



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Mental Health and Suicide Prevention

Live Whole Health.



Moving Forward Together

The Next Frontier of VA's Whole Health Transformation: Clinical Implementation, Education, Research and Policy in Primary Care and Mental Health

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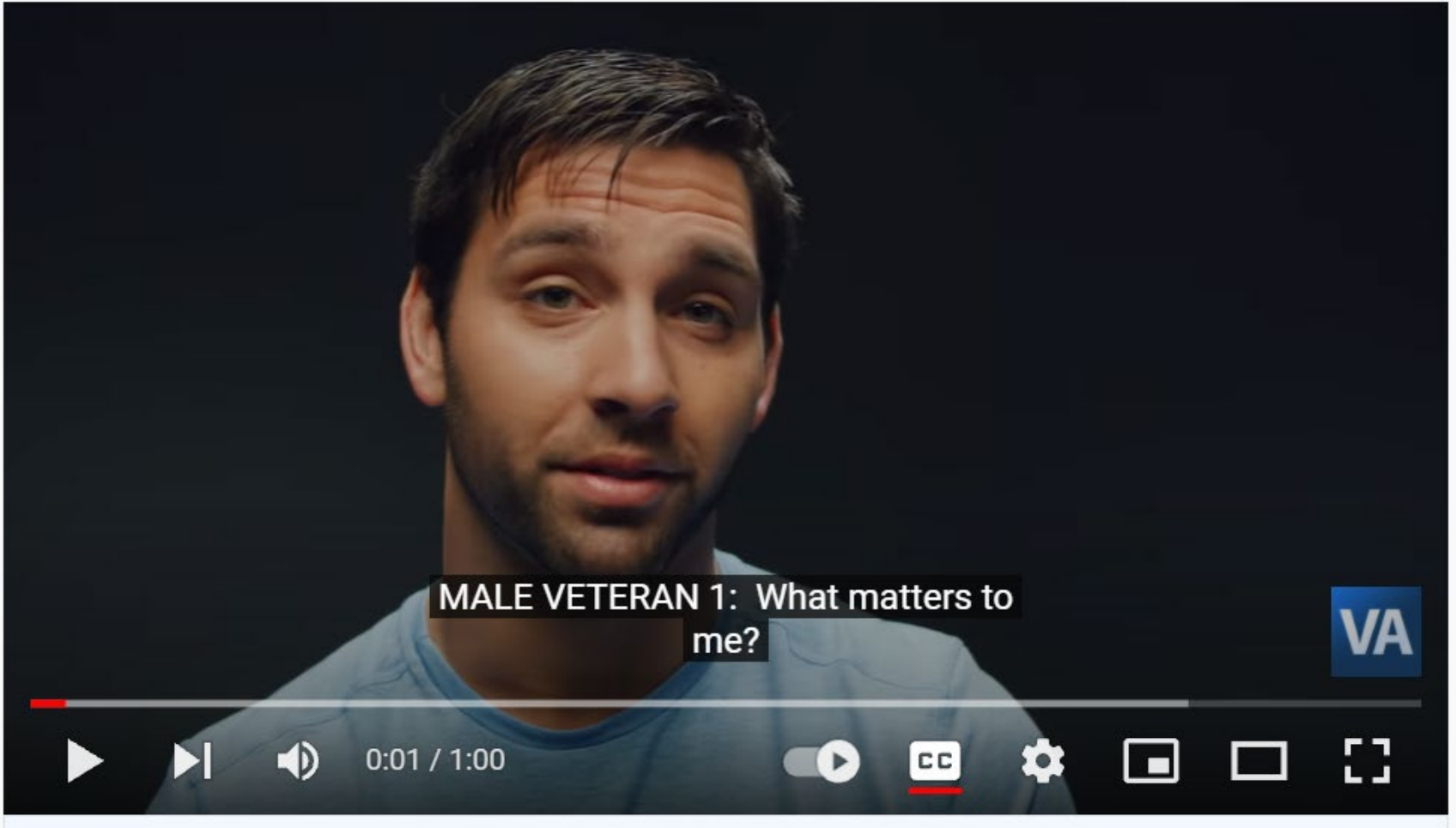
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April 11, 2024

Visit Our Sharepoint Site
Whole Health Integration
with Primary Care & Mental Health
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What matters most?



[Discover What Matters. Live Whole Health - YouTube](#)

Acknowledgements



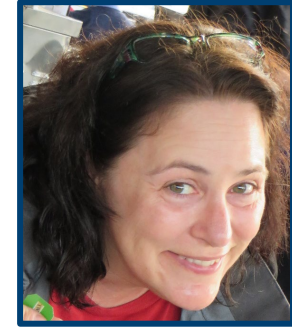
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Learning Objectives

1. Define VA's Whole Health approach to care in Primary Care and Mental Health clinics **Answers:** Collaborative formalized structure that encourages flexibility and adaptability using change and project management methods
2. Identify at least three (3) implementation strategies that can support clinical practice changes that are aligned with the Whole Health System of Care **Answers:** **(1) Charter formal cross-specialty oversight teams; (2) Provide specialty-specific education/training; (3) Identify and support clinic-level integration champions to bring Whole Health workflow options to the team; (4) Develop formal communications plans; (5) Develop formal clinically focused evaluation plans; (6) Leverage existing infrastructure (people, experiences & tools)**
3. Identify potential challenges to Whole Health implementation efforts and mitigation strategies **Answers:**
Implementation: **(1) Pandemic/disasters; (2) Time; (3) Staffing challenges**
Mitigations **(4) Train/support/listen to champions and workforce; (5) "Off-the-shelf" communications resources & tools; (6) Adjustments based on feedback and evaluations**



VA's System-wide Whole Health Integration in Primary Care and Mental Health Integrated Project Team Initiative

What: Integrated Project Team (IPT) and 4 associated workstreams formally chartered with Primary Care, Mental Health & Whole Health national leaders and field-based staff

Overarching Goal: VA Medical facility staff in Primary Care and Mental Health clinics are equipped with the resources, training, and data to transform healthcare delivery to the Whole Health approach for Veterans and employees

Methods: Co-led and implemented with Project Management AND...

Change Management



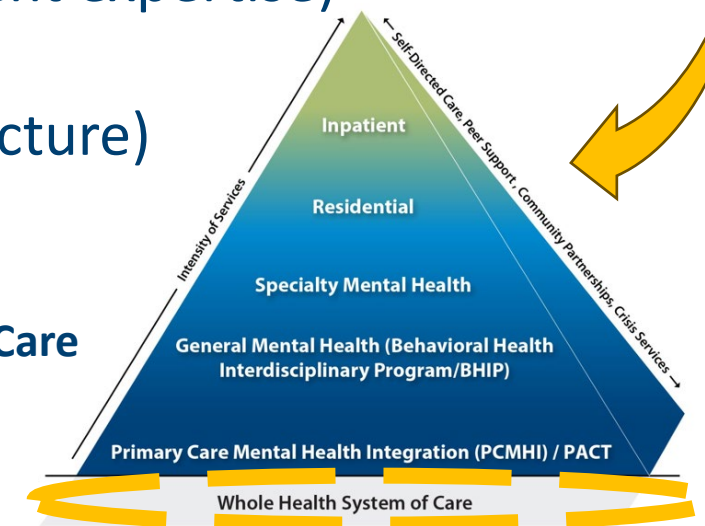
2024 Business Management Daily

System-wide Whole Health Integration in Primary Care and Mental Health Project

Whys:

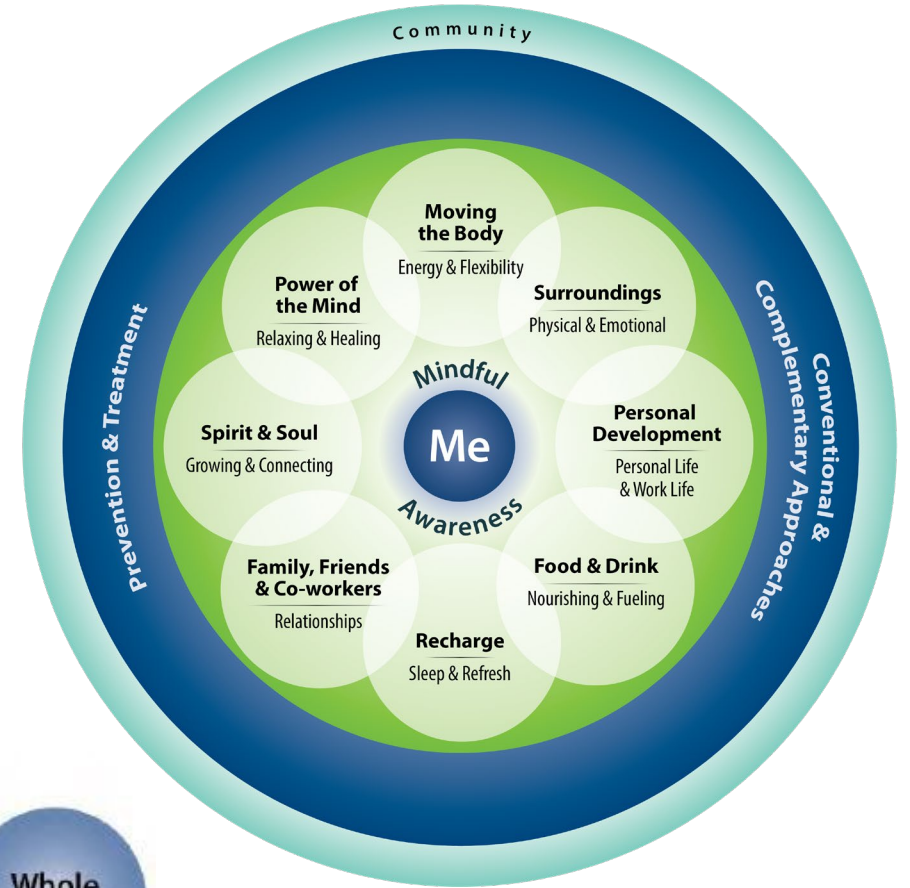
- **Agency-wide commitment to Whole Health** (strategic & operational plans = **priority**)
- Overwhelming majority of Veterans are seen in **Primary Care** and/or **Mental Health** clinics
- **Previous Whole Health efforts** (e.g., model developed and tested via Design & Flagship medical facilities), lessons learned, and collaborations
- **Existing resources and tools** (e.g., Whole Health education courses, Implementation Guide, formal communications resources, tools & plans, communities of practice, field-based trained Whole Health champions, change and project management expertise)
- **Senior Leaders'** (Governance Board) **buy-in**
- **Key Whole Health roles** exist at most **medical facilities** (infrastructure)

