Behavioral Medicine Careers in the VA Health Care System: Clinician/Educator Positions

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April 24, 2014, SBM

Clinician/Educator Programs

• Health Promotion Disease Prevention Program
  – Health Behavior Coordinator
  – Health Promotion Disease Prevention Program Manager
  – MOVE! Weight Management Program Coordinator
• Clinical Public Health – Tobacco Cessation
• Primary Care Mental Health Integration
• Pain Management
• Mindfulness Based Stress Reduction/Stress Management
• Biofeedback
• Sleep/Insomnia - CBT-I

VHA Preventive Care Program

Core Elements:
• Infrastructure
• Integration with PACT
  (VA’s Patient Centered Medical Home)
• Tools and Resources
**Healthy Living Messages**

- Eat wisely
- Be physically active
- Maintain a healthy weight
- Be tobacco free
- Limit alcohol
- Get recommended screening tests and immunizations
- Manage stress
- Be safe
- Get involved in your healthcare

**Support for PACT**

- **Training Programs and Clinician Coaching in Patient-Centered Communication**
  - Patient Education: TEACH for Success – Core Health Education, Health Coaching and Counseling Skills
  - Motivational Interviewing
- **Tools and Resources**
  - Clinical Preventive Services Guidance and Reminders
  - MOVE! Weight Mgmt. Program
  - Tobacco Cessation (Clinical Public Health)
  - healthy living program (HRA)

**Health Behavior Coordinator Role**

- Most are Health Psychologists, Social Workers
- Coordinates training and ongoing clinician coaching for PACT staff in patient-centered communication, health behavior counseling and Motivational Interviewing
- Supports and contributes to clinical initiatives in tobacco use, weight management, pain management, stress management, self-management support (including supporting shared medical appts.)
- Performs specialty health psychology assessment/intervention (e.g., pre-bariatric surgery, MBSR, Veterans with unique or complex problems impacting self-management plans)
- Co-chairs the facility HPDP Committee and assists the HPDP Program Manager and Veterans Health Education Coordinator to coordinate implementation, monitoring and evaluation of the overall HPDP Program.
**HPDP PM Roles and Responsibilities**

- Most are Nurses, Physicians, Nutritionists
- Establishes and chairs the facility HPDP Program Committee.
- Coordinates strategic planning, program development and implementation, monitoring and evaluation of the overall HPDP program.
- Develops relationships with internal and external stakeholders.
- Assists other Prevention Program Staff to deliver training in, and follow up support for, health coaching and Motivational Interviewing.
- Delivers selected HPDP services locally, based on occupation-specific competencies and local needs.
- **Work with PACT staff and leaders to support efforts to integrate Prevention into practice**

**VHEC Roles and Responsibilities**

- Most are Nurses, Health Educators
- Serves as the lead facilitator for the Patient Education: TEACH for Success Program.
- Coordinates, plans, manages and evaluates health education programs and resources across the facility’s continuum of care (including the online Veterans Health Library).
- Serves as the facility’s content expert in patient education and health literacy.
- Chairs the facility Veterans Health Education Committee and leads the Veterans health education strategic planning process.
- Works with all disciplines to help the facility meet patient education accreditation standards.

**MOVE! Weight Management Program**

- NCP MOVE! Leadership Team (National Program Director - Health Psychologist (formerly Kenneth Jones, PhD): Lead Dietician/Nutritionist, Lead Physical Activity/Exercise Physiologist)
- MOVE! Coordinator and Physician Champion at each facility; VISN (Regional) MOVE! Coordinators
- Annual population screening, brief risk counseling, referral
- Multifactorial patient assessment
- **Weight Management Programs**—Comprehensive Lifestyle Intervention
  - > 500,000 Veterans have participated since 2006
  - Individual, Group, TeleMOVE! options—no co-pay
- Maintenance support
MOVE! Program Enhancements

- Further enhance participation in MOVE! (and outcomes)
  - Increase % that receive “intensive” intervention
  - Group sessions to be extended to 16
  - Promote physical activity component (Be Active and MOVE!)
- Add Treatment Options:
  - MOVE! Coach Mobile
  - MOVE! Coach Web
- Updated 2014 VA/DoD Overweight and Obesity Guideline - will spur integration with pharmacotherapy, bariatric surgery

Clinical Public Health: Tobacco and Health

Goals of VHA’s Tobacco and Health Program
- Increase knowledge of importance of quitting
- Increase awareness and usage of tobacco cessation resources
- Increase Veterans receiving tobacco cessation counseling and medications from VA providers
- Reduce smoking rates among Veterans in VA
Clinical Public Health: Tobacco and Health

Programs and Resources:
- Kim Hamlett-Berry, Ph.D. Director, Tobacco & Health: Policy & Programs
- Smoking and Tobacco Use Cessation Technical Advisory Group – Chair, Tim Carmody, Ph.D., SF VAMC
- Tobacco Cessation Lead Clinician at each facility
- Reminder: Screening and Brief Intervention
- Individual and group counseling at facilities – no co-pay
- Pharmacotherapy (including OTC NRT) – no co-pay
- VA Quitline: 1-855-QUIT-VET – (In collaboration with NCI)
- SmokefreeVET mobile text messaging service – (In collaboration with NCI)
- Stay Quit Coach – mobile app; being launched
- Training for Tobacco Cessation program staff, primary care clinicians, pharmacists, mental health staff
- Treatment program manuals, tools, resources

