



## Weight Management in a Large, Integrated Health System: The Veterans Health Administration Experience

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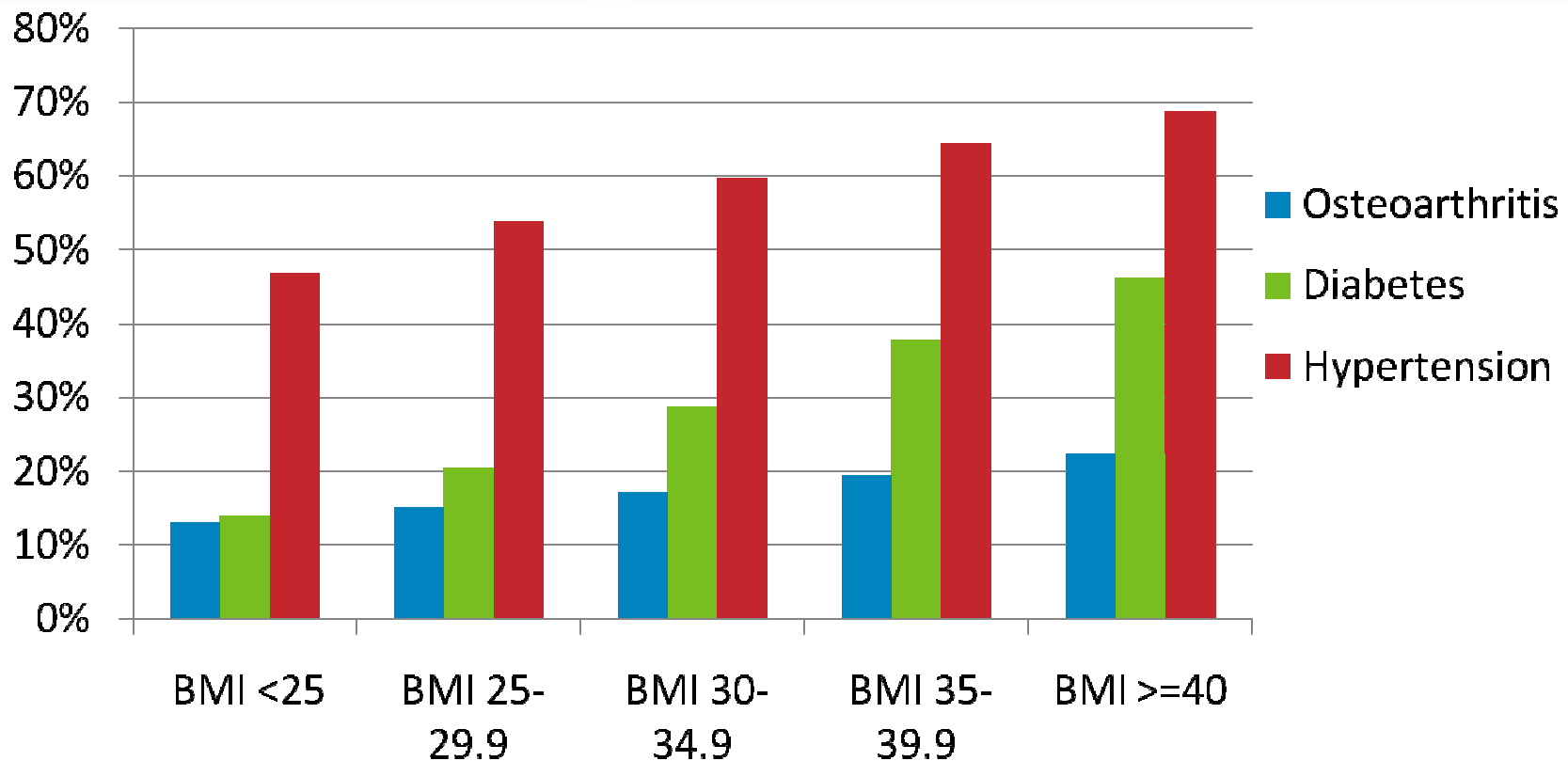