VA's Mental Health Continuum of Care

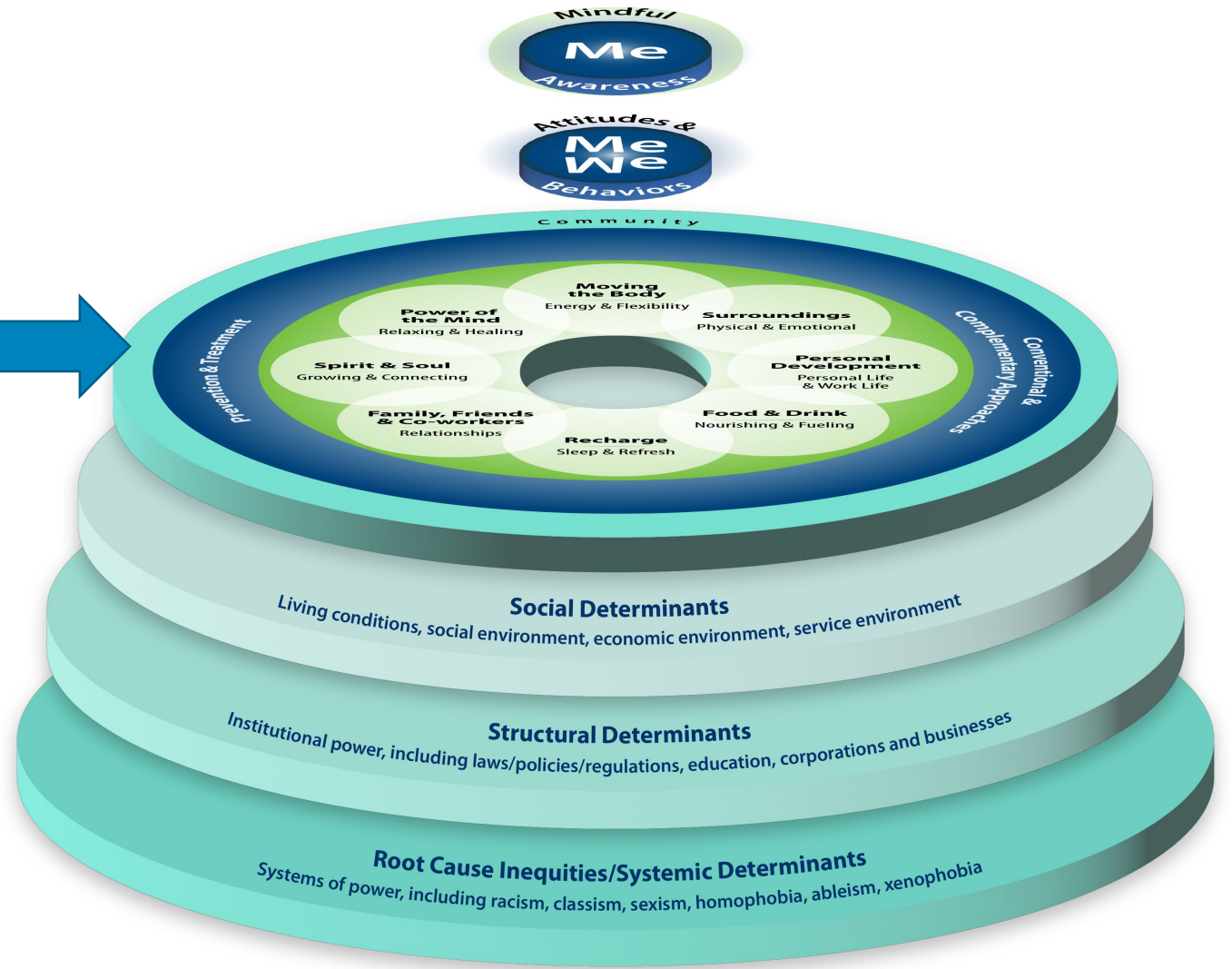
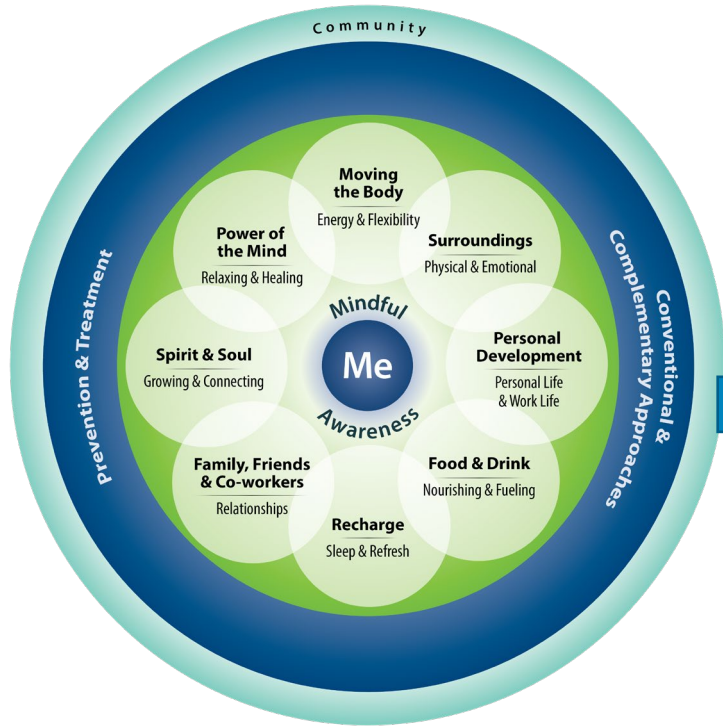


How does VA define “Whole Health”?

Whole Health is an approach to health care that **empowers** and **equips** Veterans to take charge of their health and well-being and live their life to the fullest.

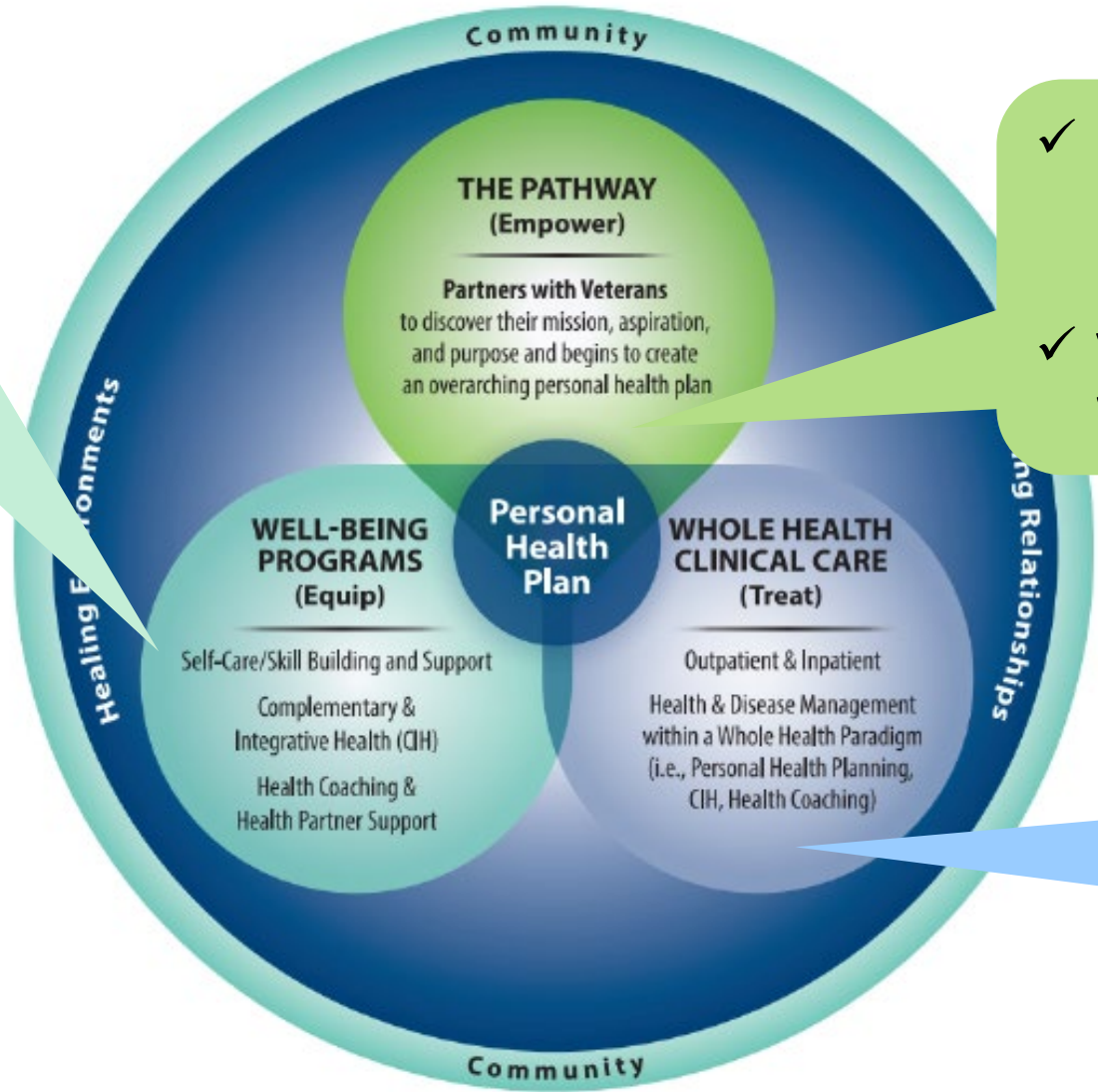


Whole Health for ALL



Whole Health = System Transformation...NOT “just” a program

- ✓ Encourage self-care
- ✓ Decrease reliance on provider-delivered care
- ✓ Complementary and Integrative Health approaches



- ✓ Engage Veterans in their Mission Aspiration Purpose (MAP)
- ✓ Veteran Partners, Health & Wellness Coaches

- ✓ Cultural transformation of how clinical health care is delivered

Snapshot: The Evolution of Whole Health in VA

Defining Whole Health (2011 -2018)*

- 2011:** Office of Patient Centered Care established
- 2016:** Whole Health System formalized based on 7 Design Sites
- 2017:** Expanded to 11 Design Sites
- 2018:** 18 Flagship Sites

Implementing Whole Health (2017* – 2020)

- 2017:** (18) Flagship sites implement Whole Health Comprehensive Addiction and Recovery Act (PL 114-198)** Pilot
- 2017:** Provision of Complementary & Integrative Health Directive 1137 published
- 2019:** Implementation expanded to 36 sites
- 2020:** Whole Health, Primary Care, Mental Health Executive Decision Memorandum signed

Integrating Whole Health (2021 - 2024)

- 2021:** Employee Whole Health system-wide implementation plan
- 2023:** Whole Health System Directive 1445 published requiring services at every facility
- 2024:** Whole Health, Primary Care, Mental Health integration expansion to all sites

*Intentional timeline overlap

**PL = public law



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MOVING FORWARD TOGETHER

Whole Health is “Front and Center” in Department of Veterans Affairs 2022 – 2028 Strategic Plan

Strategic Goal 2.2: “VA and partners will tailor delivery of benefits and customize **whole health care and services** for the recipient at each phase of their life journey.”

Strategy 2.2.2: “(Whole Health) VA empowers employees to deliver high quality **whole health care** that equips Veterans and supports their **health and well-being** by addressing **what matters to them most**”.