Primary Care-Mental Health Integration

• Mandated program; presence at every facility
• Models vary by region and facility, though most all are co-located and multi-disciplinary
• Services:
  – Offer consultation to Primary Care PACT teams
  – Time-limited interventions
  – Care management programming: depression, substance use, pain
  – Referral to Mental Health ‘Specialty’ services

Similarities between PC-MHI and HBC

• Both are PACT-based, behavioral health staff
• Neither provide traditional psychotherapy services
• Both can offer holistic and systems perspectives, helping PACT staff be effective
• Both might address alcohol misuse, tobacco cessation, weight management, sleep difficulties, pain management, adherence concerns, problem-solving, self-management support
• Both can organize interventions using the 5 A's model
• Both provide time-limited, solution oriented interventions
Differences between PC-MHI and HBC

- PC-MHI focus on mental health concerns, and HBCs on prevention/health behaviors.
- HBCs part-time clinical (25-30%); PC-MHI full-time, and HPDPs administrative. Access options diverge.
- HBC’s main mission is to train and coach PACT staff in patient-centered communications; PC-MHI main mission is direct patient service via brief evidence-based mental health care.
- HBC provides specific assessments related to prevention, such as pre-Bariatric Surgery evaluations.
- HBCs often report to Primary Care; PC-MHI generally report to Mental Health.
- HPDPs focus on overall prevention program management, in collaboration with HBCs. PC-MHI focus on direct service.

Primary Care Mental Health Integration vs. HBC

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<tr>
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<th>PC-MHI</th>
<th>Health Behavior Coordinator</th>
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<tr>
<td><strong>Location</strong></td>
<td>On site, embedded in the PC clinic</td>
<td>On site, embedded with PACT</td>
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<td><strong>Population</strong></td>
<td>Veterans with mental health conditions in primary care; most have mild-moderate symptoms, behaviorally influenced problems.</td>
<td>Provider training focus. PACT clinical work focused on health behaviors and prevention.</td>
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<td><strong>Inter-Provider Communication</strong></td>
<td>Collaborative &amp; ongoing consultations via PCP’s method of choice (phone, note, conversation). Focus within PACT.</td>
<td>Collaborative &amp; ongoing with focus on communications skills and coaching (F2F, phone...). Focus within PACT and HPDP staff.</td>
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<td><strong>Service Delivery Structure</strong></td>
<td>Brief appointments (20-30’) Limited # of appointments (avg. 2-3) Open Access Refer to Mental Health “Specialty Care”</td>
<td>Role focus on training PACT clinicians (70%) in patient-centered communication. Limited (25-30%) clinical care, prevention focused, often group. Brief appointments (30-40’).</td>
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<td><strong>Approach</strong></td>
<td>Problem-focused, solution oriented, functional assessment. Focused on PCP question/concern and enhancing</td>
<td>Health behavior focused, solution oriented, problem-solving and goal setting. Focused on PCP health concerns and</td>
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Pain Management is a priority for VHA

- As many as 50% of male VHA patients in primary care report chronic pain (Kerns et al., 2003; Clark, 2002)
- The prevalence may be as high as 75% in female Veterans (Haskell et al., 2006)
- Pain is among the most costly disorders treated in VHA settings; total estimated cost attributable to Veterans with low back pain was $2.2 billion in FY99 (Yu et al., 2003)
- Number of Veterans with chronic low back pain is growing steadily (Sinnott & Wagner, 2009)
VHA National Pain Management Strategy Infrastructure

- Pain Management Program Office
  - Specialty Care Services; Patient Care Services; DUSH for Policy and Services
- National Pain Management Strategy Coordinating Committee
  - Coordinating Committee Working Groups
- VISN Pain Points of Contact; Facility Pain Points of Contact
- Primary Care Pain Champions; Pain Resource Nurses
- VISN and Facility Pain Management Committees
- Training programs and resources
- Mental Health Innovations Task Force
- Self-care/Self-Management Task Force

Stepped Care Model for Pain Management

1. Primary Care/Patient Aligned Care Teams (PACTs)
   - Routine screening for presence & intensity of pain
   - Comprehensive pain assessment

2. Secondary Consultation
   - Pain Medicine
   - Rehabilitation Medicine
   - Behavioral Pain Management
   - Interdisciplinary Pain Clinics
   - Substance Use Disorders Programs
   - Mental Health Programs

3. Tertiary Interdisciplinary Pain Centers
   - Advanced diagnostics & interventions Commission on Accreditation of Rehabilitation Facilities accredited pain rehabilitation facilities
   - Integrated chronic pain and Substance Use Disorder treatment

Resources: VHA Clinician/Educator Positions

NCP/Prevention - www.prevention.va.gov
MOVE! Program - www.move.va.gov
Veterans Health Library - www.veteranshealthlibrary.org
Tobacco – Clinical Public Health
  - www.publichealth.va.gov/smoking/index.asp
Clinical Public Health - www.publichealth.va.gov/about/pubhealth
VHA Mental Health - www.mentalhealth.va.gov/index.asp
Pain Management - www.va.gov/painmanagement/

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