From the Editor

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It’s the height of the spring sports season, and I’ve been fortunate this year to be involved in my son’s lacrosse team. Lacrosse is a lightning-fast game, and often a blur to the untrained eye—the ball moves so quickly and there are so many players that it can sometimes be hard to follow. But if you’ve played or coached this sport, or watched it enough, you can see and appreciate the flow of a game.

Fittingly, this Health POWER! issue from the Veterans Health Administration (VHA) National Center for Health Promotion and Disease Prevention (NCP) Health POWER! is about movement—in NCP’s programs, clinicians’ initiatives, and Veterans’ lives. We’ve highlighted some great examples of how we in the Department of Veterans Affairs (VA) are advancing the care and health of the Veterans whom we serve.

We feature bright spots that include a successful pilot of the “Be Active and MOVE!” program at the Haley Veterans Hospital, an inspirational winter health fair at the Sioux Falls VA Health Care System (HCS), and an innovative health promotion and disease prevention (HPDP) rotation for dietetic interns at the DeBakey VA Medical Center (VAMC). Also included are several success stories from NCP’s MOVE! and National Telephone Lifestyle Coaching Pilot programs, as well as a recent systematic review of gym membership benefits by the Evidence-Based Synthesis Program (ESP) at the Durham VAMC.

So enjoy this issue of our newsletter. There’s a lot going on in HPDP in VHA now and the pace of VA transformation is fast, but it’s easy to spot the successes and follow the progress.

Jay Shiffler
Broadcasting Better Health: New Pilot Program Helps Tampa-Area Veterans “Be Active and MOVE!®”

Once MOVE!® Program Coordinator Melody Chavez initiated the Be Active and MOVE!® pilot program for Veterans at the James A. Haley Veterans Hospital, it didn’t take long for her to see the program’s impact. “In my 9 years in VA, this has been the most ‘fun’ program I’ve coordinated,” she explains. “Many Veterans are joining in, getting into it, and talking it up. It’s been a great example of how we in VA are making prevention more engaging for Veterans, and using the latest telehealth technology to do it.”

Extended Reach

The Tampa-based hospital is one of several in the country to benefit from a collaboration among VISN 8’s Office of Telehealth Services, VHA’s Physical Medicine and Rehabilitation Services (PM&RS) Program Office, and NCP’s MOVE!® Program to extend the reach of physical activity programming for Veterans. Now being piloted at six VA facilities in the first of two phases, Be Active and MOVE!® uses Clinical Video Telehealth (CVT) services to more broadly deliver MOVE!® physical activity classes to multiple sites within an HCS or Veterans Integrated Service Network (VISN). The concept is simple: Telehealth Services’ clinical technicians help PM&RS staff members at a host site lead group classes at the primary facility that are simultaneously broadcast via CVT to local satellite facilities—in this case, three of Haley’s community-based outpatient clinics (CBOCs).

The Basics

The Haley MOVE!® team started the initial 8-week phase of the pilot program at the hospital in October 2012. “Our kinesiotherapist Bernadine Sanchez has done a great job leading the weekly, hour-long classes,” says Chavez, who is a Registered Dietitian and the Section Chief of Ambulatory Care Nutrition. “Each class typically consisted of 30 minutes of education, followed by 30 minutes of physical activity.” Attendees learned about things like stretching and the benefits of being active, for example, and also were issued pedometers to promote and measure their walking. “Because many Veterans don’t really know where to start when it comes to physical activity, we coached them through the basics,” she notes. “We covered topics like heart rate, proper foot wear, and getting motivated, and by the end of the classes Veterans essentially had a new tool to use to stay active and healthy.”

Motivational

But inspiration is also an important aspect of the classes, and another key to the program’s success. “Patients are more likely to do something if a peer recommends it,” Chavez explains. “So we invited local staff and Veterans to talk about their personal stories of weight loss—usually for about 10 minutes at the end of a class.” Home Telehealth Nurse Manager Leticia Rivera, for example, told attendees that she just got tired of being overweight, so she created a support system of friends and family to start her physical activity program. Dave Folds, the facility’s HPDP Program Manager (PM), described his simple motivation to lose weight—he didn’t want to take medications anymore—and how he started to change his lifestyle for the better.

But Rivera and Folds did more than just talk. “Leticia led Zumba® and salsa dancing demos, and Dave dressed up as a funny motivational fitness expert for one class, which the Veterans really enjoyed,” says Chavez. “It was easy for the attendees to relate to Leticia and Dave, and see why they, too, could and should achieve a healthier weight.”

Kinesiotherapist Bernadine Sanchez and HPDP PM David Folds get active and MOVE!®
Inspiration For The Journey
Perhaps most inspirational for the attendees was Veteran (Sergeant) Nicholas Bradford, who is currently a Marine Corps Liaison with Wounded Warrior Battalion-East’s Tampa Detachment. “When Nicholas enlisted, he started his weight loss journey—improving his diet and walking each night, all with the support of his mother,” Sanchez recounts. “He lost close to 100 pounds, and I think he’s helping our participants realize that they can be successful, too.” Now in the Individual Ready Reserves and stationed at Haley, Bradford assists with the non-medical recovery and care of wounded and ill Marines. “He’s offered to take our Veterans to see firsthand how these active duty Servicemembers are striving to heal and improve their lives,” says Chavez.

