intervention among Veterans of the current conflicts in Iraq and Afghanistan (i.e. OEF/OIF) who may be experiencing distress or life challenges, but who are not necessarily in need of specialty mental health care. We have been working with Arthur and Christine Nezu, two key originators of PST, to develop a four-session PST curriculum that will be taught in a classroom setting. The training is designed to improve Veterans' problem-solving skills, in order to promote psychological resilience and prevent a worsening of mental health symptoms. Through a partnership with the VA's network of Mental Illness Research, Education, and Clinical Centers and Mental Health Centers of Excellence, the Nezus conducted a two-day training workshop for staff who will be offering the pilot classes 14 VA facilities this Fall. The outcomes of this pilot program will guide future plans for PST in VA. Longer term possibilities include developing PST resources that can be utilized in a stepped-care process within VA; available resources range from self-help materials available to Veterans on the Internet, to telephone-based training in PST with coaching staff, brief PST group sessions, and more intensive psychotherapy.

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What We're Doing to Support the New HPDP Program Leaders

Contributed by
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Program Manager for Health Promotion and Disease Prevention Programs
and
Kenneth Jones, PhD
National Program Director for Weight Management

Introduction

In the summer edition of HealthPOWER!, we looked at how establishment of a robust Health Promotion and Disease Prevention (HPDP) Program at the local level is essential to the success of the VHA Preventive Care Program. The VHA National Center for Health Promotion and Disease Prevention supports the establishment of successful local programs in numerous ways, including national conference calls, Internet, Intranet, and SharePoint resources, guidance, policy, and programming. The local HPDP Program infrastructure is being established with a growing field of HPDP Program Managers and Health Behavior Coordinators (HBCs), as well as a new field of VISN HPDP Program Leaders. To support the new VISN HPDP Program Leaders, NCP recently developed a self-study orientation program and sample one-month schedules for HPDP Program Managers and HBCs. In FY11, NCP will be funding and providing facilitator training in health coaching, motivational interviewing, and problem-solving training.

Self-Study Orientation Program

In an effort to provide role orientation to the new HPDP Program Managers, HBCs, and VISN HPDP Program Leaders, NCP is collaborating with several offices to develop a self-study orientation program. Phase I of the HPDP Program, which was implemented in August, includes instructions, role-specific orientation checklists, and the following five training modules:

1. Overview and General Role Orientation
2. Communication and Resources
3. Core Prevention Messages
4. Clinical Preventive Services
5. Measurement and Evaluation

Each training module includes specific tasks that learners must complete, as well as an "Applying what you've learned" section that is designed to help them synthesize and apply the information from the tasks section of each module. Phase II of the HPDP Program self-study orientation program was implemented in early October and includes the following training modules:

6. MOVE! Weight Management Program
7. Veterans Health Education and Information
8. Primary Care-Mental Health Integration
9. Employee Wellness

The final phase of the self-study orientation module is anticipated to be implemented in November and will include the following training modules:

10. Patient Aligned Care Teams
11. My HealtheVet
12. Systems Redesign

VA staff can find the HPDP Program self-study orientation on the HPDP Facility Programs section of the NCP SharePoint site, in the folder entitled Orientation Materials: **http://vaww.infoshare.va.gov/sites/prevention/HPDP_Facility_Programs/Shared%20Documents/Forms/AllItems.aspx**

Future plans include collaboration with Employee Education System (EES) to provide continuing education credit for learners who complete some or all components of the self-study orientation program. For information or questions about the HPDP self-study orientation program, please email Sue Diamond at **Sue.Diamond@va.gov**.