Department of Veterans Affairs
Fiscal Years 2022-28 Strategic Plan



[va-strategic-plan-2022-2028.pdf](#)



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MOVING FORWARD TOGETHER

Also, a MAJOR element of Veterans Health Administration's 2022-2025 Long-Range Plan

- 1.1 - Understand and employ what matters most to the Veteran and their care team.
- 2.4.1 - Empower and equip Veterans and employees to take charge of their health and well-being by utilizing VHA to live life to the fullest.
- Also:
 - 2.2.1 (Virtual Care)
 - 2.3.1 (Synergize Outcomes for Mental Health/Homelessness/Aging)
 - 2.4.2 (Caregivers)
 - 3.1 (High Reliability Organization)
 - 3.3 (Clinical Research and Evaluation)
 - 3.1.2 (Employees, REBOOT)
 - 3.2.1 (Improvement/Innovation)
 - 3.2.2 (Innovation/Cultural Transformation)
 - 3.3.1 (Resiliency, Outcomes, Quality of Life)

Fiscal Year 2022-2025 Veterans Health Administration Long-Range Plan Framework

This Framework outlines goals, objectives and strategies to establish and align VHA's efforts and resources.

GOAL 1: Veterans choose VHA as their health care provider and coordinator, built on trusted, long-term relationships

GOAL 2: VHA delivers high-quality, accessible and integrated health care

GOAL 3: VHA maximizes performance through shared ownership and is on the forefront of innovation

GOAL 4: VHA optimizes assets across the enterprise

VA PRINCIPLES
ADVOCACY | ACCESS | OUTCOMES | EXCELLENCE

VHA PRIORITIES

- Hire faster, and more competitively
- Connect Veterans to the soonest and best care
- Serve Veterans with toxic exposures
- Accelerate our journey to High Reliability
- Support Veterans' whole health, their caregivers, and survivors
- Prevent Veteran suicide

VHA STRATEGIC ENABLERS

- Retain, invest in, and support our people
- Scale best practices and drive innovation
- Improve our technology systems and workflows
- Drive equity for women, minorities, and LGBTQ+ Veterans
- Modernize our infrastructure
- Leverage our VSOs, states, advocates, and interagency partners

VHA MISSION STATEMENT
For America's Veterans by providing exceptional health care that improves their health and well-being.

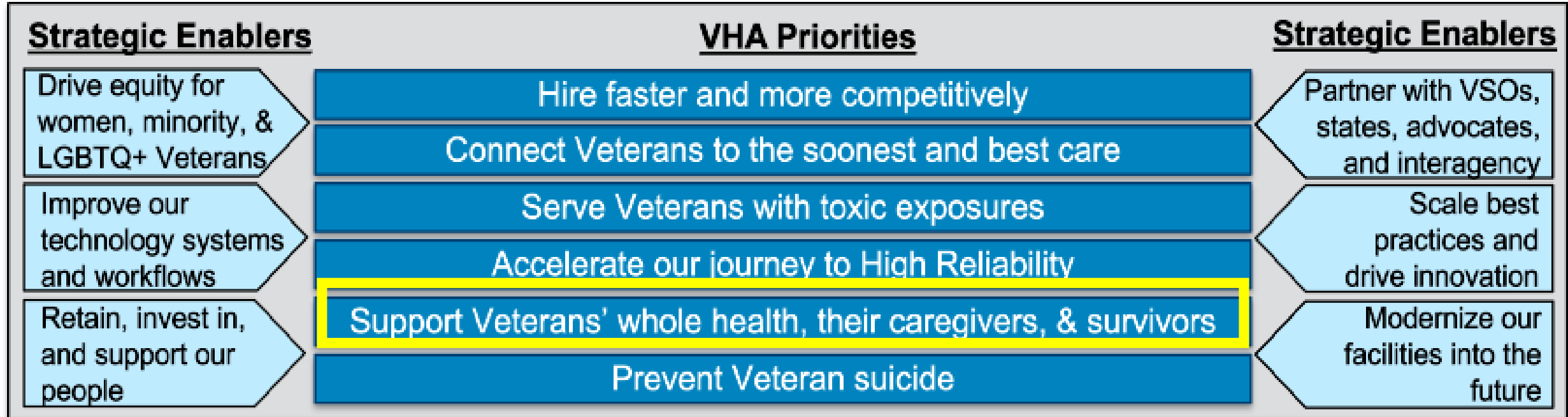
VHA VISION STATEMENT
To continue to be the benchmark of excellence and value in the Department of Veterans Affairs by providing exemplary services that are patient-centered and evidence based.

VHA CORE VALUES
Integrity, Commitment, Advocacy, Respect, Accountability, and Excellence. We are and our culture. They are our values in providing world-class care and services to our Veterans, their families and beneficiaries.



Veterans Affairs Six Health Care Priorities and Strategic Enablers

[Link: VA Health Care Priorities](#)



Office of Patient Centered Care and Cultural Transformation Overarching Goals

OPCC&CT LONG-RANGE GOALS

GOAL 1

Whole Health for every Veteran

GOAL 2

Whole Health for every VA employee

GOAL 3

Influence Whole Health transformation nationally and globally

GOAL 4

Organizational excellence for our staff



WHY Whole Health (WH)? Selected Outcomes



- **Opioid use** among WH users **decreased 23-38%** compared with only an 11% decrease among those with no WH use.
- Veterans who used WH services reported:
 - Greater improvements in **engagement in health care and self-care.**
 - Greater improvements in **engagement in life indicating improvements in mission, aspiration and purpose.**
 - Improvements in **quality of physical and mental health**

Whole Health System of Care Evaluation – A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites (Feb 2020): [WHS Flagship Pilot Outcome Report](#)

ADDITIONAL FINDINGS:

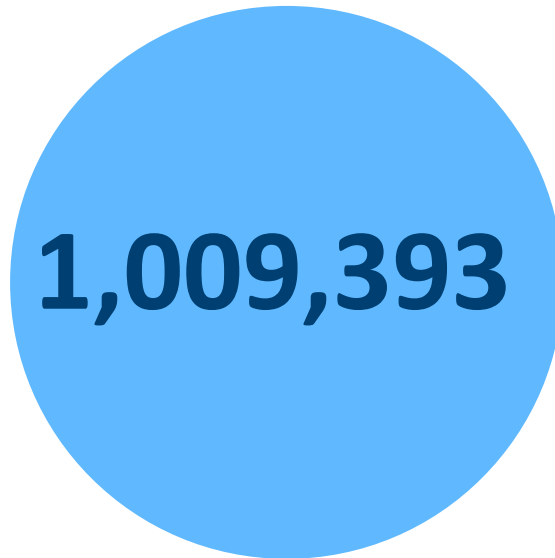
- **Decrease in downstream invasive spine procedures of 20-40% over 18 months** in Veterans with chronic low back pain
- Veterans with a **mental health diagnosis** who began using Whole Health (WH) compared to those not using WH had a **2.3 times probability of being engaged in evidence-based psychotherapies 12 months later**
- **Black and women Veterans** appear to be most/more interested in **Whole Health services**

Are Veterans Using the Whole Health Approach to Care?



2021

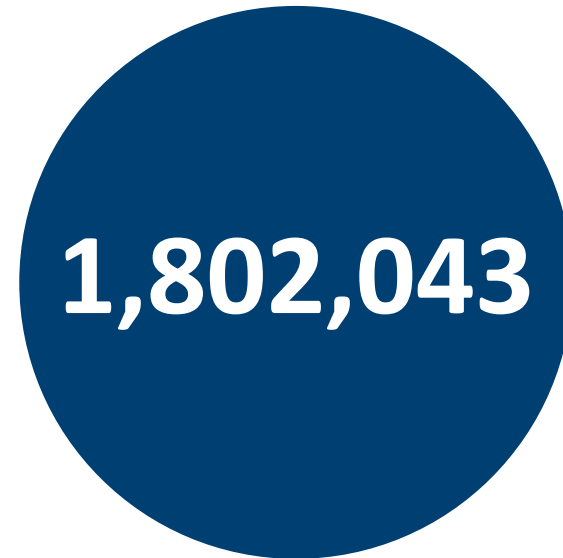
10% of unique Veterans using VA healthcare accessed Whole Health services



2022

17% of unique Veterans using VA healthcare accessed Whole Health services

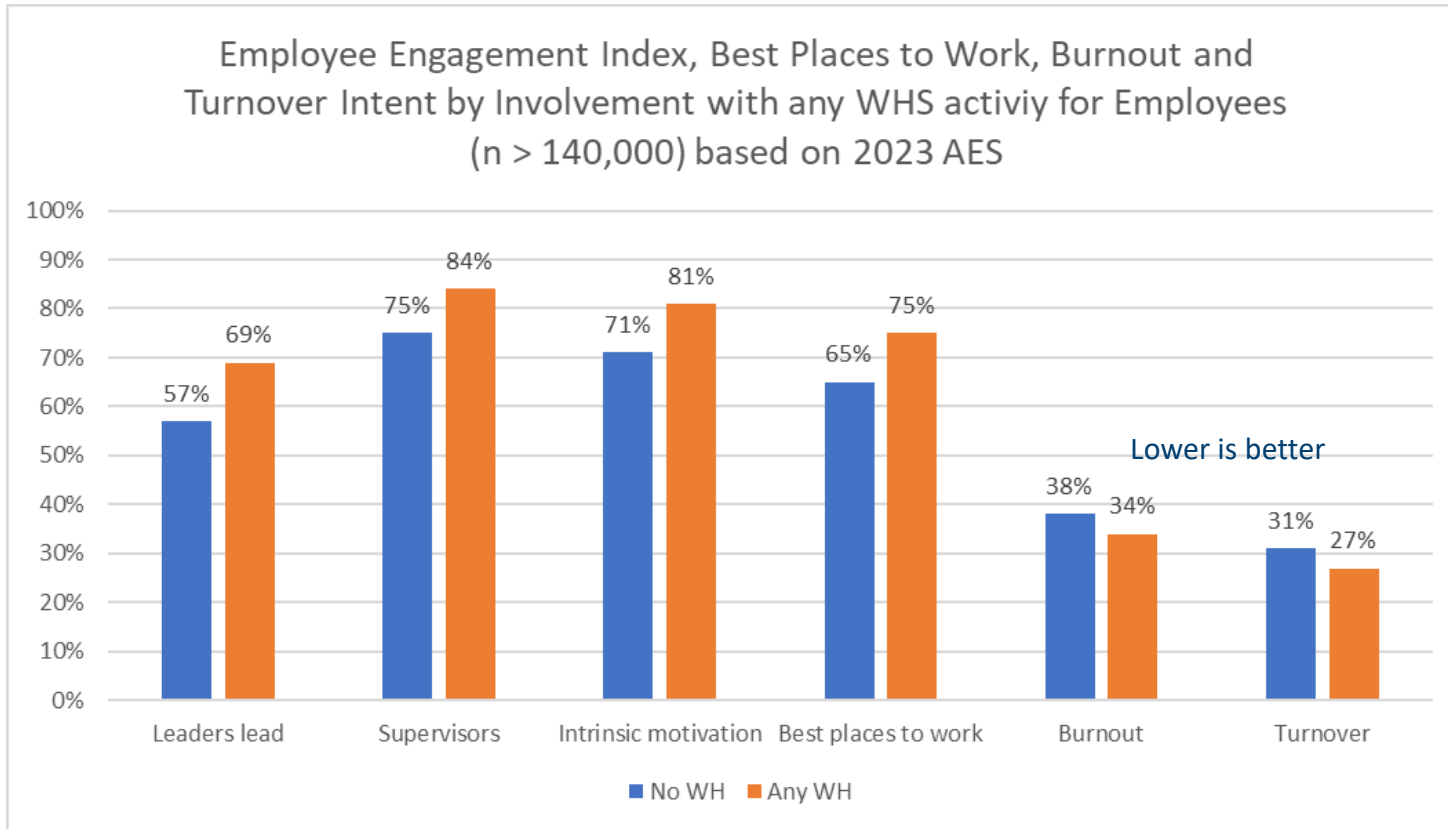
- Increase reflects growth and enhanced data capture