“Seeing the inpatients’ struggles and triumphs is a sure way to motivate our program Veterans to work even harder to get healthier!”

Up And Running
Chavez’ facility completed the first phase of the pilot and began the second, 8-week phase in February. “Our goal in the first phase was simply to get things up and running smoothly,” she notes. “We’ve had good results in the first phase, in which we enrolled ten patients. Although there were a couple dropouts, several patients did really well and a few lost in excess of 20 pounds each!” In the future, Chavez and her team plan to continue to incorporate hands-on activities into the program, which is designed to be much more than just “sitting and listening.” She also thinks that the program’s reach could be extended even further, by broadcasting the classes into individual Veterans’ homes.

“The Haley Hospital’s success is demonstrating the tangible value of Be Active and MOVE!* in helping individual clinicians extend enhanced care—and overcome staffing deficits—to help more Veterans get more active at more remote facilities,” explains NCP’s MOVE!® Physical Activity Program Coordinator Megan Skidmore, who was involved in the pilot’s planning and physical activity component. “As at the other pilot sites, Melody and her team have gotten great results, and I think the program’s proving to be an excellent way to support the physical activity component of MOVE!*.”

The Be Active and MOVE!* CVT pilot program has achieved early success in extending the reach of physical activity programming for Veterans. During Phase One of the program, which ran from October to December 2012 in six pilot sites:

- A total of 78 Veterans participated in a total of 493 visits; 72 percent of them lost weight
- One hundred percent of responding Veterans said that they
  - Were more physically active now than before participating in the program
  - Were able to support themselves and their physical activity behaviors after the program ended
  - Think continued participation would lead to additional knowledge and health gains
  - Find being physically active to be both enjoyable and necessary
  - Would recommend the program to other Veterans
- Participants found that “diet changes” (43%), “new exercises” (29%), and the “importance of a goal” (21%) were the most beneficial things they learned through the program
- One hundred percent of clinicians said that
  - The information provided in the pilot’s physical activity modules was appropriate
  - They would continue to offer the program and recommend it to other facilities
  - Participants appeared to enjoy the physical activity sessions
Hands-On HPDP: Healthy Living Messages Come Alive at the Sioux Falls VA HCS Winter Health Fair

When the HPDP Committee at the Sioux Falls (SD) VAHCS decided to do a second annual Healthy Living Fair, they agreed that it should allow Veterans to experience the Healthy Living (HL) messages. “People tend to retain information much better through hands-on learning. We wanted the 2013 fair to be an interactive event that would make HPDP ‘real’ through information, discussion, and action,” explains Laurie Ness, Sioux Falls’ HPDP PM and Veterans Health Education Coordinator (VHEC). “We also held it January—when New Year’s Resolutions are still fresh, and so it would also provide Veterans in eastern South Dakota, northwestern Iowa, and southwestern Minnesota something fun to do inside in the middle of winter.”

Nine Hours of Health
For the over 400 individuals—including 147 Veterans and their spouses, 176 HCS staff, 28 Veteran employees, and 28 volunteers—who participated, the open house fair was more than just fun. It offered multiple, live opportunities to get healthier, one HL message at a time. Veterans were offered influenza and Tdap shots, as well as a variety of classes and demonstrations during 9 hours of programming, some of which was supported by patient-centered care grants. “With grants for alternative medicine and healthy cooking, we had fair booths on these topics. Instructors previewed the yoga/tai-chi classes we currently offer, for example, and offered healthy cooking demos in our mobile kitchen,” said Ness. “The multi-disciplinary focus of the fair also helped us bring together a number of other departments to effectively promote health.”

Multi-Disciplinary Stars
Volunteers staffed over a dozen booths, which included themes such as strength training, healthy blood pressure, the “wheel of health”, recommended screening tests, healthy eyes, stress management, and women’s health. Physical therapist Dale Flint did exercise band training at the “Be Physically Active” booth, and at the tobacco cessation booth, staff offered personal counseling and external resources to those interested in quitting. The Sioux Falls Police Department presented information on safe driving. Wanda Birk and Veterans Canteen Services staff supported the event with healthy snacks—granola and yogurt, and later, a veggie tray and popcorn—that the Veterans enjoyed. “Our HPDP committee and other facility staff volunteers like Tonya Kraft were the stars of this event,” says Ness. “It was a team effort and a great example of how VA is changing and shifting the focus from treating disease to helping Veterans live better, healthier lives.”

Transformational
Attendees agreed that the fair was a transformational event that helped change their view of healthy living. “One Veteran and his wife made a 2-hour roundtrip to the fair and said that it was well worth it,” says Ness. “I heard about other Veterans—one with high blood pressure, another with a high body mass index (BMI)—who talked with staff about their personal

MOVE!® dietitians Amy Eisenbeisz (L) and Ken Johnson demonstrate how to prepare healthy snacks
Health goals and plans for achieving them.” Attendees described the staff volunteers as “well-prepared, informed, and supportive” and enjoyed the combination of live instruction and printed information, much of which was provided by NCP.

