FISCAL YEAR 2012 HIGHLIGHTS

National Center for Health Promotion and Disease Prevention (NCP)
Office of Patient Care Services
CONTINUED PROGRESS

While I was reviewing the long list of NCP® accomplishments that are presented inside this 2012 Highlights Report, a quote from the late public health pioneer Dr. Ernst Wynder came to mind. He said that “it should be the function of medicine to help people die young, as late in life as possible,” and I think that this statement is not only a clever way of summarizing the goal of preventive medicine. It’s also essentially the mission statement for NCP and the VHA clinicians whom we support—to help Veterans live a longer, healthier life and avoid a premature death.

Through a variety of new and maturing initiatives, NCP continued to guide, support, and promote VHA staff in accomplishing this mission in FY 2012. This Report showcases our continued progress in meeting clinicians’ and Veterans’ needs through the MOVE!® Weight Management Program for Veterans, preventive services and policy, HPDP programs, TEACH and MI training, and Veterans health education. It also highlights several novel programs—the National TLC Pilot, Diabetes Prevention Program Pilot, and “Be Active and MOVE!” CVT, for example—that launched or achieved early success last year. Together with the milestones that we’ve reached in the NCP Preventive Care Program, a sub-initiative of the New Models of Care Transformational Initiative in the Office of Healthcare Transformation, our achievements in FY 12 were wide-ranging and profound.

That reach and impact was driven by our many ongoing, multi-disciplinary collaborations. NCP staff worked strategically with PCS, VHA, VA, and other government partners. We also provided rotations for University of North Carolina Preventive Medicine Residents Drs. Sandra Clark, Kelly Corr, and Nzingha White.

There were some transitions at NCP in FY 12, as Dr. Leila Kahwati departed, leaving an 8-year legacy of accomplishment and excellence. But we also welcomed several valuable new members to our multi-talented team here in Durham:

- Karen Eisner, Project Manager, from Intuit’s health care division
- Heidi Martin, Clinical Informaticist, from VHA’s Office of Quality, Safety and Value
- Brescia Onwuasoh, Program Support Assistant, from the U.S. Army
- Nicole Roberge, Program Coordinator, from FHI 360
- Megan (Simmons) Skidmore, MOVE!® Physical Activity Program Coordinator, from Structure House

Of course, the NCP team includes all of the field-based HPDP and VHE staff who work so hard to make our initiatives and programs a success and ensure that the highest-quality preventive medicine is provided to Veterans.

Together, we’re making Wynder’s maxim—and results-oriented, Veteran-centered, forward-looking health care—a reality in VA.

Linda Kinsinger

LINDA KINSINGER, M.D., M.P.H.,
Chief Consultant for Preventive Medicine

*All acronyms in this report are defined in a glossary on page 15.*
During its 7th year of national implementation, MOVE!® enrolled its 400,001st patient and continued to support clinicians and help Veterans manage weight through:

- Frequent educational calls and communications
- Clinical educational resources—MOVE!® and TeleMOVE! Brochures, Patient Folder, Handout Booklet, TLC Patient Workbook, and the “Create a Healthy Plate” Placemat
- Updated guidance for staff, including the MOVE!® Reference Manual and TeleMOVE! Guidance Document
- New tools such as physical activity modules and Starter Kit for Physical Activity Clinical Champions
- Revisions to online training and MOVE!® handouts (version 5.0)
- Coordination of 3 Obesity Research Interest Group quarterly calls and participation in meetings and conferences, including the Annual Meeting of the Society of Behavioral Medicine
- Collaboration with OHT and OIT to develop a MOVE!® Coach Mobile application
- Evaluations of patient and MOVE!23 data, and completion of the FY 11 MOVE!® Annual Report Evaluation

In FY 12, NCP continued to build on the Veteran-centered successes achieved in FY 11. NCP clinicians promoted and enhanced Veteran health through new and ongoing programs, training, educational resources and clinical tools, and pilot studies and initiatives.