Sample One-Month Schedules for HPDP Program Managers and Health Behavior Coordinators

In response to the occasional "What are these people going to be doing all day?" question, NCP has developed sample one-month schedules for the HPDP Program Managers and HBCs, as a way of translating the role descriptions into a snapshot of the work they will be doing. The sample HPDP PM schedule includes clinical assignments like individual or group wellness clinics, as well as staff education on prevention topics in the parent facility and affiliated CBOCs, outreach activities, and numerous administrative duties. The HBC sample schedule includes clinical assignments like self-management groups and bariatric surgery evaluations. It also includes staff training and consultation related to health coaching, motivational interviewing, and problem-solving training. In June 2010, these sample work schedules, along with additional guidance about the newly established HPDP Pogram Manager and HBC positions, were sent to network leadership from the Deputy Under Secretary for Health for

Operations and Management (10N). The sample schedules have also been included in the self-study orientation program described above, and available to VA staff on the HPDP Facility Programs section of the NCP SharePoint site in the folder entitled: Preventive Care Program Guidance Memorandum and attachments: **http://vaww.infoshare.va.gov/sites/prevention/HPDP_Facility_Programs/Shared%20Documents/Forms/AllItems.aspx**

Facilitator Training

HBCs and HPDP Program Managers, in collaboration with Veterans Health Education Coordinators, will play a critical role in training Patient Aligned Care Team colleagues in effective communication strategies to promote prevention through health behavior change. In FY11, NCP will be sponsoring two national training courses to build skills to help HBCs serve as local trainers.

The first of the two courses is TEACH for Success. TEACH guides clinicians in how to use evidence-based health education, counseling, and communication skills with patients and their family members. (We featured TEACH in the previous edition of HealthPOWER!: **http://www.prevention.va.gov/Publications.asp**.) TEACH facilitator training is required for HBCs and Veterans Health Education Coordinators and optional for HPDP Program Managers.

The second course covers motivational interviewing. Derived from work with patients with substance abuse issues (a group that can be very refractory to change), motivational interviewing is now being widely used in the general health care setting. The philosophy of the motivational communication approach is to assume that it is natural for people to have mixed feelings (ambivalence) about making changes in their health-related behaviors. To successfully assist patients in making healthy lifestyle changes, health care staff must establish a collaborative, empathic relationship with their clients. The approach helps patients explore their ambivalence about health issues and change by teaching skills to resist lecturing, exploring patient motivations, partnering with patients through effective listening, and empowering patients by helping them explore how they can make a difference in their own health. Because of the intensity of this training and the need for small class sizes, it will be offered primarily to HBCs in FY 11.

NCP is working with EES to schedule courses so that training can be completed within the next few months. Once HBCs have completed the two courses, they will be expected to work with others to initiate training in TEACH and motivational interviewing with local Patient-Aligned Care Team (PACT) staff and then to provide ongoing consultation, particularly with the PACT Care Managers.

We are also working with EES and experts in motivational interviewing to offer a two-hour online course in motivational communication. The course will include video vignettes that illustrate this approach in the primary care setting. We expect this course to be available early in 2011. The online training can serve as a base for building motivational communication skills.

As noted in the feature article, the HBCs will also implement Problem Solving Classes in the primary care setting, with an initial offering to OEF/OIF Veterans. As those tools are piloted and refined, NCP will work with the Office of Mental Health Services to provide training to HBCs in how to conduct Problem Solving classes.

Conclusion

VHA is attempting to transform care from a focus on health problem management to a system of care that is patient-centered; focuses on the whole patient and not just their problems; and attempts to preserve, protect, and enhance their health, both now and in the future. The establishment of local infrastructure to lead, champion, and coordinate this effort locally is critical to making this change. For this transformation to occur, HPDP PMs, HBCs, VISN HPDP Program Leaders, and all members of the facility HPDP Program Committees will need to serve as champions for prevention by establishing new programs of care, mentoring others in new ways of communicating with patients, and helping our colleagues understand and share our excitement in protecting the health of the Veterans we serve. In the next edition of HealthPOWER!, we will discuss the facility HPDP Program goals for FY 11 and how they connect to national HPDP Program goals.

Improving Delivery of HPDP Services

Contributed by
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Program Manager for Prevention Practice

VHA has a proven record of delivering HPDP services to Veterans at a higher overall rate than that of non-VA health care entities. (1) Many of these services are already well-incorporated in VHA facilities because of established performance measures or clinical reminders to prompt staff to discuss these services with Veterans. We are now planning ways to improve the provision of other needed HPDP services to our Veterans.