**Catering To Success**

Ness says that they made sure to cater the HL messages for local Veterans, whose exercise opportunities can be limited by the regional climate. “Veterans often tell us they can’t exercise because it’s too cold out,” she explains. “So we demonstrated how to get more physical activity indoors—say, by sitting less and walking more—and provided a handout and DVD on exercising in winter.” Healthy eating was also an important focus of the event. “MOVE!” dietitians Ken Johnson and Amy Eisenbeisz shared an excellent demo on making healthy snacks,” says Ness. “Along with some of the other fair activities, it really drove home the point that healthy food tastes good, and is inexpensive and easy to make.”

In addition to the qualitative successes of the fair, there were quantitative ones, too. “Occupational Health Nurse Brenda Stokke gave vaccines to Veterans and employees at the immunization booth, and our post-fair employee vaccination rate went up to 71 percent, our highest percentage ever,” says Ness. “Veterans and staff now know it’s a fun event and are very interested in the mind, body, and spirit focus and our HPDP program. That’s resulted in higher numbers of interested Veterans and potential staff volunteers for next year.”

**Expansion**

In the future, Ness and her team want to expand the event, extend outreach to more of the 27,000 Veterans in the HCS’ network of five CBOCs, and involve more external partners. Additional grant applications are in the works and could support additional clinical offerings at the HCS and the 2014 fair. “We’ll continue to tailor this annual event to best support local Veterans’ healthy lifestyle choices,” explains Ness. “One idea is to do an entire event on one HL message. And because we’re getting more staff and Veteran interest, we may have to expand the fair next year!”

HPDP Committee member Barbara Galbraith’s HL tree trophy will be presented every year to the booth that has the greatest impact on Veterans. This year, HCS Director Patrick Kelly presented the tree to Julie Jones (L) and Nancy Parr for their work on the stress management booth, which included biodot feedback and other stress-relief activities.
Dietetic Interns and Veterans Benefit from Novel HPDP Rotation at the DeBakey VAMC

Anne Utech*, Ph.D., R.D., L.D., former HPDP PM, and Kristy Rogers Becker, M.S., R.D., L.D., C.N.S.C., Dietetic Internship Program Director and former MOVE!® Program Coordinator, discuss the impact of the HPDP rotation for dietetic interns at the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston, Texas.

“At MEDVAMC, the Dietetic Internship, HPDP, and MOVE!* Programs share a common goal: caring for Veterans and training Dietetic Interns. Each year, Nutrition and Food Services’ (NFS’) Internship trains as many as twelve Dietetic Interns, and the HPDP Program recently began pursuing a 2-4-week rotation in the Internship schedule.

Interns on the rotation collaboratively review the HPDP deliverables and design strategies to improve clinical care, all with the preceptorship of the facility’s HPDP PM. During the 2011-12 rotation, the Interns* decided to develop, staff, and evaluate a MOVE!* Telephone Clinic to increase MOVE!* participation and visit numbers (NCP’s mov6 and mv7 performance measures).

The Interns proposed the idea to the HPDP PM and Clinical Nutrition Manager/MOVE!* Program Coordinator, who approved their plan. They then worked with MOVE!* and HPDP PM to refine the Computerized Patient Record System (CPRS) templates and operating procedures. MOVE!* dietitians (Nancy Baker, Holly Dittmar, Jordyn Forsyth, Courtney McNamara, and Alicia Merritt) provided the Interns regular feedback and key support during project initiation. Once up and running, the Telephone Clinic was staffed by the Interns, who were overseen and supported by NFS dietitians and the HPDP PM. The Interns developed CPRS templates for telephone counseling to help motivate Veterans to ‘Strive for a Healthy Weight.’ Veterans were identified from workload and consult reports to find those who 1) had been referred to MOVE!*, but never participated, 2) who had participated, but would benefit from additional visits, or 3) who had been lost to follow-up.

Veterans who missed MOVE!* appointments were personally contacted by an Intern and offered the program via phone. Their questions were answered, and if interested in MOVE!* they were given on-the-spot telephone counseling. The Interns helped Veterans set health goals and later followed up with them via telephone. Veterans who had participated in MOVE!* groups or 1:1 counseling in the recent past were also given telephone follow-up contacts.

Veterans provided mostly positive feedback on the telephone clinic, which improved the convenience, engagement, and personalization of the MOVE!* Program. Informal data collection revealed that the clinic resulted in the facility’s highest recorded number of Veteran visits, in February 2012 at the height of the Interns’ intervention. We also saw MOVE!* telephone encounters increase from 0 to 265 during the intervention!

The rotation and MOVE!* Telephone Clinic also was valuable training for the Interns, who learned how to assess data, identify areas for improvement, set a plan and goals, and evaluate success using specific metrics. They valued the rotation and commented that it allowed them to:

• ‘See first-hand what is required for inception and development on a very practical level.’
• ‘Gain confidence in my research and data analysis abilities. These skills will benefit me tremendously in my career.’
• ‘Achieve valuable, necessary skills for working independently…[including] creativity, critical thinking, teamwork, problem solving, and confidence in working alone.’

