



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

Michael Goldstein, MD, Associate Chief Consultant for Preventive Medicine
Margaret (Peg) Dundon, PhD, National Program Manager for Health Behavior
National Center for Health Promotion and Disease Prevention (NCP)
Office of Patient Care Services (VACO)
Veterans Health Administration

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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**

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VHA Preventive Care Program

Facility Health Promotion and Disease Prevention (HPDP) Program

Core Elements:

- **Infrastructure**
- **Integration with PACT**
(VA's Patient Centered Medical Home)
- **Tools and Resources**



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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



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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)
 - healthyeliving program (HRA)



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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.

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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**

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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 **Veteran 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.

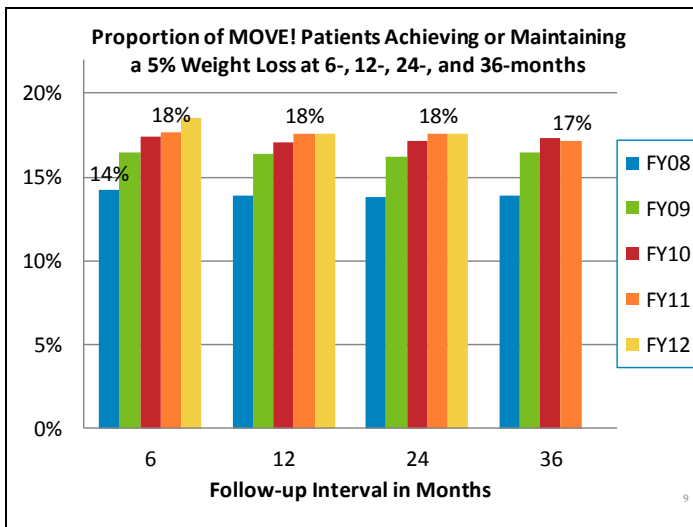
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MOVE! Weight Management Program

- 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

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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

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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

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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, PhD., 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

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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

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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

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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.
- HBCs provide 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.

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Primary Care Mental Health Integration vs. HBC

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

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)

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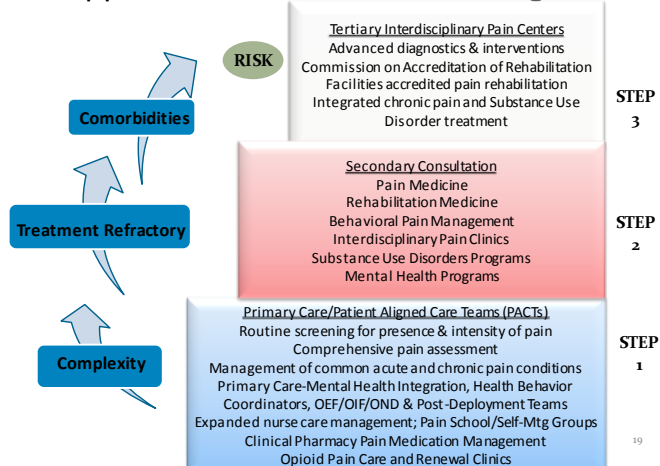
VHA National Pain Management Strategy Infrastructure

- 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

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Stepped Care Model for Pain Management



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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/
- Feel free to contact:
- Michael Goldstein, MD: michael.goldstein2@va.gov
 - Margaret Dundon, PhD: margaret.dundon@va.gov

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