The most prevalent chronic conditions, notably diabetes, heart disease, and high blood pressure, are affected by diet, weight, and physical activity. Many factors affect the ability of patients to change their behavior in these areas: motivation to change, belief that change is necessary, family or peer support, work schedules, and the availability of resources such as money, safe places to be physically active, and healthy food. For these reasons, simply advising patients to improve their diets, lose weight, or increase physical activity usually doesn't work. Plans have been developed to assist Patient-Aligned Care Teams (PACT) in working with Veterans around behavior change.

Plan for FY2011

Studies suggest that establishing a strong relationship with patients and using communication techniques such as motivational interviewing, health coaching, and shared decision making can help patients make better choices around behaviors that can impact health, such as physical activity, eating habits, tobacco cessation, and alcohol misuse. (2, 3) The premise of this approach, which is termed patient-centered care, is to elicit the patient's priorities and goals, rather than telling the patient what those priorities should be. This approach, which allows patients to prioritize and decide what they are ready to change, has been shown to be effective in promoting behavior change. With practice, these types of conversations can be conducted efficiently and effectively, and clinicians may find they actually are able to address more topics over time instead of addressing the same ones at each visit.

PACT members will be offered training in patient-centered communication skills (through the courses mentioned in Ms. Diamond and Dr. Jones' article). The types of skills taught in these courses have proven successful in promoting and supporting tobacco cessation and can be expanded to address physical activity and diet choices. Staff will be able to emphasize the importance of these behaviors in preventing and managing chronic diseases and to offer more information on such topics if the Veteran expresses interest.

In conjunction with training, NCP is developing three tools to assist PACT team members in these and other HPDP-related conversations with patients. These tools are as follows:

1. "Clinical Staff Guide to Health Coaching" is a pocket guide for staff on patient-centered communication and health coaching. This guide will be given to staff upon completion of the TEACH for Success program, as a reinforcement of the TEACH program content. Although any clinical health care team member may function as a health coach, we anticipate that in most facilities, nurse care managers, clinical associates, or specially designated health coaches will utilize this tool the most.
2. "My Health Choices" is a tool to help patients with goal setting and action planning related to health behaviors. This tool was developed with input from content experts in motivational interviewing and patient-centered communication. PACT staff will be provided with a laminated version of this tool, along with print copies that can be personalized for each patient. This tool will also be provided to those attending the TEACH for Success program, to guide them in assisting patients with goal setting and action planning.
3. "Clinical Staff Guide to Healthy Living Messages" is a pocket guide for staff that lists key prevention message content and discussion points to be used during patient encounters. The messages in this guide are evidence-based and are aligned with current US Preventive Services Task Force recommendations, as well as VHA policy, guidelines, and directives. The content was reviewed by subject matter experts in various VHA Central Offices, including Patient Care Services, Public Health and Environmental Hazards, and the National Center for Patient Safety.

Prototypes of all three tools were shared with the summer participants of the TEACH for Success Facilitator Training program and a multi-disciplinary feedback group consisting of front-line staff, primary care and nursing leaders, and Union partners. The feedback was then compiled and a workgroup reviewed the results and

finalized the products. Once the process for printing and storing in the VA Depot are complete, these tools will be available for use in the clinical setting. The "Clinical Staff Guide to Health Coaching" will be distributed via the Employee Education System (EES) following completion of the TEACH for Success educational program. NCP is developing a roll-out plan for the "Clinical Staff Guide to Healthy Living Messages" and "My Health Choices" that HPDP Program Managers and the HPDP Program Committee will coordinate locally.

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Continued from page 2

met our goal of issuing a contract for the Veterans Health Library. A big toast for that one! With input from a number of key program office and field-based staff, we developed a plan for the telephone life-style coaching program (more about that on page 9). We learned that we wouldn't be able to partner with the DoD just yet on the smoking quit line but we found an interim solution, that of access to an online smoking cessation resource geared toward younger soldiers and Veterans. This resource will be available early in FY 11. Last but certainly not least, as Dr. Tenhula discusses on pages 3-4, training in problem-solving techniques began at several pilot sites in late summer and will continue into the fall.