**MOVE!® Weight Management**

Veteran Robert (Bob) Black’s journey to successful weight loss through MOVE!®

**KEY LAUNCHES**

**MOVE!® TLC**

20 out of 141 facilities have implemented thus far

**QUARTERLY EDUCATIONAL**

MOVE!® CALLS

Each call drew

over 10,000

enrolled

since June 2012

over 200

participants

**TELEMOVE! IVR**

with VA Telehealth Services

over

10,000

enrolled

since June 2012

**VETERAN-CENTRIC**

**OUTCOMES:**

MOVE!® PATIENTS’ AVERAGE 6-MONTH WEIGHT LOSS

<table>
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<th>Year</th>
<th>All Patients</th>
<th>Patients Treated with Intensity and Sustainment*</th>
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<tr>
<td>2008</td>
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<tr>
<td>2011</td>
<td>-3.3</td>
<td>-3.3</td>
</tr>
<tr>
<td>2012</td>
<td>-7.4</td>
<td>-4.2</td>
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</table>

*Intensity and sustainment = ≥8 MOVE!® Visits between baseline weight date and 6-month follow-up date, and ≥129 days between baseline weight date and last visit before 6-month follow-up.

**PARTICIPATION:**

PERCENTAGE OF MOVE!® PATIENTS TREATED WITH INTENSITY AND SUSTAINMENT* (mov7)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2009</td>
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<td>2011</td>
<td>21.4</td>
</tr>
<tr>
<td>2012</td>
<td>22.2</td>
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</tbody>
</table>
Did You Know?

NCP developed the “Create a Healthy Plate” Placemat and partnered with VCS to distribute a special co-branded version to Veterans.

**VETERANS DISCUSSING THE VALUE OF TLC**

“TLC has really helped me. It gave me the motivation to quit for myself. TLC gave me the help and encouragement I needed to make such a big lifestyle change.

★ The thing that makes TLC better is the health coach.
★ My coach provided the helpful tips and education I needed to keep moving towards my goal. And it was nice to feel like someone really cares about me and my goals.”

**PILOT PROGRAMS AND STUDIES: FY12**

★ **DIABETES PREVENTION PROGRAM (DPP) PILOT**

- **Goal:** Determine whether modest weight loss through dietary change and increased physical activity can prevent or delay the onset of Type 2 diabetes in Veterans
- **Description:** Selected Veterans who are at risk for, but not diagnosed with, diabetes attend a series of group sessions and are given predetermined weight loss and physical activity goals.
- **Collaboration:** Diabetes QUERI • VA Ann Arbor HCS
- **Locations:** Minneapolis VAHCS • Baltimore VAMC • VA GLA HCS
- **Status:** Started in summer 2012

★ **“BE ACTIVE AND MOVE!” CVT**

- **Goal:** Extend the reach of physical activity programming for Veterans
- **Description:** CVT delivers MOVE!® physical activity classes to several sites in HCS/ VISN
- **Collaboration:** VISN 8 TS • VHA PM&RS
- **Locations:** Haley Veterans’ Hospital (FL) • Bay Pines (FL) VAHCS • Dayton (OH) VAMC • NF/SG VHS • Memphis VAMC • Portland (OR) VAMC
- **Status:** 1 X 6-week phase, started in Oct 2012; 1 X 8-week phase starts in early 2013 at the 6 original and 20 additional locations

★ **LUNG CANCER SCREENING PILOT**

- **Goal:** Assess the feasibility of implementing this screening to Veterans at high risk for lung cancer
- **Status:** Begun planning in 2012
NCP remained a key agent of change in VHA’s transformational efforts in FY 12 and made progress towards the goals of the Preventive Care Program sub-initiative of the T21 NMOC. Through training in patient-centered communication, multi-faceted support of HPDP staff in the field, and up-to-date prevention policy and guidance, NCP provided clinicians with the resources and information to help lead VHA to excellence in clinical care and health care delivery.

**TEACH and MI Training for Clinicians**

In collaboration with EES, NCP offered TEACH and MI facilitator courses, as well as Clinician Coaching, Facilitation and Presentation Skills courses for these facilitators. This training helped facilities expand the reach of TEACH and MI and meet or exceed FY 12 local training goals.