2023

29% of unique Veterans using VA healthcare accessed Whole Health services

Employee involvement with Whole Health on All Employee Survey (AES) Outcomes



Employees who have some **Whole Health involvement** report better outcomes in these areas:

1. Leaders lead
2. Supervisors
3. Intrinsic motivation
4. Best places to work
5. Burnout (lower is better)
6. Turnover (lower is better)

WH: Whole Health
 WHS: Whole Health System



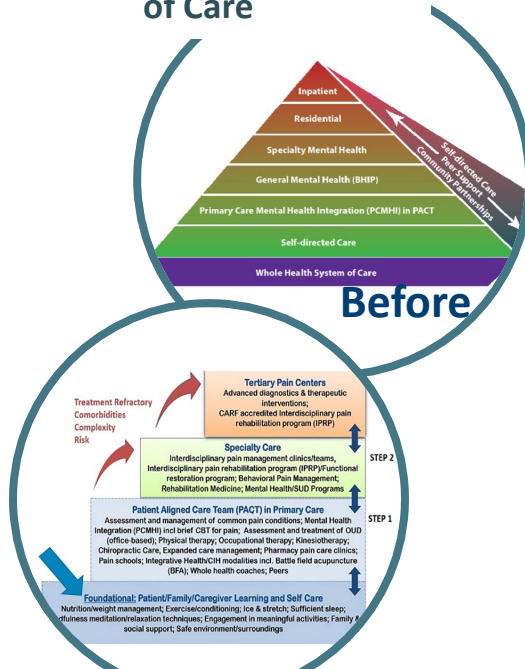
How is Clinical Implementation, Education, Research and Policy in Primary Care and Mental Health being Accomplished in this Major VA Initiative?



Before Whole Health Integration in Primary Care and Mental Health

Before and During the IPT

Foundation of the Stepped Mental Health Continuum of Care

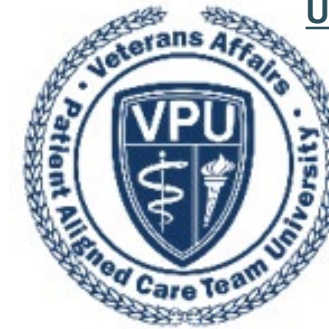


Fully Integrated in the VA Stepped Care Model of Pain Management

Additional Internal Collaborators

- Primary Care
- Mental Health and Suicide Prevention
- Pain Management
- Veterans Canteen Service
- Caregiver Support Program
- High Reliability Organization
- Women's Health
- Geriatrics and Extended Care
- Diversity/Equity/Inclusion

Whole Health in PACT University



Whole Health and Post-Deployment Care

Whole Health Integration

Integration Challenges



Resources

Space for encounters, materials, funding



Staffing

Ongoing staffing constraints, turnover, position vacancies, details



Growing demand

Staffing Whole Health System, training and inclusion of CIH approaches in care



Local and national crises

Impact on Veterans, employees, and system of care



Mitigation Strategies

National, regional, site support

National conferences, regional skill-building, field consultation



Expand project team

Employee Whole Health, Health and Wellness Coaching



Team-based approach

Promising practices with shared medical appointments, health & wellness coaching



Adaptability and flexibility

Change in metrics, shift to virtual training, focus on employee well-being



Preliminary findings from: Nunnery M, Ball S, Hale A, Fehling K, Sayre G, Gilmartin H, Stevenson L VISN 8 Whole Health Integration Qualitative Evaluation: A QUERI Rapid Response Project VA Collaborative Evaluation Center (VACE) and Quadruple Aim QUERI. 2022 Jan 5.

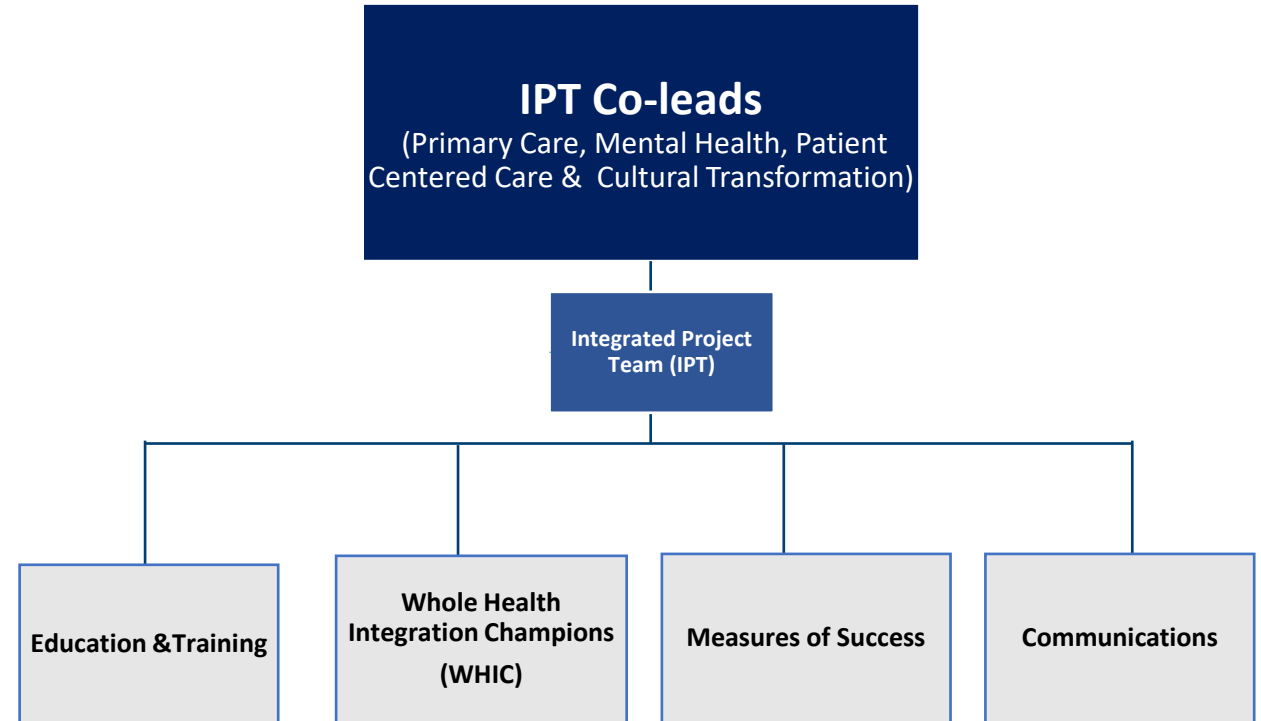


Transform Healthcare Delivery

STRATEGY: Whole Health Integration in Primary Care & Mental Health

Background and Context

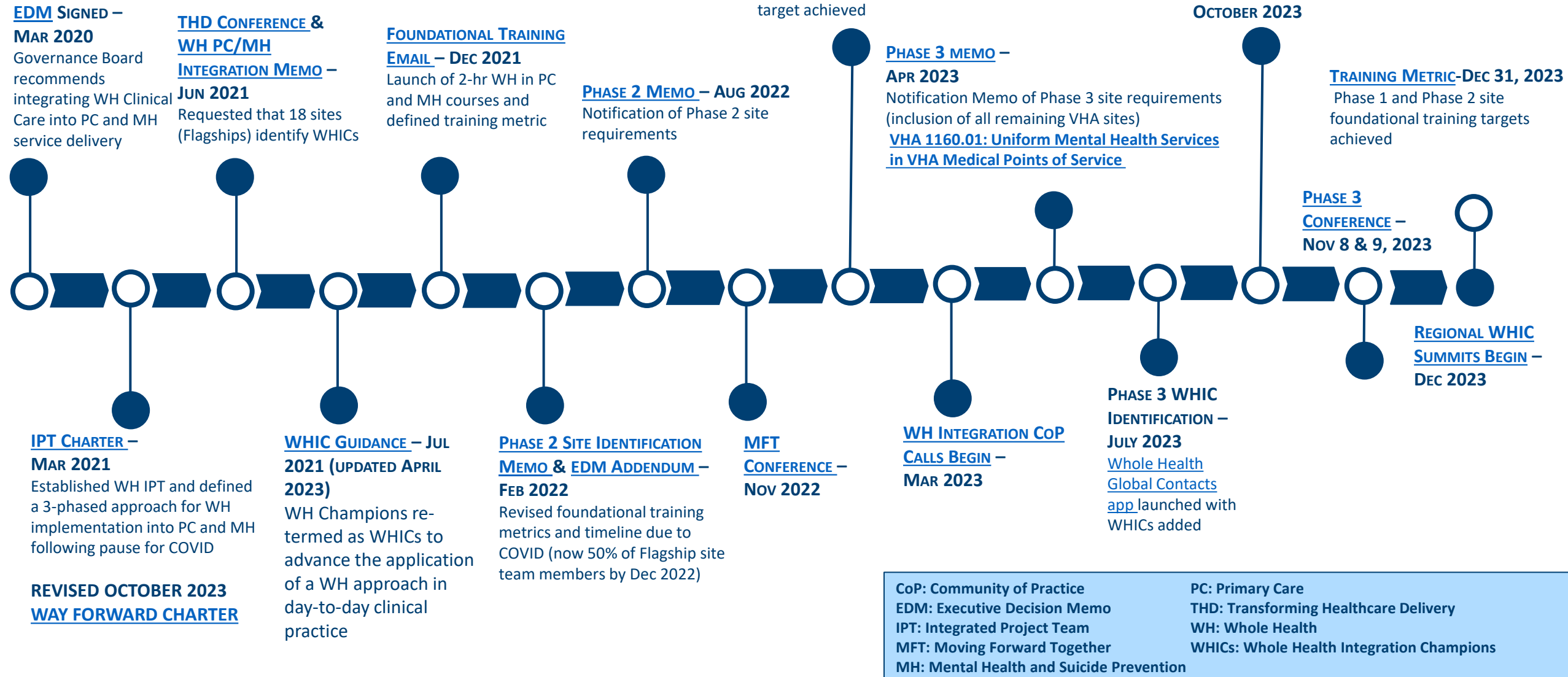
- Executive Decision Memo signed March 2020: Integration of Whole Health in Primary Care and Mental Health over 3 phases.
- Paused for COVID, restarted March 2021 with Integrated Project Team (IPT)
 - **Phase 1 (Began 2021)**: 18 sites for training metric tracking
+ 6 additional early adopter sites (identified \geq one Whole Health Integration Champion)
 - **Phase 2 (Began 2022)**: 36 more sites (total 60 sites)
 - **Phase 3 (Began 2023)**: All remaining sites
- Current Co-Leads:
 - Ilse Wiechers (Mental Health)
 - Katherine Laurenzano (Primary Care)
 - Cynthia Gantt (OPCC&CT)
- IPT currently meets quarterly
- IPT will sunset on December 31, 2024!