Whew! On top of all these activities, we also hired 3 staff, Debbie Hester, Eric Bell and Dr. Michael Goldstein, into new positions within our office and we will have 3 additional new staff in early FY 11. Welcome, Debbie, Eric and Michael! We're thrilled to have you both on our team.

So what does FY 11 hold for transforming preventive care in VHA? Our goals for the new year are to continue down the path that we set out in FY 10 – to support facility HPDP programs and staff in all the work they'll do; to work closely with the PACT, specialty care and women's care initiatives to provide assistance to our Veteran patients for making healthy behavior choices; and to provide the tools, resources, and training for staff and Veterans that will help them stay healthy. Finally, we will develop metrics that will help us assess the impact this initiative will have on our patients' health. After all, that's the ultimate measure of success.

Cheers, everyone! We're looking forward to a fantastic New Year!

Linda Kinsinger

Veterans Health Administration (VHA) Mission Statement

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Veterans Health Administration (VHA) Vision Statement

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies.

MOVE! Telephone Lifestyle Coaching Quality Improvement Project: A new modality to meet the evolving needs of Veterans and staff

Contributed by
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MOVE! Physical Activity Program Coordinator

When the MOVE! Weight Management Program for Veterans (MOVE!®) was implemented nationally in 2006, its goal was to provide comprehensive, evidence-based weight management treatment to Veterans served by the Veterans Health Administration (VHA). A key objective of the program is to support patient self-management of weight, through regular follow-up with the participants, either by telephone or face-to-face. Feedback from the field and data from consecutive annual MOVE! Evaluation Reports indicated that telephone-based individual self-management support, one of the two required program elements that support self management, was the most difficult and least implemented component of MOVE!. Anecdotally, primary care-based clinicians reported significant difficulty conducting telephone calls in the midst of their other activities, and that several attempts were often required to reach a patient. As a result, patients were often lost to follow-up. In seeking a solution to these challenges, we determined that telephone-based care from a centralized location, delivered by staff specifically trained to provide healthy lifestyle coaching, would be an efficient and effective self-support strategy.

Together with expert consultant Dr. Deborah Tate, the VHA National Center for Health Promotion and Disease Prevention (NCP) developed an evidence-based protocol for centralized telephone care to support patient self-management of weight. In 2009, through a collaboration with the Veterans Integrated Service Network (VISN) 2 MOVE! team and the VISN 2 Behavioral Health Assessment Center (part of the VISN 2 Center for Integrated Healthcare), we launched the MOVE! Telephone Lifestyle Coaching (MOVE! TLC) quality improvement (QI) project.

Using a quality improvement approach, the project assessed delivery of care in both the TLC and Usual Care formats. MOVE! TLC care provided enhanced coach training and detailed, scripted protocols for the Health Technicians who served as regional TLC coaches. Veterans were given a comprehensive educational workbook with 10 content modules. In contrast, Veterans participating in MOVE! Usual Care were provided with basic telephone support, including generic prompts for updates and review of goals.

A program support assistant managed data tracking, patient and staff satisfaction surveys, and general program operations. Data collected during the project included weight and body mass index 2 years prior to project enrollment, at enrollment, and at 3 and 6 months post-enrollment. We also assessed patient and primary care staff satisfaction with MOVE! TLC and MOVE! Usual Care during the QI project timeframe.

During the TLC QI project timeframe, 243 patients participated in the TLC group and 25 patients participated in MOVE! Usual Care. The TLC participants received a minimum of 2 calls per month, while the Usual Care participants received only one monthly call. On average, 4 attempts to contact a patient were required to complete each coaching call. More patients in the TLC group achieved a 5% weight loss (49%) compared with those in the Usual Care group (26%). Staff satisfaction with TLC care was higher than for Usual Care. Specifically, staff was more satisfied with: 1) TLC care overall, 2) lower loss to follow up rates, 3) meeting patient expectations, and 4) making a significant difference for the patient. Patient satisfaction tended to correspond with weight loss success and was similarly high for both TLC and Usual Care groups.