**RESULTS DRIVEN**

- **TEACH IN FY 12**
  - 80 TEACH facilitators trained by NCP/EES (344 trained since 2010; 550 trained all years)
  - 156 TEACH and MI facilitators trained by NCP/EES in Clinician Coaching (183 since 2011)
  - Over 95% of facilities had ≥2 TEACH facilitators
  - Around 95% had a TEACH and MI facilitator who has also completed the Clinician Coaching course
  - 800+ local TEACH courses were held (approx. 1,600 since beginning of FY 11)
  - 7,000+ people attended TEACH (over 17,000 trained since beginning of FY 11)
  - All facilities reported having provided the full 7 hours of TEACH training to at least 50% of PACT staff

- **MI IN FY 12**
  - 58 MI facilitators trained by NCP/EES (209 since 2010)
  - Nearly all facilities reported having provided MI training (at least 4 hours over at least 2 sessions) to at least 50% of all PACT teamlet R.N. Care Managers

**VHEI also promoted TEACH training for field staff by**

- Providing guidance and leadership on VHEC-led, NCP-developed training programs
- Designating VHECs as facility leads for local TEACH programming
- Providing new tools to assist TEACH facilitators in helping PACT staff and others integrate TEACH skills through a
  - TEACH Observational Checklist
  - TEACH Self-Evaluation Assessment for PACT members

VHEI will use recent evaluation data to continue to enhance TEACH implementation at the national and local levels, and will explore other delivery modalities to accommodate the continuing education needs of VHA clinical staff.

“Since our hospitalist physicians began doing TEACH training about 2–3 years ago, I have seen the number of phone calls with complaints, the number of congressional letters with complaints, and the number of phone calls by the nursing staff to discuss patient complaints decrease by at least 80 percent on the general medicine inpatient wards. Of course, the reasons for this are multi-factorial, but I do fully feel, having taken the TEACH program myself, that the TEACH program has played a big part in this marked decrease.”

**CHIEF, MEDICAL SERVICE, VISN 8**
NCP continued to support HPDP staff and programs in the field through monthly national calls, acknowledgment and dissemination of “bright spot” success stories, consultation, technical guidance and support, and training activities and meetings.

SOME NOTABLE HPDP EVENTS IN FY12:

- Face-to-face meeting of NCP staff and VISN HPDP Leads to discuss accomplishments, challenges, and FY 12 goals
- Develop a vision for sustainment of HPDP programs beyond the special initiative
- Obtain VISN HPDP Leads’ input on planning for FY 13 and beyond
- Develop a Sustainment and Transition Plan

- Ongoing evaluation of the HPDP orientation materials, with revisions to be implemented in FY 13
- Data collection for 2012 HPDP Report
- VISN “bright spots” showcased during 3 end-of-year virtual meetings and on national calls
- Revision of VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements, which sets forth the core implementation and reporting requirements for HPDP programs in VHA facilities

KEY HPDP MILESTONES ACCOMPLISHED

- All facilities maintained an HPDP Committee (NMOC FY 12 Op Plan performance measure)
- All facilities either established or maintained HPDP Programs (NMOC FY 12 Op Plan performance measure)
- Initial identification, orientation, and training of Facility HPDP Program Leaders completed (NMOC FY 12 Op Plan milestone)
- All facilities submitted HPDP internal and community resource inventories to NCP
- All facilities maintained an HPDP Committee (NMOC FY 12 Op Plan performance measure)

PREVENTIVE SERVICES AND POLICY

NCP helped ensure that all facilities met these two key deliverables for FY 12:

- Ensuring that Clinical Reminders for Clinical Preventive Services (CPS) (screening, immunizations, brief behavior counseling, and preventive medication) are aligned with VHA Clinical Guidance Statements for Preventive Services
- Engaging system redesign/quality improvement teams within PACT to evaluate inappropriate utilization (e.g., overuse) of at least one of the following three clinical preventive services, and implementing changes if overuse is found:
  - Prostate cancer screening with prostate-specific antigen (PSA) in men ≥75 years
  - Inappropriate cervical cancer screening with Pap smears in women
  - Inappropriate colorectal cancer screening

VHA CPS Guidance Statements were updated and four new statements were posted. National clinical reminders for breast and cervical cancer screening were updated to match the new Clinical Guidance, and will be tested and deployed in FY 13.

CLINICAL REMINDERS: PROMOTING CURRENT, EVIDENCE-BASED PREVENTIVE CARE

How many clinical reminders did your facility change during FY 12 in order to make them consistent with the VHA CPS Guidance Statements?

- 0 — 38 or 27.14%
- 1 or 2 — 47 or 33.57%
- 3 or 4 — 26 or 18.57%
- 5 or more — 29 or 20.71%

72.85% of facilities were successful in changing at least one clinical reminder to make it consistent with the VHA Guidance Statements—a positive indication that current, evidence-based preventive care is being recommended at the point of care.