Army Veteran Francisco Ortiz (pictured here with R.D. Jordyn Forsyth) says that “MOVE!* is definitely worth it.” (Photo by Fran Burke, MEDVAMC Public Affairs Specialist)
As a whole, the HPDP rotation has been a success for everyone involved, and exemplifies how education and clinical care can be combined to improve Veteran outreach while also meeting HPDP and T21 programmatic goals. The internship has allowed NFS, HPDP, and MOVE!* staff members to collaborate to give the Interns more practical experience in HPDP, as well as improve preventive care. Involving the Interns in facility HPDP also has allowed us to tap into their fresh perspectives and creativity.

In the future, we will continue to improve the HPDP rotation for the Interns and extend HPDP outreach to Veterans. With MEDVAMC’s recent change from scheduled service to open access, we plan to add training on the use of the Primary Care Almanac to help staff and future Interns more proactively identify patient referrals and provide care. The Interns’ groundwork will also help MOVE!* dietitians and other staff continue to provide MOVE!* via the telephone clinic, improve Veteran access to the program, and achieve mov6 and mov7 deliverables. Additionally, the CPRS templates and operating procedures developed by the Interns for the MOVE!* Telephone Clinic will be of use to other clinicians. Ultimately, we also hope that the Interns’ and dietitians work will help increase patient encounters and eventually drive regular Veteran participation in MOVE!* via telephone.”

*Dr. Utech is currently the Deputy National Director, Nutrition and Food Service, Office of Patient Care Services, VA Central Office.

†The 2011-12 Dietetic Interns were Alyssa Anderson, Vaughn Bell, Jr., Natalie Buchs, Jenny Caceres, Jennifer Chipman, Heather Duby, Megan Erickson, Lucia Hisse, Kim Jacobson, Kelly Michel, Marcie Perez, and Jennifer Spear.

Systematic Review of the Potential Benefits of Fitness Center Membership Reveals Need for More Research

The Durham VAMC Evidence-based Synthesis Program (ESP) housed at the Center for Health Services Research in Primary Care recently partnered with NCP to assess the benefits of health plan-sponsored fitness center memberships on patient health and health care. In October 2012, investigators from the ESP published a systematic review* of the data on how these memberships impact physical activity, health care costs, and health care utilization.

“This question is particularly relevant for Veterans who use VA health care, because they are less likely to meet physical activity recommendations and more likely to be physically inactive compared with Veterans who do not use VA care,” explains Dr. Jennifer Gierisch, an investigator on the review, core ESP researcher at Durham VAMC’s Center for Health Services Research in Primary Care, and an Assistant Professor in the Department of Medicine at the Duke University Medical Center. “One possible way to address this problem is through a plan-sponsored fitness center membership, which can help overcome some of the barriers to physical activity, like cost and access. So we took a comprehensive look at the published literature on the benefits of these memberships to users.”

Comprehensive Review Process

The ESP team conducted a systematic literature search to identify potential peer-reviewed publications on this
topic. The team developed eligibility criteria (Fig. 1) to assess the selected studies for relevance and suitability for assessment. “We identified over 3,500 studies for possible review and then used inclusion/exclusion criteria to exclude all but 4 of the studies,” says Dr. Heather King, the lead study investigator and a VA Health Services Research & Development (HSR&D) Postdoctoral Fellow. “For our review, we ended up with one unique study and three companion articles that addressed how one gym membership program affected physical activity and health care cost and utilization. However, we were not able to identify any studies that assessed participants’ health outcomes, health plan satisfaction and retention, or how age, sex or composition of the benefit influenced outcomes.”

Physical Activity and Health Care Costs and Utilization
All of the studies used matched controls, and involved Medicare Advantage enrollees aged ≥65 who participated in a no-cost fitness center membership called “Silver Sneakers.” The studies varied, however, in terms of outcomes and users assessed (Fig. 2). The primary study (Nguyen et al., 2008) found that the average number of participants’ gym visits dropped from 75 in year one to 55 in year two, although 61 percent continued to go to their gyms. A subsample of diabetic patients visited the gym 72 and 49 times on average in year one and two, respectively. Patients’ uptake of benefits was not impacted by a history of depression, but this history was associated with fewer gym visits per month and a higher risk of participation lapse. Distance was a factor in uptake of the gym membership program and frequency of benefit use. Plan members who chose to participate in the gym membership program lived closer to a fitness center, and those who lived closer used the facilities more frequently.

The primary study also found that in year one, total health care costs were not different between membership users and non-users, but there were fewer inpatient admissions and more primary and specialty care visits in users. By year two, users’ health care costs were lower and there were fewer inpatient admissions and lower inpatient care costs, but more primary and specialty care visits and higher costs, than non-users. A dose-response by average number of health club visits was also seen in the study, as participants who attended fitness centers two or more times each week had lower adjusted health care costs than those who attended less than one time per week. Users with diabetes had lower total health care costs, fewer hospitalizations, lower inpatient costs, and more primary care visits and costs than non-users with diabetes in year one. In year two, participants accumulated lower total health care costs, but these savings were not statistically significantly different from diabetic non-participants.