All workstreams have MH, PC & OPCC&CT members



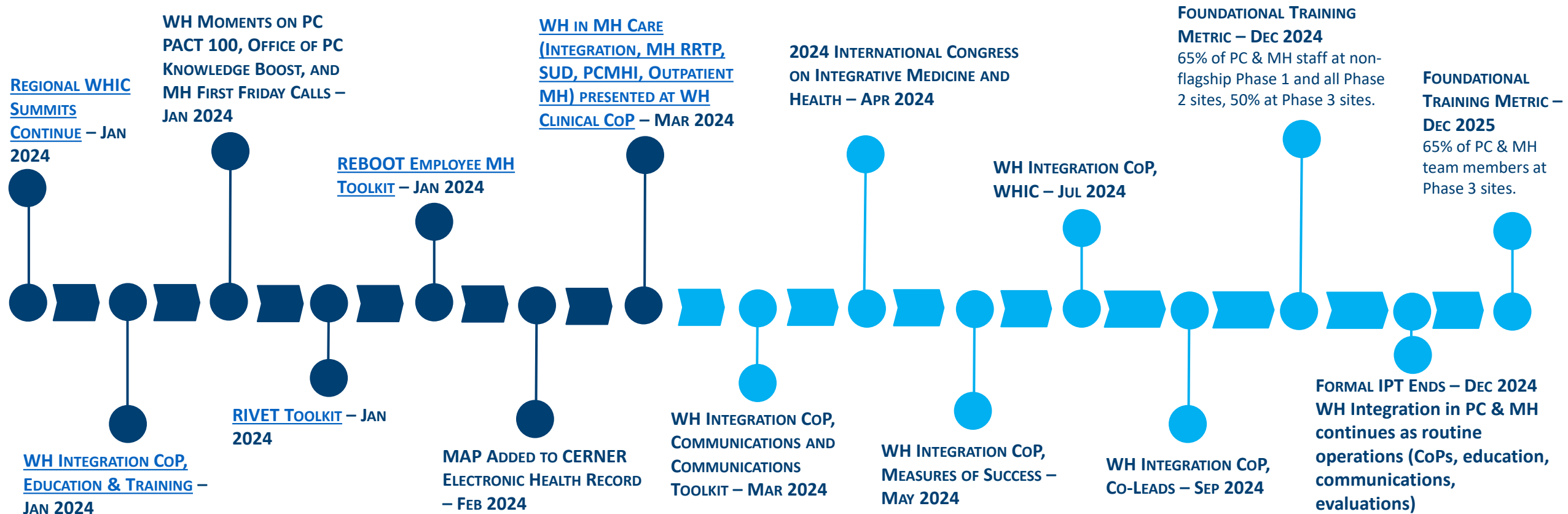
Whole Health Integration in Primary Care and Mental Health Timeline 2020-2023



CoP: Community of Practice
EDM: Executive Decision Memo
IPT: Integrated Project Team
MFT: Moving Forward Together
MH: Mental Health and Suicide Prevention

PC: Primary Care
THD: Transforming Healthcare Delivery
WH: Whole Health
WHICs: Whole Health Integration Champions

Whole Health Integration in Primary Care and Mental Health Timeline 2024-2025



CoP: Community of Practice
 IPT: Integrated Project Team
 MAP: Mission, Aspiration, and Purpose
 MH: Mental Health
 PACT: Patient Aligned Care Teams
 PC: Primary Care
 REBOOT: Reducing Employee Burnout and Optimize Organizational Thriving

RIVET: High-Risk Veterans Initiative
 RRTP: Residential Rehabilitation Treatment Program
 SUD: Substance Use Disorder
 WH: Whole Health
 WHIC: Whole Health Integration Champion

FY 24 Whole Health Integration Quick Links

(INTERNAL to VA Only)

Whole Health Integration in Primary Care & Mental Health Workstreams



1. Education and Training

- LINKS to [Guidance](#), [Foundational Training Dashboard Overview](#), [Whole Health Education](#)

2. Whole Health Integration Champions (WHICs)

- LINKS to [Role of the WHIC](#), [Learning Guide](#), [Moving Forward Together Communications](#)

3. Measures of Success

- LINKS to [Well-being Signs SharePoint](#), [Current Research Projects](#), [Evidence-Based Research](#)

4. Communications

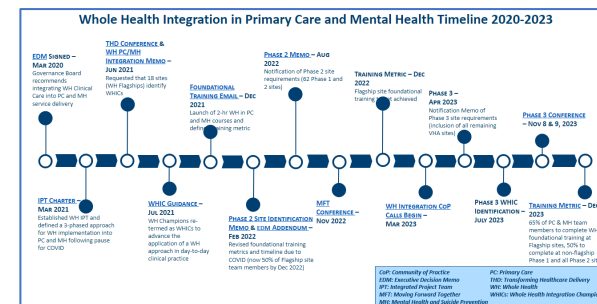
- LINKS to [Integration Toolkit](#), [Integration SharePoint](#) and [Whole Health Contacts](#)



LINK to [Six Essential Questions to Whole Health Integration](#)

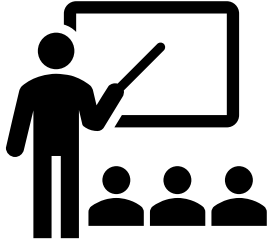
Looking for the most up to date information regarding this initiative? [LINK to core slides](#)

Have a question? LINKS to [IPT questions form](#) and [project FAQ document](#)



[Link to 2020-2025 Timelines](#)

Education Workstream



- **20 courses** available for **foundational Whole Health knowledge** for clinical care teams including:
- 2-hour Whole Health for Mental Health Staff course
First course 1/6/2022, **2914** completions as of 1/29/2024
- 2-hour Whole Health for Primary Care (PACT) course

First course 11/3/2021, **3619** completions as of 1/29/2024

Courses cover these five elements:

1. Describe what a Whole Health approach to clinical care entails;
 2. Explain the significance of foundational Whole Health skills (therapeutic presence; mindful listening; asking about Mission, Aspiration, or Purpose (MAP) needed for a Whole Health approach in clinical care);
 3. Describe a shared goal when presented with a clinical scenario;
 4. Explain components of the Whole Health System;
 5. Describe an initial step for integrating Whole Health into Clinical Care for their specific clinical role.
- Co-produced **3 yearly large 2-day national (virtual) conferences** with ~5,000 attendees
 - To date: **44,080** classes taught to **36,526** people with a total of **156,283** training hours



Whole Health in Primary Care and Mental Health Education Metrics

From 2022-2025, goals for facilities are **50%** for their first year of integration and **65%** for the second year

2023 Cumulative Training Metric*

- 63% Primary Care
- 62% Mental Health
- 63% Combined Primary Care & Mental Health

2024 Cumulative Training Metric (as of 1/29/2024)

- 53% Primary Care
- 52% Mental Health
- 53% Combined Primary Care & Mental Health

Phase 1 (2021-2023)

Integration/
Implementation at
the 18 Whole
Health Flagship
and six additional
sites (24).

Phase 2 (2022-2024)

Implementation
expanded to
include 36 sites.

Phase 3 (2023-2025)

Implementation at
the 79 remaining
sites.

*Includes Phase 1 & 2 sites



Measures of Success Workstream

The plan has three major elements: V-signals, the Well-Being Signs (WBS) Tool, and the Quality Enhancement Research Initiative (QUERI) evaluation

- The QUERI evaluation center at Boston/Bedford Center for Healthcare Organization and Implementation Research (CHOIR) evaluating **facilitators and barriers to Whole Health integration for Fiscal Years 2023-2024** and assisting in defining further relevant metrics for assessing impact on Veterans and staff including Survey of Healthcare Experience of Patients (SHEP) and All Employee Survey (AES).
 - Drawing on **existing implementation data sources** including **Whole Health course training attendance** and **AES results**

Key actions for this workgroup:

- Pursue further application of V-signals "What Matters" question in outpatient healthcare survey as a possible tool at site and national levels
- Initiated field testing then sustain rollout and education on the "**Well-Being Signs**" (WBS) tool



Measures of Success: Well-Being Signs 2.0 Update

Finalized Well-being Signs Tool

For these questions, please consider the **most important** things that you do, or wish to do, in your daily life. *[This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances, for example].*

If you are not sure which response to choose, please make your best guess.

Over the past month, on average how often have you been:

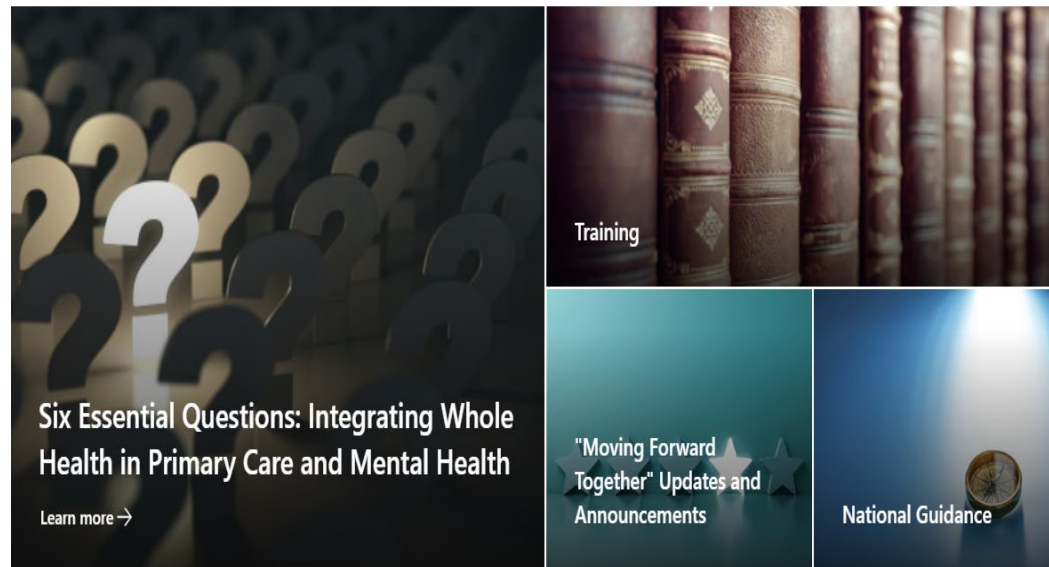
1. **Fully satisfied** with ow things are going?
2. **Regularly involved** in things that are important to you?
3. **Functioning your best** in the most important things you do?