The TLC quality improvement project was designed to assess the effectiveness and feasibility of providing care in this format. We learned many lessons, which are discussed in greater detail in the MOVE! TLC Implementation Guidance document

(which is available on the MOVE! Sharepoint site). For example, we determined that tracking of patient participation, call scheduling, and follow-up were key components contributing to MOVE! TLC's positive results. Additionally, intensive initial training and ongoing supervision of health technicians ensured greater fidelity to protocol and clinical success. The TLC QI project demonstrated that centralized telephone lifestyle coaching for weight management is administratively feasible and clinically successful, and yields high patient satisfaction.

As a result of the positive experience with the TLC QI Project, NCP is currently working on a plan for a National Telephone Lifestyle Coaching Pilot in FY 2011. The intent for the National Telephone Lifestyle Coaching center is to provide another way for Veterans to receive effective, evidence-based health behavior interventions, as an alternative or supplement to face-to-face counseling or coaching. The next edition of HealthPOWER! will detail our plans for the National TLC project.

Contributed by
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Health Educator
Veterans Health Education and Information

The Veterans Health Library

Drum roll, please... The Office of Veterans Health Education and Information, through the VHA Preventive Care Program, announces a new national contract for a VHA-wide Veterans Health Library. The contract has been awarded to Krames/Staywell, a patient education services company that was selected by an internal VHA Source Selection Evaluation Board as the most comprehensive resource for consistent, patient-centered health education and information for Veterans and family members. The Veterans Health Library will be integrated into the My HealtheVet portal, and its topics will span the continuum of VHA healthcare delivery. It will be available to Veterans and family members in the community and in all VHA health care delivery settings, no matter where a Veteran receives care.

Krames/Staywell, which was founded in 1974, is a market leader in patient education and consumer health information solutions. Over 85% of American hospitals, including 70% of VA hospitals and medical facilities, currently use Krames/Staywell resources to improve quality of care and patient satisfaction and to comply with The Joint Commission standards. Krames/Staywell offers a wide array of educational tools for patients and consumers, as well as communication and teaching aids for caregivers. Its robust library includes over 1,500 printed booklets and brochures, 3,300 brief fact sheets covering specific health topics, 400 patient education videos, and more than 2,000 drug information sheets, available in both English and Spanish. The Library will also incorporate VHA-specific content.

The Library will also be available to family members, to help them support the Veteran's active involvement in health care and the self-care strategies needed to promote health or to manage chronic or acute conditions.

The Library's educational resources will be available in print, electronic, and audio-visual formats, as well as VHA-approved social media (e.g., texting, blogging, Twitter) and other emerging technologies. Library content will be developed and formatted in accordance with Veterans' health literacy needs and will also accommodate Veterans with physical and visual impairments.

The Library will provide Veterans and family members with health education materials and information that will help them:

- Prepare for clinical encounters
- Understand their conditions and treatment plans
- Communicate effectively with their health care team members
- Actively partner with their provider and health care team members
- Share in health care decision making
- Self-monitor and self-manage chronic conditions
- Prepare for transition to other areas of care

The Veterans Health Library, which is projected to be operational within all facilities by the third quarter of Fiscal Year 2011, will be integral to patient-centered care and to the Patient-Aligned Care Team (PACT) program. It will represent a tangible commitment to "empowering Veterans through education and information," which is one of VHA's core principles of Veteran-centered care.

News

New NCP Staff

The NCP is happy to announce the addition of three new staff members.

DEBBIE HESTER joined our NCP family in July of this year in the role of Program Support Assistant. She comes to NCP from the Durham VA Human Resources Department. She is a native of Philadelphia and an Army Veteran. Debbie has 10 yrs of loyal Government Service under her belt and enjoys cooking, interior design and music. She can be reached at 919-383-7874, ext. 271 or at debbie.hester@va.gov.