More Research Needed
“Given that offering partial or full gym membership benefits is a common practice, we were surprised by the paucity of published research,” says Gierisch. “The limited evidence we reviewed points to possible health care cost and utilization benefits from offering fitness club memberships. Even though there’s a weak positive signal, the overall research is insufficient.” King adds that there were some limitations to the ESP’s review that stem from the low volume of literature, such as the limited applicability of the data to other populations, incomplete measurement of physical activity across included studies, and the lack of available information on best benefit structures and policies.

According to both King and Gierisch, follow-up research among VA health care users is a promising next step and could start, for example, with qualitative studies of Veterans’ perceptions of the value of providing fitness center memberships. Identifying the barriers and facilitators for participation could be a study focus, as could randomized, controlled trials on how to best structure benefit incentive strategies (e.g., cash rewards) to encourage Veterans’ continued use of fitness centers. These assessments could incorporate existing data sources such as VA electronic medical records, and could be used to determine the best measurements for physical activity as well. “Future research on the benefits of health club memberships is sorely needed,” says King, “and we believe that VA could really be a leader in this area.”
### Figure 1. Study Eligibility

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<th>Study Characteristic</th>
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| **Design**           | • Observational studies with comparator (sample ≥100 subjects)  
                        • Randomized trials (all sample sizes)  
                        • Interrupted time-series designs |
| **Population**       | • Adults ≥18 years of age |
| **Intervention**     | • Health plan-sponsored strategies (e.g., vouchers, rebates, premium reductions) to encourage physical activity through fitness center memberships |
| **Comparator**       | • Standard benefits packages  
                        • Head-to-head comparisons of different health plan-sponsored programs |
| **Setting**          | • Study conducted in North America, Western Europe, Australia, New Zealand  
                        • Public or private health plans |
| **Outcome**          | • Physical activity, health outcomes, health care costs and utilization, member satisfaction and retention |

### Figure 2. Key Characteristics of Reviewed Studies

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<tr>
<th>Study</th>
<th>Number of Study Participants</th>
<th>Details</th>
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| Nguyen et al., 2008¹ (primary) | 4,766 benefits users         | • Physical activity participation  
|                              | Matched controls: 9,035 benefits non-users | • Health care cost, utilization |
| Nguyen et al., 2008²          | 618 benefits users with diabetes | • Physical activity participation  
|                              | Matched controls: 1,413 benefits non-users with diabetes | • Health care cost, utilization |
| Nguyen et al., 2008³          | 4,766 benefits users         | Impact of depression history on:  
|                              | Matched controls: 9,035 benefits non-users | • Uptake, frequency of benefit use  
|                              |                              | • Risk of participation lapse |
| Berke et al., 2006⁴          | 1,728 benefits users         | Impact of fitness center distance on:  
|                              | Matched controls: 4,838 benefits non-users | • Uptake of benefit  
|                              |                              | • Frequency of benefit use |

(Study Acknowledgments: Project Coordinator Jennifer R. McDuffie, Research Associate Avishek Nagi, Medical Editor Liz Wing, expert reviewers, and funding from ESP and a post-doctoral fellowship from VA’s Office of Academic Affiliations, HSR&D to Dr. King)
Articles from the Field:
HPDP PMs Collaborate to Reduce Prostate Cancer Screening Overuse

By Carolyn Verbanic and Ellen Veschio

HPDP PMs Carolyn Verbanic, R.N., M.S.N., C.R.N.P., C.N.S., and Ellen Veschio, R.N., M.S.N., C.R.N.P., C.N.S., discuss their successful efforts to reduce inappropriate prostate cancer screening with Prostate Specific Antigen (PSA) at the VA Pittsburgh Health System (VAPHS).

“The overuse of clinical preventive services is a common problem in the clinical setting. Unnecessary PSA screening can lead to morbidities (e.g., pain, incontinence, and infection), psychological stress, and unnecessary treatments for patients. In Fiscal Year 12, we were tasked with evaluating the overuse of clinical preventive services at our facility. Our initial task was to understand the extent of the problem, the staff involved, and the exact process that led to the overuse. Then we directed our efforts to developing a long-term approach that could serve as a template for other services. Our overall aim was to spark a discussion between the provider and the Veteran about PSA screening—one of our Veteran-centered goals—rather than have the screening done as part of a routine, without forethought about consequences.

VAPHS has two HPDP PMs, and both of us have other roles in addition to being primary care providers. Because of our experience, we knew it was critical to first define the problem. So our initial step was to collaborate with colleagues in Information Management to develop a database of all PSA testing done within a 365-day period. We looked at specific factors in the database, including the patient’s age, clinic, and provider who ordered the test. Our goal for this database was not only to define our current issues, but also to use it as a tool to move forward with future improvements in

REFERENCES

PSA testing.

We found that over 32,000 tests were completed at the VAPHS from May 2011 to May 2012. Of these tests, over 7,500 tests were performed for patients over the age of 75, and 3,083 were performed in patients 85 years or older. In addition, 1,536 tests were performed on men under the age of 50 and 356 tests were performed on men under the age of 40. To our surprise, the test was also ordered for three women. The tests ordered for these five patient-types were examples of potential PSA overuse.