None of the time										All of the time
0	1	2	3	4	5	6	7	8	9	10



Communications Workstream

- [Whole Health Integration Communications Toolkit](#)
- All [“Moving Forward Together”](#) messages
- “Moving Forward Together” templates ([PPT](#) and [Word doc](#))
- [Whole Health Integration with Primary Care & Mental Health SharePoint](#)
- Hosted Whole Health Integration in Primary Care and Mental Health Community of Practice Calls call for all engaged from the field to share and discuss experiences about this system transformation



Whole Health Integration Resources

Guidance: The Role of the WHIC	WHIC Learning Guide	WH Integration with PC & MH FAQs
Whole Health Training Requirements	Whole Health Training Reporting Guidance	Power Apps: Ed Metric Data Reporting Tool
WH Integration Communications Toolkit	VISA 8 QUERI RRP: Facilitators and Barriers to WH Integration	Whole Health Implementation

Office of Primary Care (OPC) Links

- OPC SharePoint
- OPC-PACT University
- Primary Care Newsletters

Office of Mental Health & Suicide Prevention (OMHSP) Links

- OMHSP SharePoint
- One Step Today: Make the Connection
- Mental Notes Newsletters

Integration Templates

- WH in PC and MH PPT Template
- WH in PC and MH Word (Fact Sheet) | download to computer

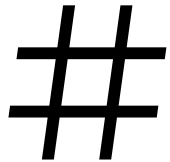


Celebrating 537 Whole Health Integration Champions (WHICs)



What is a WHIC?

A clinical staff member who collaborates with patient care team colleagues (including MSAs and expanded team members) to advance the application and reinforcement of the Whole Health approach in real world/day-to-day clinical practice.



Integrated into every Veteran Integrated Service Network across all sites and phases

As of February 7, 2024: Total WHICs: **537**, Primary Care: **282**, Mental Health: **255**



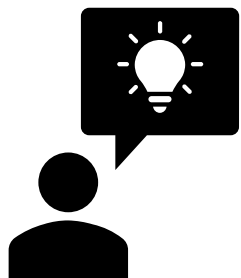
In three years, WHICs have been vital in integrating Whole Health into practice, furthering the mission of person-centered care with their abilities to:

- Incorporate the Whole Health approach into clinical practice and share it with others
- Work collaboratively and effectively at all levels in an organization
- Speak to the relationship of Whole Health in clinical care with existing Well-being offerings and Pathway approaches and promote clinical team collaboration
- Recognize and model the importance of adopting behaviors reflecting self-care and well-being





Lessons Learned



- Thinking about sustainment from the start
- Structured workstreams
- Engage key stakeholders
- Role clarity and set expectations, communicate early and often...and again, and again!
- Clinicians want information about standardizing coding, tracking, and documentation (skill-building)
- Identifying existing opportunities to infuse learning (Grand Rounds)
- Change management
- Project management
- Multi-disciplinary team approach and champions at all levels—it takes a team!



Evaluating the Use of Clinical Champions to Catalyze Person-Centered, Whole Health Care in VA



Center for Evaluating
Patient Centered Care in VA

QUERI Partnered
Evaluation Initiative

Justeen Hyde, PhD; Omonyélé Adjognon, ScM;
Kelly Dvorin, PsyD; Zenith Rai, BA; Charles Engel, MD, MPH, Bo Kim, PhD



Approach to Clinical Care Implementation in 3 waves

Whole Health Integrated Project Team formed in 2021

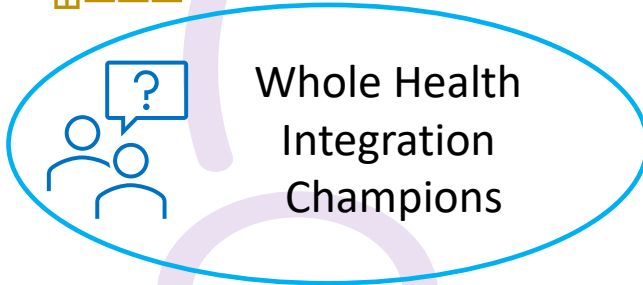


Goal: Facilitate the adoption of Whole Health care in Primary Care and Mental Health Clinics

Implementation Strategies



Workforce training



Whole Health Integration Champions



Support leaders at all levels



Review and update policies

Evaluate

Monitor progress



Identify facilitators, barriers, recommendations



Rapid analyses to share findings



Key Questions

What are Whole Health Integration Champions:

- Understanding of the role
- Perception of strategies + practices used to support the role
- Facilitators and barriers to being effective in the role
- Recommendations to support WHICs

Overview

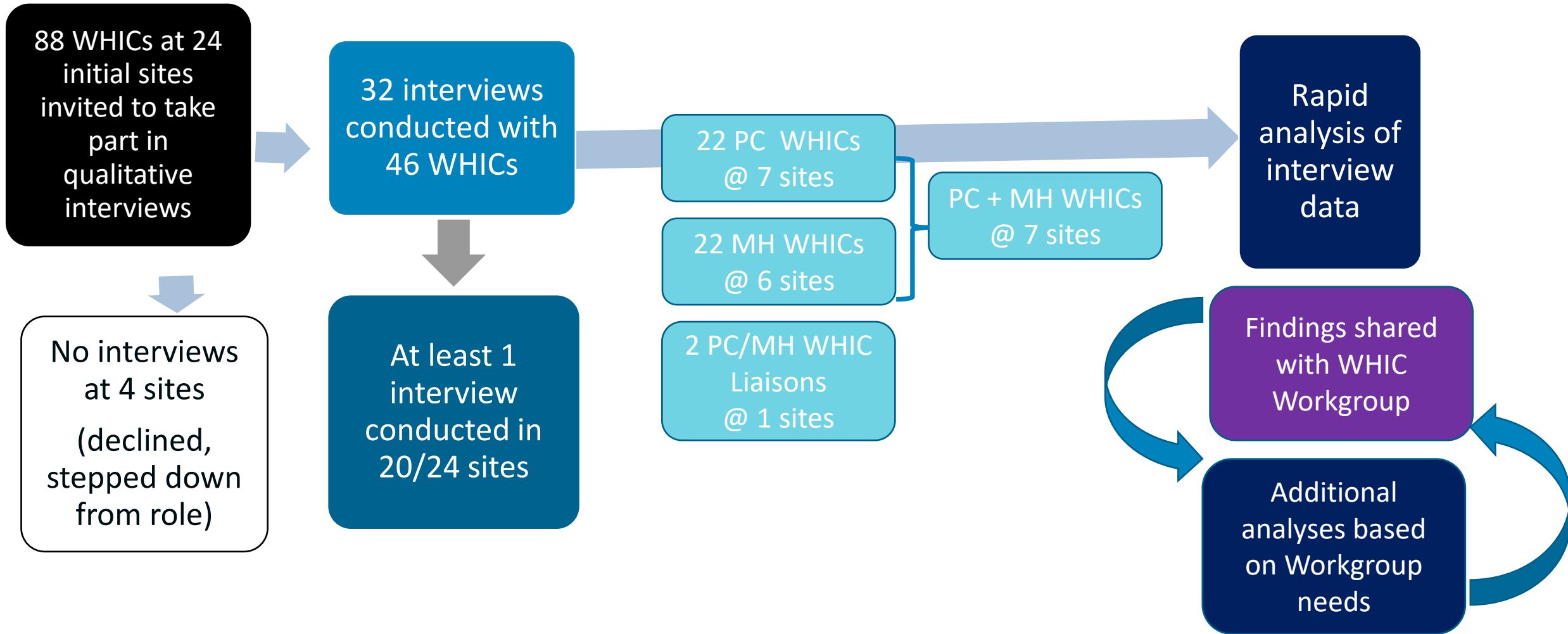
- Share key findings from data collected from the first 2 waves of WHICs in Primary Care and Mental Health services
- Describe How feedback was used to inform continuous quality improvement and new tools for the role
- Highlight value of being an embedded researcher in a Learning Health System





Wave 1 WHICs:
Qualitative Interviews

Methods and Sample



Key Observations and Recommendations

Whole Health
Knowledge and
Experience

Role Clarity &
Responsibilities

Relationship
Building

Communication



Key Observation #1

Whole Health Knowledge & Experience

- **Highly variable Whole Health training and experience in practice among WHICs**
 - Many reported the WHIC training as their only “formal” Whole Health training
 - Even WHICs who have been in Flagship sites from the beginning had a difficult time articulating core elements of WH clinical practice
 - Many report they are still “figuring it out” (their WH practice) for themselves
- **Disjuncture between expectations for the role and capacity to fulfill it**

I think you know in order for me to teach, I need to be able to incorporate it myself. I need to be practicing what I'm preaching. And so for me, I think just getting that down, getting that into my practice as a regular part of my practice is gonna be a big, I won't say challenge, but you know, something I have to figure out. (PC WHIC, Site 06)



Key Observation #2: Role Clarity and Responsibilities

- Many WHICs requested clarity on their core responsibilities
- .2 FTE was not considered to be nearly enough time to plan for, train, and implement WH-aligned changes
 - About half of participants didn't have any protected time
 - Some reported having to decide between attending WH meetings (national, Community of Practice) or focusing on practice
 - The responsibility of a WHIC feels big when considering variation in practice settings and geographic spread of hospitals and CBOCs
- Many WHICs play multiple roles in their VAMC and have competing demands
 - Other roles have clear benchmarks/targets, which makes them easier to prioritize
- There were only a few WHICs who were able to articulate what they are *planning* to promote uptake of Whole Health approaches



Key Observation

#3:

Relationship Building

Little connection among WHICs at a site

- In more than half of the sites, WHICs operated in siloes
- Most WHICs worked in different practice settings, sometimes very distal from one another
- In a few sites (~3) WHICs reported meeting regularly.
This was recommended to support change efforts.

Limited interaction and support from local Whole Health leaders

- Very few WHICs were in regular communication with the Whole Health leads at their site. Some reported no communication at all.
- Very few WHICs were in communication with service-line or hospital leaders



Key Observation #4: Communication

Communication with Central Offices

- Strong desire to have **more messaging from national Primary Care and Mental Health leadership** around rationale and support for Whole Health
- Strong recommendation from WHICs who hold multiple roles to **better coordinate the role-out of major initiatives** that have practice implications
 - e.g., The WHIC roll launched at the same time of a major change in documentation and reporting in mental health

Communications from OPCC

- WHICs get a lot of emails and it is not always clear what meetings/events are required and optional
- Some WHICs did not know about the monthly Community of Practice, MS Teams channel, or Integration SharePoint Site
- Requests for coordinated development of resources:
 - “Key messages”
 - Whole Health trainings
 - Whole Health templates and other resources



Learning Health System in Action





Wave 1 & 2 WHICs:
Continuous Improvement

Knowledge to Practice

Live Whole Health.