RESULTS DRIVEN

Bright Spots: HPDP PM Patrick Smart (L) and VHEC Billie Fitzsimmons of the Jonathan M. Wainwright Memorial VAMC in Walla Walla, WA

I can tell that the NCP staff members are as passionate about our work as ever.”

VISN PACT/HPDP LEAD AND HPDP PM DISCUSSING THE 2012 VISN HPDP PROGRAM LEADERS MEETING

NEW VHA CPS GUIDANCE STATEMENTS, 2012

- Screening for Osteoporosis
- Screening for High Blood Pressure
- Screening and Counseling for Tobacco Use
- Human Papillomavirus Immunization
Through wide-ranging internal and external collaborations, NCP developed additional clinical tools and guidance materials to support and achieve Preventive Care Program goals in FY 12 and beyond. NCP also continued to plan, develop, and sustain HPDP programs and resources that will enhance the quality of care provided by clinicians and the quality of life of Veterans.

### Key Collaborations

- **Women’s Health Services**
- **Nursing**
- **Telehealth Services**
- **Chief Business Office**
- **MHS Healthy People 2020 Federal Interagency Workgroup**
- **NCP**
- **National Center for Ethics in Health Care**
- **VHA VCS**
- **21 VISNs**
- **Specialty Care Services**
- **ACIP**
- **Congressional/Legislative Affairs**
- **US Army MOVE!**
- **Informatics & Analytics**
- **EES PCS**
- **National Prevention Council**
- **National Center for Organization Development**
- **Spinal Cord Injuries/Diseases Services**
- **Health Information Communications**
- **Policy & Planning**
- **Rehabilitation & R&D Prosthetics Services**
- **Task Force on Community Preventive Services**
- **Quality, Safety & Value**
- **Care Management & Social Work Services**
- **USPTF**

### Communications

NCP developed numerous communication tools, including two (National TLC Communications Campaign and quarterly Health/POWER! newsletter) that won VHA Office of Communications annual awards. While the TLC team spearheaded the production of the first whiteboard video in a series, NCP worked with EES to begin production of:

- A series of Healthy Living videos
- Goal Setting and Prevention videos

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**Tools and Resources**

NCP developed a number of new HPDP tools and resources for VHA clinicians, including:

- Healthy living and goal setting for patients
  - Healthy Living Messages tri-fold brochure
  - Making Healthy Food Choices with a Healthy Plate
- Your Health, Your Goals and Importance/Confidence Rulers
- Skill-building, follow-up training, and clinician coaching for staff
- Motivational Interviewing—RULE and Motivational Interviewing—OARS pocket cards; MI workbook
- Moving Veterans to MOVE!® pocket guide
- TEACH self-assessment tool and facilitator checklist
- Books on health behavior change and risk communication

NCP also launched the Healthy Living messages CPRS Tools, which were backed by several training and implementation sessions, and will be assessed in FY 13 using a recently developed evaluation instrument.

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**Health Risk Assessment**

In FY 12, NCP continued the development of the VA-customized HRA, which will:

- Be available online through a link in MHV
- Ask Veterans questions about their health history and habits
- Calculate customized risks for developing diseases such as heart disease, stroke, diabetes, and cancer
- Generate personalized reports that can be viewed, downloaded, printed, and shared with PACT providers via CPRS
- Provide actionable information to all Veterans about the impact of their current lifestyle choices
- Serve as a conversation starter for shared decision making involving Veterans and their VHA providers

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**“Excellent articles about the new changes at the VA. I have used the newsletter as a resource to teach. I appreciate getting such informative material shared in this way. It should be a mandatory read for all staff.”**

HPDP PMs and VHA FACILITY LEADER Discussing NCP’s Health/POWER! Newsletter
VHEI

Based on needs identified in the VHEI Field Report, VHEI created a professional development program for VHECs in FY 12, which will continue into FY 13

• Conducted 3 modules using blended learning strategies—Live Meeting, Web-based learning, small group conference calls, and the EES Blackboard learning platform

• In support of PACT, the program focused on assessing and developing Veteran-centered health education programs in VA facilities

• Created model for Veteran-Centered Health Education, plus tools and resources to help facilities determine the level of Veteran-centeredness of their programs

• Conducted small-group calls with VHECs to share “bright spots,” solve problems, and encourage field implementation

To provide field support, VHEI provided wide-ranging consultation and technical assistance to VHECs and key VHE stakeholders, and conducted monthly conference calls to keep VHECs informed of NCP and VACO initiatives and showcase VHEC successes.