Given that the problem is unnecessary PSA testing—not the PSA test—we proceeded to examine the reasons for the testing. We did an exploratory review of over 120 charts to determine the indications for PSA testing, which should be ordered for only two reasons in these populations: disease surveillance (e.g., malignancy) or diagnosis. We determined that tests were ordered at many locations within our facility, including specialty clinics such as Urology and Nephrology, Endocrinology, Oncology, and our Behavioral Health service line.

The final results indicated that three specific locations overused the clinical preventive services for PSA screening. We discovered that the vast majority of the tests done outside the usual age ranges were at five specific locations within the Primary Care Service Line. The Behavioral Health Service Line also ordered tests on many young men, typically as a part of a routine order set on admission to the hospital or outpatient settings and not because of clinical indications.

We then developed a four-step approach to reduce the overuse of PSA screening at our facility. First, we removed the PSA from all quick orders, a step that most other VA facilities have taken. But removing the PSA from the quick orders made little impact on the overall rates of testing or where testing was done. Our tenacious staff continued to find the test even when it was buried within our lab-ordering menu.

Therefore, we decided to approach the problem with education for both staff and patients, in part because we know that patients often pressure providers to order the test. We enlisted the help of our VHEC Robin Tate, our Urology Service, and our Media Department to create DVD presentations on appropriate PSA testing for both staff and patients. Because the vast majority of inappropriate testing was done by specific CBOC providers, we also focused on educating those who most often ordered the test inappropriately. Finally, we added a patient education video to the repertoire of videos played in our outpatient care areas.

After implementing these steps, there was a 37-percent reduction in October and November 2012 in PSA testing in the targeted age ranges. This is hopeful progress! Our database will allow us to monitor our interventions over time and evaluate if the changes have a long-lasting effect on practice. By leading this change within the VAPHS, we learned that collaboration and cooperation with key stakeholders are crucial to implementing any program change. In the future, we think that this collaborative model will serve us well.”
The following are examples of infographics that have been developed by NCP to support the HL messages. These and other infographics will soon be available for use through NCP’s Intranet Web site.

**EAT MORE POTASSIUM-RICH FOODS**

- oranges
- kidney or black beans
- tomatoes, tomato paste
- greens
- potatoes
- bananas

**Eat less than 1 teaspoon**

(1,500 mg of sodium) per day.

Choose and prepare foods with little or no added salt.
The National Heart, Lung, and Blood Institute developed a new *Keep the Beat™ cookbook* to help busy parents who want to make meal preparation a family affair. The cookbook feature delicious, heart-healthy recipes for family meals that have been field-tested with parents and school-aged children. The cookbook is available at: http://hp2010.nhlbihin.net/healthyeating/pdfs/KB_T_Family_Cookbook_2010.pdf

In the *My HealtheVet Release 12.3 Update*, My HealtheVet has successfully expanded access to Veteran’s VA electronic health information through the VA Blue Button. This release provides a substantial number of additional components to the Veteran’s Personal Health Record. Additional information on the New VA Blue Button Features for 2013 is available at: www.va.gov/bluebutton

Several articles of interest to VHA clinicians were published:

- “Should clinicians encourage smoking cessation for every patient who smokes?” Fiore MC, Baker TB. *JAMA*. 2013;309(10):1032-33
- “Use of a website to accomplish health behavior change: If you build it, will they come? And will it work if they do?” Dickinson WP, Glasgow RE, Fisher L, et al. *J Am Board Fam Med*. 2013;26:168-76

VHA’s New Patient Orientation Program, which has the theme, *Know Your VA*, was first made available in 2009. Over the past few months, the Veteran Health Education and Information Program (VHEI) within NCP, in collaboration with other VHA Program Offices, reviewed all content and revisions were made. The *2013 Edition of the New Patient Orientation (NPO) Toolkit* is available at: http://vaww.prevention.va.gov/VHEI/NPO_Toolkit.asp


NCP has proposed tentative training dates for the three NCP-sponsored Communication Skills Training courses in 2013. More information will be sent out via e-mail as soon as these dates are finalized:

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

David “Cal” Ham, M.D., M.P.H., is our newest resident from the University of North Carolina at Chapel Hill Preventive Medicine Residency Program. He is a second-year resident who earned both his medical and undergraduate degrees from Washington University in St. Louis and his Masters in Public Health from Johns Hopkins University School of Public Health. With interests in the epidemiology of infectious diseases, health disparities, and environmental health, Dr. Ham plans to pursue a career in sexually transmitted infection research at the Centers for Disease Control and Prevention after completing his residency.

Congratulations to Ted J. Slowik, Ph.D., who received the NCP’s “Above and Beyond” Staff Award. The quarterly honor, which is awarded to a staff member by peers, recognizes Ted’s outstanding contributions as a writer/editor at NCP.

NCP recently published several new “whiteboard” videos to promote positive health behavior changes in Veterans. Posted to the VA’s YouTube channel and the NCP Web site, the videos present the healthy living messages using an engaging style of hand-drawn, stop-motion storytelling. Each video is approximately 2 minutes in length and was designed in cooperation with VHA Employee Education System and 508 Compliance partners. Here, the “Eat Wisely” video plays on a monitor in the Lebanon (PA) VAMC.
Just Right:
Inspired by loss, Kimela Nisely gets Telephone Lifestyle Coaching (TLC) support to make lasting health changes

Veteran Kimela Nisely had smoked for 32 years, but had always wanted to quit. “My husband recently passed away from the complications of emphysema and COPD,” she explains. “And that was what finally motivated me to make the change.”