Moving Forward Together

Live Whole Health

Update from the Whole Health Integrated Project Team (IP)

What's New in March & April 2024

- The next Whole Health Integration Community call will be on the **third Tuesday of every other month** (odd months). The March call will focus on Communications. This call is the integration of Whole Health with Primary Care at 701-0185, 751033592# More information below
- **Whole Health Implementation Champion (WHIC)** building, and mentoring have begun! There are now WHICs. Links to recordings and slides are as follows: [Region 4](#) began Feb 14th, and Region 1 will begin about Field Implementation Team Consultation, 1
- **New (70 seconds) Whole Health video!** Army Vet through her VA primary care provider and shares Connected. Click [here](#) or the image below to view



- **Catch a new Season of Whole Health Doses** that the promotional slide or [here](#) for the flyer.
- **Check out VA's updated Live Whole Health mobile app** improved registration process, a new My Message lead, and so much more! Live Whole Health is available on the app.



Scan the QR code or [click here](#)

Important Dates:

- **April is Whole Health month** and the toolkit is available

Whole Health Integration Communication Toolkit

This document is the toolkit for Whole Health Leadership, Communicators, Primary Care, and

This toolkit includes:

- Communication Checklist and Tools
- Contacts and Whole Health Hub link
- Appendices:
 - Background information on WHIC
 - Key Messages
 - Whole Health Integration
 - The Whole Health System

Click on these images to watch these 2:35 min videos:



Whole Health Integration Resources



Guidance: The Role of the WHIC



WHIC Learning Guide



Whole Health Education Training and Reporting Guidance



Whole Health Foundational Training Dashboard



WH Integration with PC & MH FAQs



PC, MI and PCMH Clinician Perspectives

Whole Health in Your Practice

The following items are about your awareness and knowledge of Whole Health (WH) principles, approaches and resources. For each statement, please select the option that best applies to you. Remember, there are no right or wrong answers.

How would you assess the strength of your knowledge in the following areas:

	Extensive Knowledge	Moderate Knowledge	Limited Knowledge
Foundations of WH clinical care, such as person-centered communication, and health planning aligned with what matters most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to use Whole Health approaches in your clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The role of WH Pathway services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of Pathway services at your VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>






and Barriers to WH Integration [Sample snippet of the Practice Reflection Tool] See Appendix A

Visit Our Sharepoint Site
Whole Health Integration with Primary Care & Mental Health
 • For Internal Use Only






WHIC Practice Reflection Tool

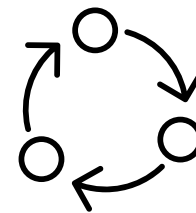
Whole Health Integration Champion Role

The next set of statements focus on your understanding of the Whole Health Integration Champion (WHIC) role. For each statement, please select the option that best applies to you. Remember, there are no right or wrong answers. This is just an opportunity to reflect on things you are able to do in the WHIC role to-date.

How would you assess the strength of your knowledge in the following areas:	 Extensive Knowledge		 Moderate Knowledge		 Limited Knowledge
What is expected of a WHIC (i.e., roles, responsibilities, timelines)					
The resources that OPCC&CT offers to support you in the role					
The resources that the leaders/managers at your facility offers to support you in the role					
The Whole Health points of contact (leaders) at your facility					
How to promote Whole Health care in your service line					
How to mentor your colleagues to encourage their use of Whole Health approaches					
Specific strategies you can use to promote and manage change					
How to adapt your mentorship role depending on a colleague's Whole Health knowledge and interest					

Reflections on your organization

In thinking about your hospital leadership (managers and directors), to what extent do you feel they...	 All the time		 Sort of		 Not Yet
support the implementation of Whole Health care across your facility?					
support employees to care for themselves at work?					
role model Whole Health principles in their interactions with employees?					
provide you with protected time to fulfill the roles and responsibilities of a Whole Health Integration Champion?					
help plan for the implementation of Whole Health care in your service line/department?					



Findings shared with WHIC Workgroup to inform FY 24 planning


WHICS' Use of Whole Health Approaches in Own Practice



WH Practices WHICs Most Commonly Use With Veterans

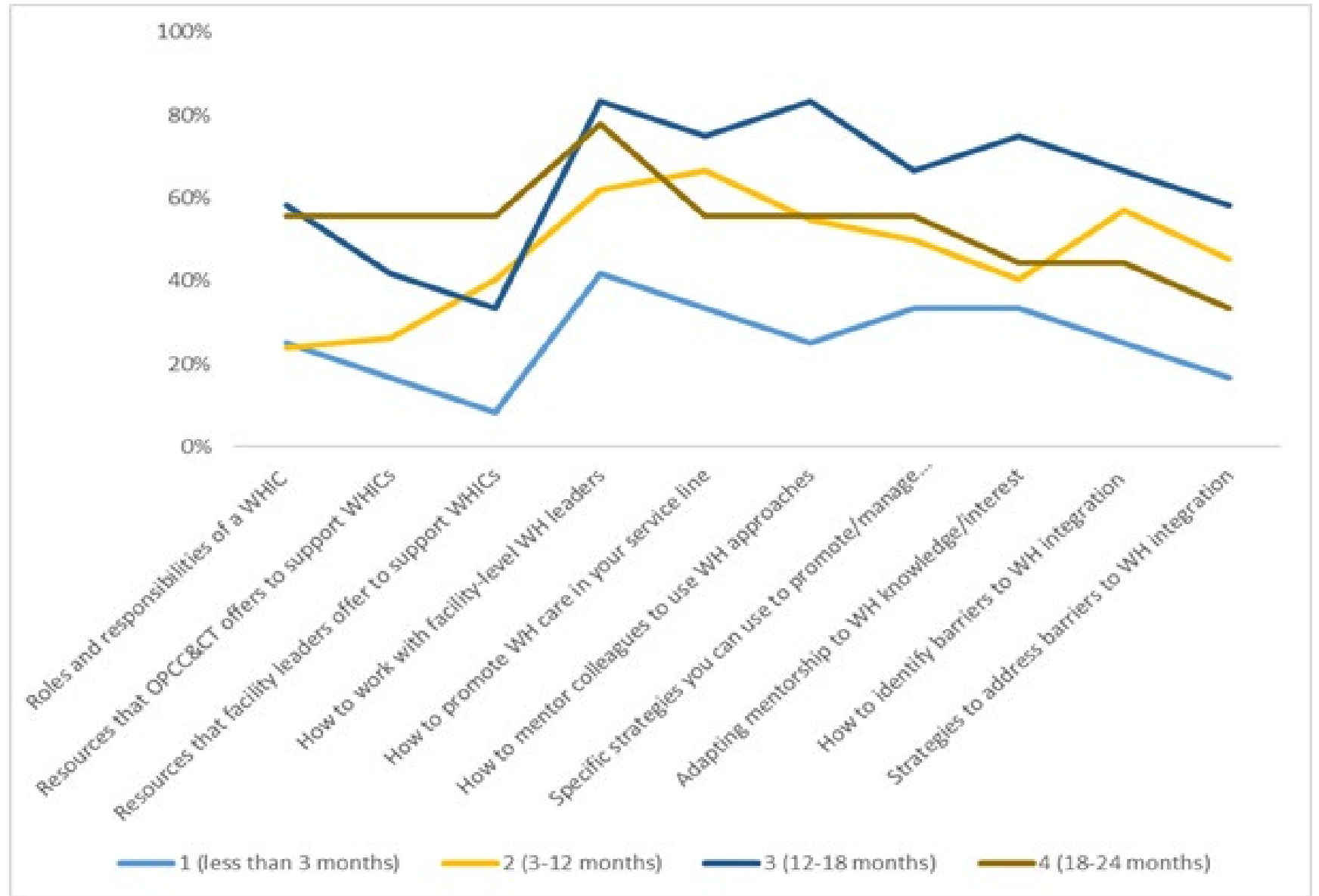
- **76%** discuss personal goals, values and preferences
- **74%** encourage Veterans to be active members of their healthcare team
- **72%** engage in conversations about what matters most
- **70%** learn about Veterans' life contexts and experiences

WH Practices WHICs Least Commonly Use With Veterans

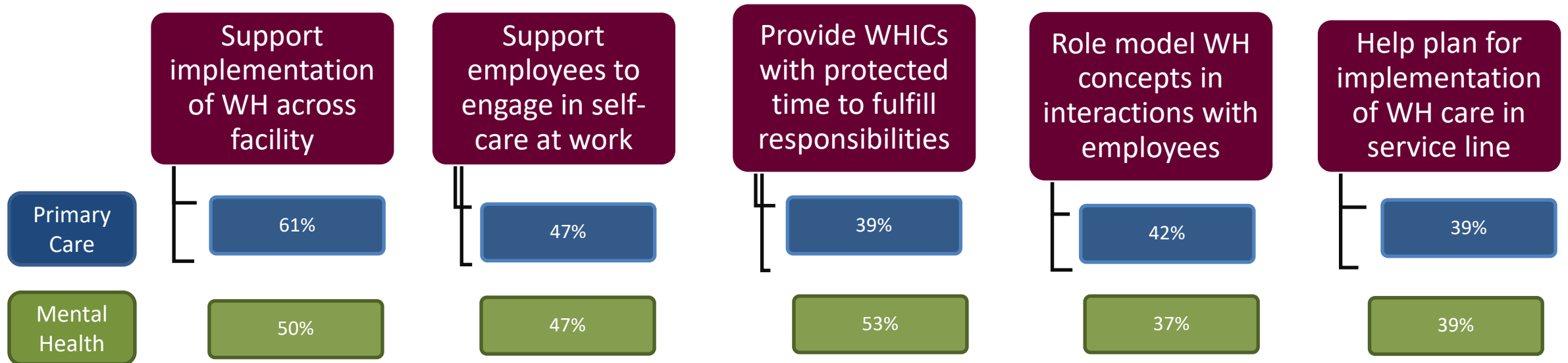
- 
- **58%** develop SMART goals aligned with personal priorities
 - **42%** document use of WH approaches in medical record
 - **30%** discuss WH Coaching as an option to support goals
 - **29%** talk about the Circle of Health with Veterans



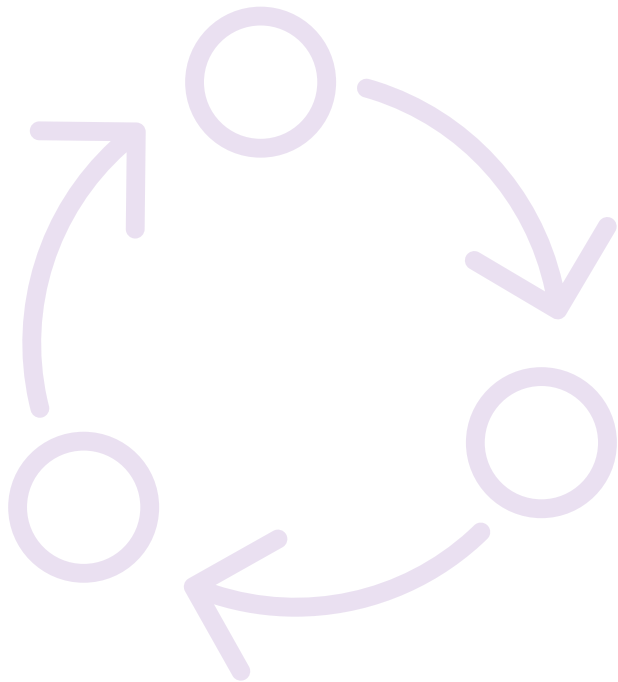
Knowledge and Understanding of WHIC Role by Length of Time in Role



Perceived Facility Leadership Support for WHIC Role



Key Ingredients to a Learning Health System



- Understand the cultures and drivers of actors within the system; adjust accordingly
- Invest in building relationships to support psychological safety in reporting experiences
- Appreciate where people are at and tap into their wisdom regarding how to grow
- Present data back to all actors in timely and efficient ways
- Support each other and keep your eye on the mission!