To support new staff, VHEI developed a second module for the VHEC Orientation Series on “Effective Health Education Committees.” The module will augment the first module that describes the value of health education to Veterans and to quality patient-centered care, a VHEC’s role and functions, and how the VHEI Program supports the VHA mission and strategic initiatives.

VHEI continued to sustain and promote VHE by providing VHECs with:

• Consultation on ways to offer more effective and Veteran-centered health education programs and services

• Information on VHA-related VHE initiatives/priorities

• VHE facility success stories

• Health education tools and resources to offer evidence-based health education

• The second VHA-wide assessment of status of VHE field programs, which will be released in FY13

“It’s a wonderful program … and a great presentation. Really enjoyed seeing the tools and will be introducing these to my local VHE Committee. Can’t wait to get started!”

VHECs commenting on the VHEI professional development session in June 2012

SELECTED RESEARCH PUBLICATIONS AUTHORED BY NCP STAFF

• Kearney LK, Pogil E, Zess A, Goldstein M and Dundon M: The Role of Mental and Behavioral Health in the Application of the Patient-Centered Medical Home in the Department of Veterans Affairs. Transl Behav Med. 2011;1:624–8


Glossary

ACIP Advisory Committee on Immunization Practices
CPRS computerized patient records system
CVT Clinical Video Telehealth
EES VA Employee Education System
FY fiscal year
GEC Geriatric and Extended Care Services
HHS U.S., Department of Health and Human Services
HPDP Health Promotion and Disease Prevention
HRA Health Risk Assessment
IVR Interactive Voice Response
MHS Mental Health Services
MVH My HealtheVet
MI Motivational Interviewing
MOVE* MOVE® Weight Management Program for Veterans
NCP VA National Center for Health Promotion and Disease Prevention
NMOC New Models of Care Initiative
NF/SG VHS North Florida/South Georgia Veterans Health System
OHT Office of Healthcare Transformation
OIT Office of Information and Technology
PACT Patient-Aligned Care Team
PCC Patient Centered Care
PCS Patient Care Services
PM program manager
PMARS Physical Medicine and Rehabilitation Services
QUERI Quality Enhancement Research Initiative
R&D Research and Development
T21 VA Transformational Initiatives
TEACH Patient Education: TEACH for Success
TJC The Joint Commission
TLC Telephone Lifestyle Coaching
TS Telehealth Services
USPSTF U.S. Preventive Services Task Force
VA Department of Veterans Affairs
VACO VA Central Office
VA GLA HCS VA Greater Los Angeles Healthcare System
VAHCS VA Healthcare System
VAMC VA Medical Center
VCS Veterans Canteen Services
VHA Veterans Health Administration
VHEC Veterans Health Education Coordinator
VHEI Veterans Health Education and Information, NCP
VHL Veterans Health Library
VISN Veterans Integrated Service Network
NATIONAL CENTER FOR HEALTH PROMOTION AND DISEASE PREVENTION (NCP) is a field-based national program office of the Office of Patient Care Services that strives to improve the quality of life for Veterans by providing VA clinicians evidence-based health care practices.

We are
• Results-Oriented
• Veteran- and Clinician-Centric
• Forward-Looking

Our programs highlight the VA’s Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE) and we
• Are committed, prepared, and equipped to meet the health care needs of Veterans and caregivers
• Strive for excellence in our work, products, and services for Veterans and caregivers
• Foster teamwork and innovation to achieve our mission for Veterans
• Communicate effectively in a professional, timely, thorough, and succinct manner

NCP VISION
An all-encompassing culture of health promotion and disease prevention throughout the continuum of care that supports Veterans in achieving optimal health and well-being.

NCP MISSION
NCP advocates for health promotion, disease prevention, and health education. NCP advises VHA leadership on evidence-based health promotion and disease prevention policy. NCP provides programs, education, resources, coordination, guidance, and oversight for the field to enhance health, well-being, and quality of life for Veterans. To accomplish this mission, NCP partners with colleagues within and outside VHA.

“Keeping Veterans Well and Well-informed”