When Kimela’s primary care provider at the James E. Van Zandt VAMC in Altoona, Pennsylvania, recommended TLC, she knew it was a good fit. The coaching support and program convenience really appealed to her, in part because of her history of unsuccessful attempts to quit tobacco. “I’d had no success with cessation programs over the years…until I started TLC,” she says.

Now, Kimela is proud to say that she’s been smoke free for over 5 months. “I quit cigarettes on May 16, 2012—my son’s birthday and my wedding anniversary—and I feel really good!” she reports. “TLC gave me the help and encouragement I needed to make such a big lifestyle change.”

Kimela raves about the telephone support her health coach has provided. “The number of calls was just right—not too many or too few—and it was really convenient being able to call from home,” she explains. “On each call, my coach provided the helpful tips and education I needed to keep moving towards my goal.”

Kimela also appreciated the genuine concern that her coach had for her. “It was nice to know that I could call back anytime I wanted,” she says. “And it was nice to feel like someone really cares about me and my goals.” With the support of TLC program staff, and weekly appointments with a behavioral health social worker, Kimela has been able “to quit, and stay quit!”

TLC also is helping Kimela address another long-standing health challenge: weight. “My weight has fluctuated since I was a teenager, and as with smoking, I’ve tried different weight-control programs without success,” she says. “But with the help of my coach, I’ve also been able to achieve my goal of losing weight.” Now, she’s exercising and watching her calories. “Through TLC, I’ve gone from 252 pounds down to 206 pounds!,” Kimela says. “I’m aiming for 189 pounds by December 2012, and with the support of TLC and my health coach, I know I can do it!”

Accountability, Confidence, Change: TLC Coach Helps Veteran William Brown Achieve His Goals

One look at Veteran William Brown’s numbers and it’s easy to see the success that he’s had with the TLC program. Over just 4 months, he’s lost 16 pounds, reduced his BMI from 29.8 to 27.4, and lowered his blood glucose level (A1c) from 8.9 to 6.1. But these numbers don’t tell the whole story of what he’s achieved.

Yes, William has lost weight and decreased his BMI and A1c. But as importantly, he’s gained a sense of control over his health and increased his confidence in being able to change. “I wanted to control my diabetes instead of it controlling me,” William says. “And I wanted to better manage my weight – I was tired of putting on the pounds and I just wanted to feel better. The TLC program I completed through the VA Butler (PA) Healthcare facility has helped me to do all of these things.”
Years-Long Struggle

William’s struggle with weight began when he was 10 years old and has continued for almost 4 decades. “I was constantly gaining and losing weight,” he explains, “and extreme dieting and skipping meals were just part of the way I lived.” More recently, managing his blood glucose level was also proving to be a challenge: William’s A1c readings had crept up slowly over the past 5 years. A visit to his doctor’s office in early 2012 was the final straw. “I realized that I had gained 10 pounds in the year prior to my last visit,” he recounts, “and my A1c was way too high.” Motivated, he talked with his doctor about TLC and signed up for the program there in the doctor’s office. In his first TLC call with his personal health coach in February 2012, he set an initial weight loss goal of 10 pounds and began working toward it.

New Habits

Over a series of nine TLC calls between February and June 2012, William worked with his coach to create—and stick to—a new blueprint for healthier living. It started with simply trying to choose healthier foods and get more physical activity, and has now become a whole new lifestyle for him. “I’m a vegetarian and I follow a diabetic meal plan,” William explains. “I walk daily and do strength training with resistance bands.” These healthy new habits have not only helped him lose weight. They have helped him maintain the weight loss he achieved through TLC.

Accountable

According to William, his personal health coach was the key factor in reaching his goal. “It’s nice having just one coach, and talking to someone who’s not judging you,” he explains. “I also liked being able to make plans with someone, and then go over them.” But it was more than one-on-one follow-up with a health professional that William credits in helping him achieve success. “Having a coach made me accountable to someone besides myself,” he says. “My TLC coach made me stay on track.”

Less Is More

After meeting his weight loss goals with TLC, William says that the biggest difference in his life is that he just feels better. “I’m not sleeping as much, and I don’t feel as tired and worn out all the time like I used to,” he reports. He’s managing his diabetes better, so now he feels less frustration and anger with himself and his condition. “I know I need to work at my health every day,” William explains, “but my success with TLC is helping me better deal with that fact.” Life also is more fun for William now, and his new walking regimen provides him enjoyment, as well as new possibilities. “On a recent backpacking trip, I was able to walk 7 to 8 miles each day!,” William says. “That’s something that would’ve been difficult or impossible for me to do before TLC.”