Working Draft: Sustainment Strategy



WHOLE HEALTH INTEGRATION WAY FORWARD JANUARY 2025 AND BEYOND

Contact for Additional Information

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Live Whole
Health



Center for Evaluating
Patient Centered Care in VA
QUERI Partnered
Evaluation Initiative



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and Suicide Prevention

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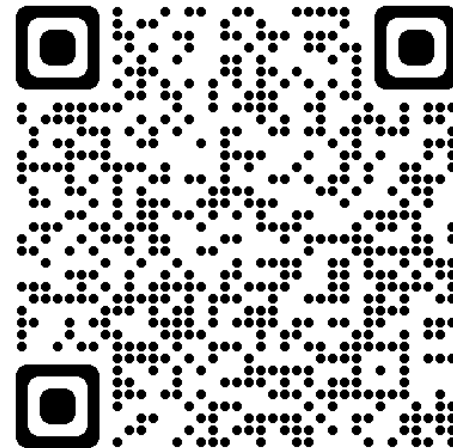
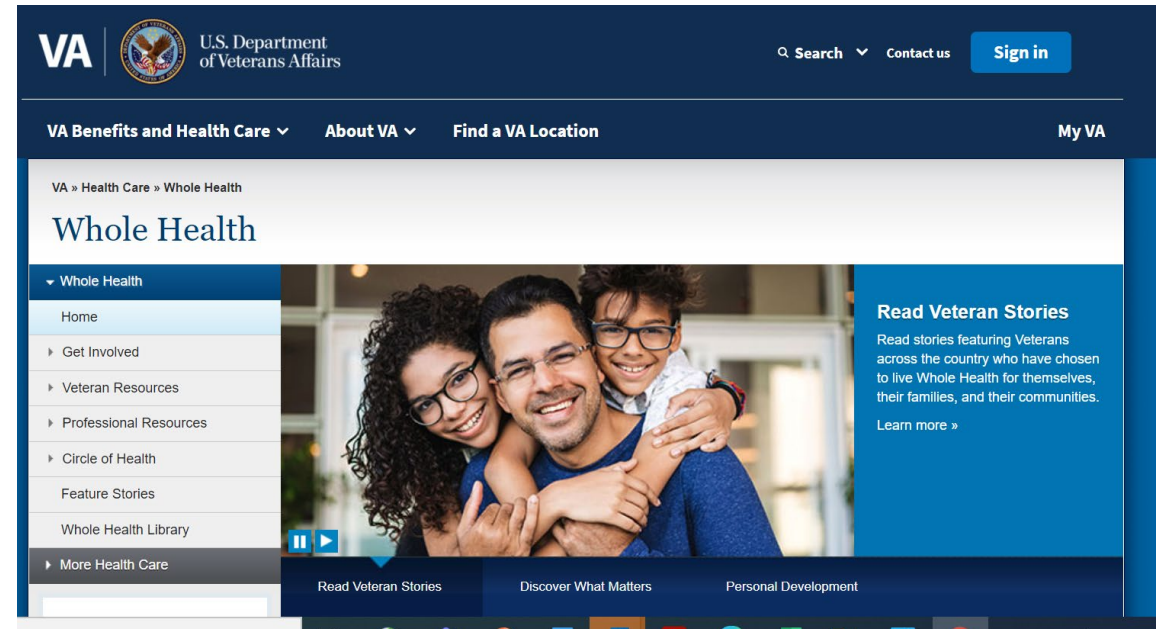


MOVING FORWARD TOGETHER

51

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Questions?



Whole Health Internet Site: va.gov/wholehealth

Back-up Slides



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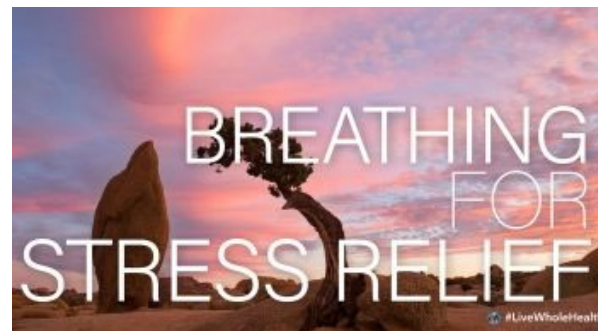
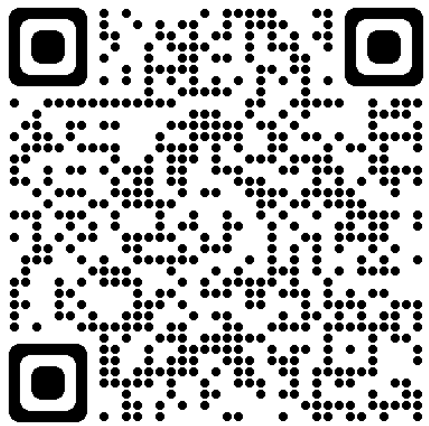
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#LiveWholeHealth Self Care Resources

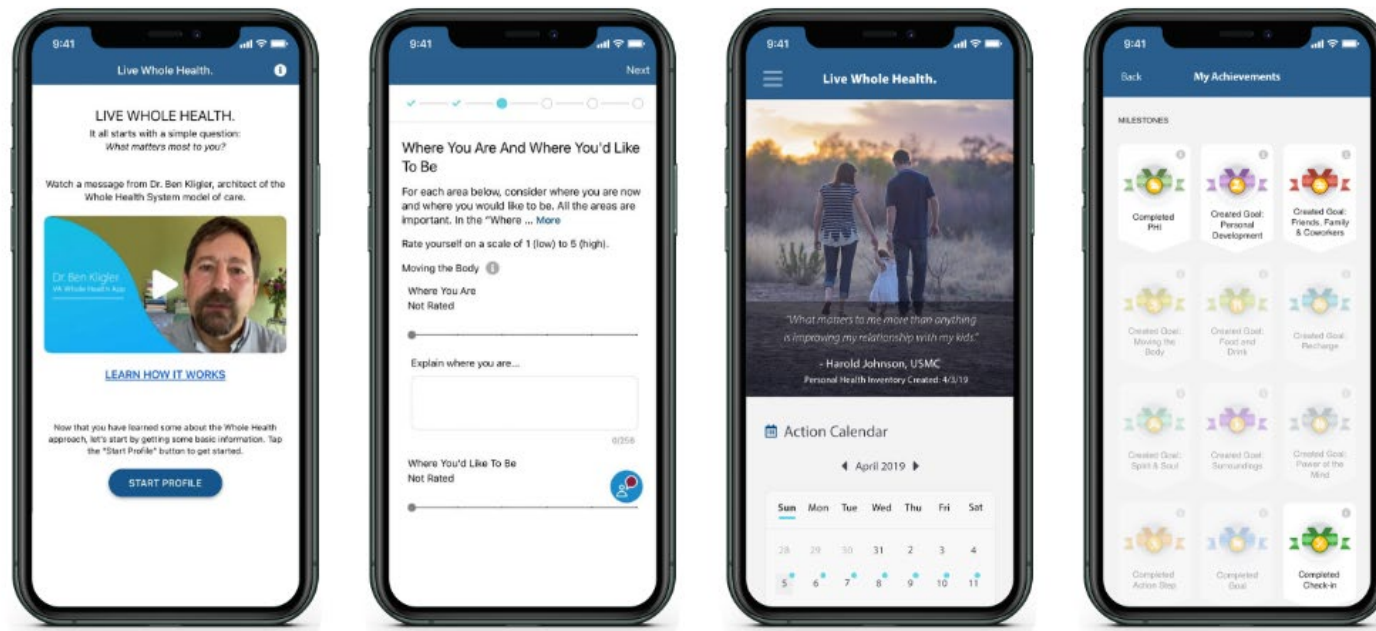
- Experiential videos for Veterans, family members, employees and anyone who wants to practice self-care.



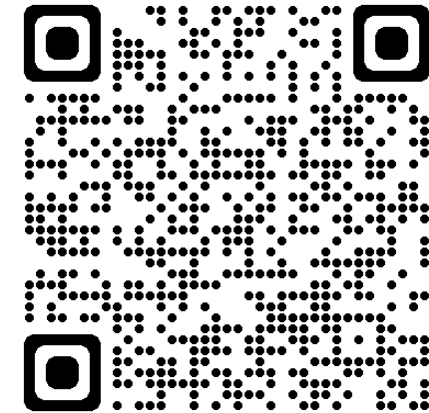
Live Whole Health Mobile App

Develop a personal health strategy improving overall health and well-being.

- Guides the user through a Personal Health Inventory and helps create relevant SMART goals with actionable steps to achieve goals.
- Search LiveWholeHealth on your App Store.



[Live Whole Health | VA Mobile](#)



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Veterans Health Administration
Office of Mental Health and Suicide Prevention

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MOVING FORWARD TOGETHER

Whole Health Pathway

- **Introduction to Whole Health**
- This 2-hour, peer-led session explains the Whole Health approach to care. The group explores the Circle of Health and how to create a Personal Health Plan.
- **Taking Charge of My Life & Health**
- Following the Introduction to Whole Health, you can participate in a 9-week, peer-led course, Taking Charge of My Life and Health.



Well-being Programs

Well-being goes beyond any diagnosis. All Veterans can access well-being services to support their health and wellness. These services include well-being classes, complementary and integrative health, and other well-being approaches, and health coaching.



“I was doing a lot of yoga and meditation and the **mind/body connection** was integral in me dealing with the aches and pains, which then helped me lose weight and **feel healthier** overall.

TA-TANISHA RANDELL
AIR FORCE VETERAN

● **Live Whole Health.**



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MOVING FORWARD TOGETHER

Whole Health Clinical Care

It is the excellent quality health care Veterans have come to know and expect, while empowering the Veteran to take charge of their health and well-being.

- Changing the conversation with Veterans
- Linking to What Matters Most, Empowering and Equipping
- Integration with other parts of system
- Engaging them in their own self-care
- Whole Health is inclusive of conventional clinical treatment and prevention, self-care strategies, and complementary practices.



Complementary and Integrative Health Approaches in VA



Required "List 1" Complementary and Integrative Health approaches must be made available to Veterans across the system, either within a VA medical facility (or via Telehealth) or in the community (plus *Chiropractic Care).

1. Acupuncture
2. Biofeedback
3. Clinical Hypnosis
4. Guided Imagery
5. Massage (for treatment)
6. Meditation
7. Tai Chi
8. Yoga