ERIC BELL joined our staff in August and functions in the role of Project Manager. Eric is retired U.S. Air Force veteran with 24 years of active duty service. He earned his BS in Workforce Training and Development from Southern Illinois University at Carbondale and a Master's Certification in Project Management from Villanova University. His most recent position was as a Project Manager for the Office of the U.S. Air Force Surgeon General in Washington DC. He has also been involved in several Air Force healthcare system redesign efforts and served as Health Management Information Systems representative for the U.S. Pentagon's DiLorenzo Clinic's Strategic Planning Committee. He will be serving as a project manager coordinating NCP's business efforts for the VA's Health Risk Assessment (HRA) and Veterans Health Library. We are excited about the expertise that Eric brings to NCP. Eric can be reached at 919-383-7874, ext. 239 or at eric.bell2@va.gov.

MICHAEL G. GOLDSTEIN, M.D., joined the NCP in mid-September as Associate Chief Consultant for Preventive Medicine. Most recently, Michael served as Chief of the Mental Health and Behavioral Sciences Service at the Providence (RI) Veterans Affairs Medical Center and Professor of Psychiatry and Human Behavior at Alpert Medical School, Brown University. He was also an Investigator at the Centers for Behavioral and Preventive Medicine at The Miriam Hospital.

Michael trained in both primary care internal medicine and psychiatry and also completed a fellowship in Medicine & Psychiatry, all at the University of Rochester. Throughout his career, Michael has worked at the interface between medicine and psychiatry, serving as a consultation-liaison psychiatrist, a medical director of a behavioral medicine clinic, a teacher of patient-centered communication and counseling skills, and as a researcher in the areas of tobacco cessation, physical activity adoption, clinician-patient communication and delivery of preventive services. Prior to joining the VA in 2008, Michael spent 10 years as an Associate Director at the Institute for Healthcare Communication (IHC), a non-profit foundation dedicated to developing and disseminating educational programs to assist clinicians to deliver patient-centered care, promote patient health behavior change and support self-management.

Michael served as a faculty member for several regional, national and international quality improvement projects that focused on activating and engaging patients in self-care and self-management. He was a member of the Public Health Service's Tobacco Dependence Treatment Guideline Panel and recently cycled off the Food and Drug Administration's Risk Communication Advisory Committee. Michael is a Past President of the Society of Behavioral Medicine and is a Fellow of the American Psychiatric Association, the Society of Behavioral Medicine and the American Academy on Communication in Healthcare.

NCP is very excited to have Michael join the NCP team to help further the development and implementation of the VHA Preventive Care Program Transformational Initiative. He looks forward to working with NCP's many partners and collaborators.

He can be reached at 919-383-7874, ext 240.

Christy Schuler, MD - UNC Preventive Medicine Residency Program

NCP's affiliation with the University of North Carolina's Preventive Medicine Residency Program continues. Our newest resident, Christy Schuler, completed her residency in pediatrics at UNC and is currently a second-year preventive medicine resident. She is also working toward her MPH in the department of epidemiology at the UNC Gillings School of Global Public Health. Prior to her work at UNC she attended the University of Kentucky College of Medicine where she earned her MD. Dr. Schuler received her undergraduate degree from the University of Dayton in Dayton, Ohio. She is a native of the northern Kentucky/Cincinnati area. Her interests in health care include immunizations, infectious diseases, and obesity.

CALENDAR *of* EVENTS

NCP Conference Call
2nd Tuesday of the month
1:00pm ET
1-800-767-1750, access #18987
• Upcoming calls—November 9, Dcember 14

VISN MOVE! Coordinators Call
2nd Tuesday of the second and third month of each quarter
3:00 pm ET
1-800-767-1750, access #59445
•Upcoming call—November 9

Veterans Health Education Hotline Call
4th Tuesday of the month
1:00pm ET
1-800-767-1750, Access Code 16261
• Upcoming calls—October 25, December 23

Health Promotion/Disease Prevention Conference Call
1st Tuesday of the month
1:00pm ET
1-800-767-1750 access code 35202
• Upcoming calls—November 2, December 7

Facility MOVE! Coordinators and Physician Champion's Call
2nd Tuesday of the first month of each quarter
3:00 pm ET
1-800-767-1750, access #59445
• Upcoming calls—January 11, 2011

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.

Address suggestions, questions, and comments to the editorial staff:

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