Exceeding Expectations

William recommends TLC to everyone in large part because it exceeded his expectations. “Things went better than I thought they would. When I started, I assumed that I’d have to increase my medications and wouldn’t lose the weight,” he explains. “But neither of those things happened.” TLC worked for him and he believes that it can help other Veterans “a lot.” William currently weighs in at 180 pounds and happily reports that he’s successfully met not one, but a series of weight loss goals—his initial goal of 10 pounds, as well additional targets of 2 pounds each. Post-program, he’s already lost an additional 2 pounds and has set a new goal of 5 more pounds! “I’m happy with where I’m at, but I know I can do more,” he says. “Long term, I’m aiming to stay between 170 and 180 pounds… and now I’m confident that I can do that!”
"I had just retired and in December 2011, I went in for a physical at the Iowa City VAMC. I was already pre-diabetic, but found that my A1c had jumped from 6.4 to 7.5. My doctor put me on something to control it, but I didn’t want to take more medications because I was already on metformin and a drug for high blood pressure. However, I also didn’t want to ignore my diabetes like two of my friends had—one was now on dialysis and the other had lost a leg.

My doctor had been trying to get me into MOVE!* for 4 or 5 years, but I thought it just wouldn’t work. I finally decided to do it, and went to my first class in Jan 2012. I was fortunate to meet someone who shared his story with the class. He told me that portion control was the most important thing to do. He said, ‘get rid of the big plate, eat slower, and worry about the other factors later.’ That made sense to me, so that’s what I did. And I started losing weight.

I have to applaud the MOVE!* program—the information and tools presented have been really helpful and are now so beneficial to me. I had no idea about things like reading food labels, but now I do it. I began eating more fresh fruits and veggies, and then it was all about substitution—choosing grilled chicken, for example, instead of a burger, or using mustard on a baked potato instead of butter and sour cream.

Logging my food made sense after I got into it, and now I do it religiously. I can look back to all my meals and see what I’ve eaten. I eat 6 times a day—breakfast around 7 a.m., a snack about 10 a.m., a meal at noon, a snack at 2 p.m., dinner around 5 p.m., and an evening snack later. With this schedule, I never get hungry and that’s good for me!

After I had lost some weight with MOVE!*, I started to exercise. I got on an old stationary bike one day and I rode for only 5 minutes before I was exhausted. But I kept at it, doing 5 minutes here, 10 minutes there, and now I can go for 90 minutes! Lately, I’ve learned to increase my intensity during exercise instead of riding longer. I do it 30 minutes at a time, every day, and often watch the news while riding.

Now if I don’t exercise, I feel sluggish. I typically get up and get my physical activity done first thing, so I then have the rest of the day. I rarely miss getting my daily physical activity—even when I’m away on vacation, I try to get about 10,000 steps per day. When it rains, I go to a store and walk. I’ve gotten a lot of help from people in the MOVE!* class—we share ideas and bounce things off of one another. My wife also has been very supportive, and has lost about 14 pounds with me. She makes sure I’m on track eating balanced meals. MOVE!* Coordinator Krista Kazembe has been great, too!

The combination of portion control, food logging, and exercise has worked for me and the weight just keeps coming off. I was 386 pounds when I started MOVE!* and now, at 70 years old, I weigh 213 pounds! I’ve gone from a size 60 to a size 36, and I’m wearing a large instead of a 4XL shirt.
I’ve even dropped to a smaller shoe size! My A1C is now 4.3, and I’m no longer on metformin or blood pressure medications. My first goal was to get below 300 pounds; now I’m working to get below 200.

Because I was motivated by reading MOVE!® Veterans’ success stories online, I hope I can inspire others to get healthier, too. Those stories really motivated me to get the weight off. Once I started to see their pictures, I knew I could do it, too! My local TV station interviewed me for a story on Telehealth, which was cool.

I often hear people say that they don’t have time to get healthier. But while you can find all kinds of excuses to not do something, there is always time to take care of yourself. Believe me—if I can do it, anybody can!”

You Don’t Have To Be Skinny, Just Healthy: MOVE!® Helps Veteran Walter Hood Get His Lifestyle Back

“Weight took my lifestyle away, so I had to lose weight to do the things I love to do,” says Walter Hood, a MOVE!® patient and Vietnam-era Veteran. So he went to the Overton Brooks (LA) VAMC to do it.

Despite years of non-VA care and yo-yo dieting, Walter’s weight and diabetes were out of control. When he was dismissed from his provider’s care for non-compliance, he decided to make a change. He opted for VA care at Shreveport’s Overton Brooks—the facility he now calls “the best place in the world.”

Weighing 353 pounds in August 2008, Walter enrolled in MOVE!® individual care and started taking the weight-loss drug Orlistat. He lost 49 pounds and then plateaued, so he was referred to a psychologist and MOVE!® group care. At his first MOVE!® group session in March 2011, he weighed about 295 pounds. By July 2011, he weighed about 253 pounds and had lost an impressive 100 pounds since enrollment in MOVE!®!

Walter thinks it’s important to self-motivate and set goals other than those related to weight loss. He still struggles with portion control and snacking, so he keeps a daily food and activity journal.

Before losing weight, Walter says that by noon, he would be “done for the day.” Now he is able to actively enjoy a variety of activities. “Life is short, but you will have a better life if you are healthy,” Walter says. “You don’t have to be skinny, just healthy.”
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.