**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century

# Outline

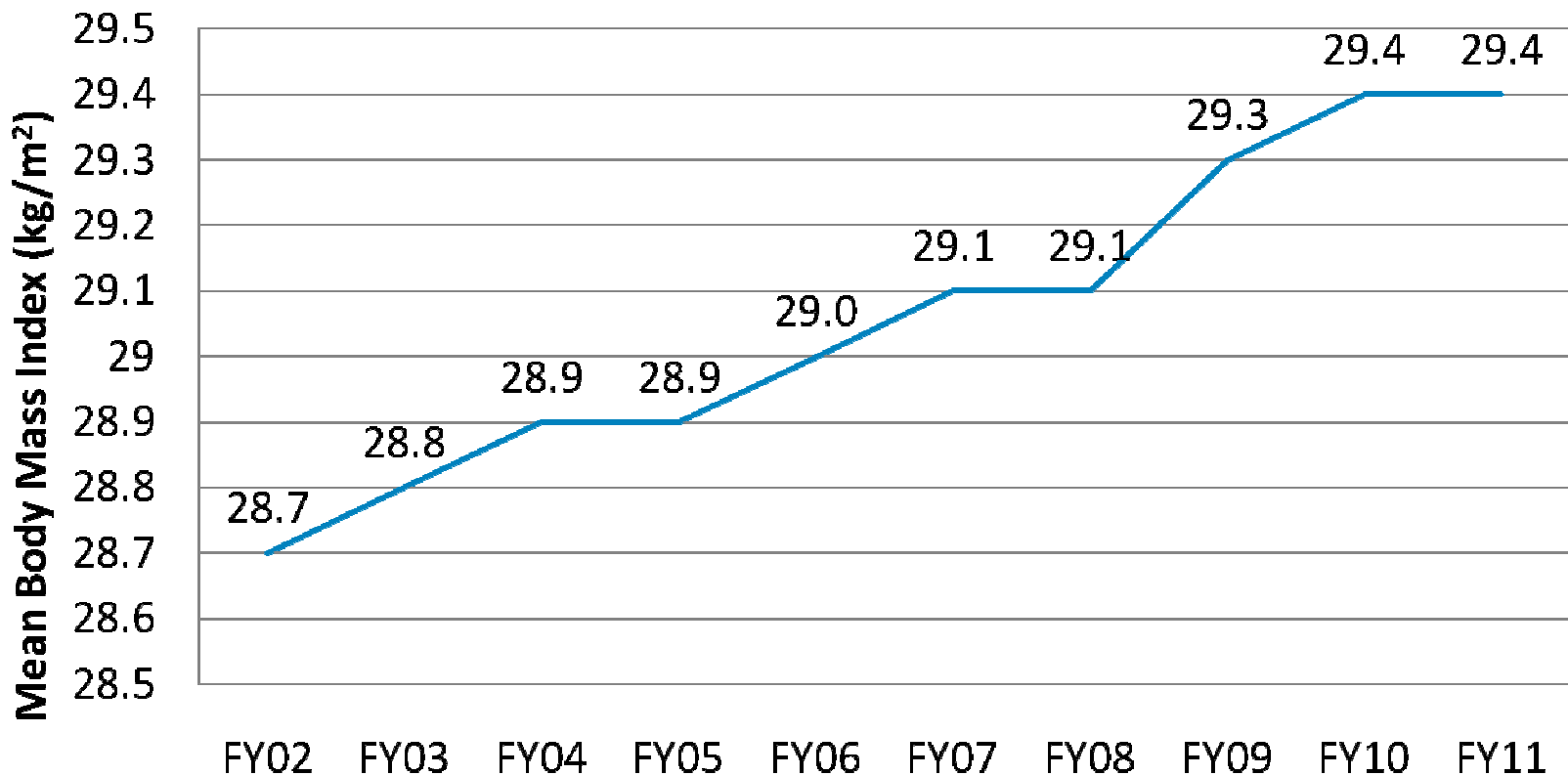
- Why MOVE!®
- What is MOVE!®?
- Implementation with a Focus on VHA Policy
- How are we doing?
- Challenges
- Opportunities

# Need for MOVE!®: Common Diseases by BMI in VHA

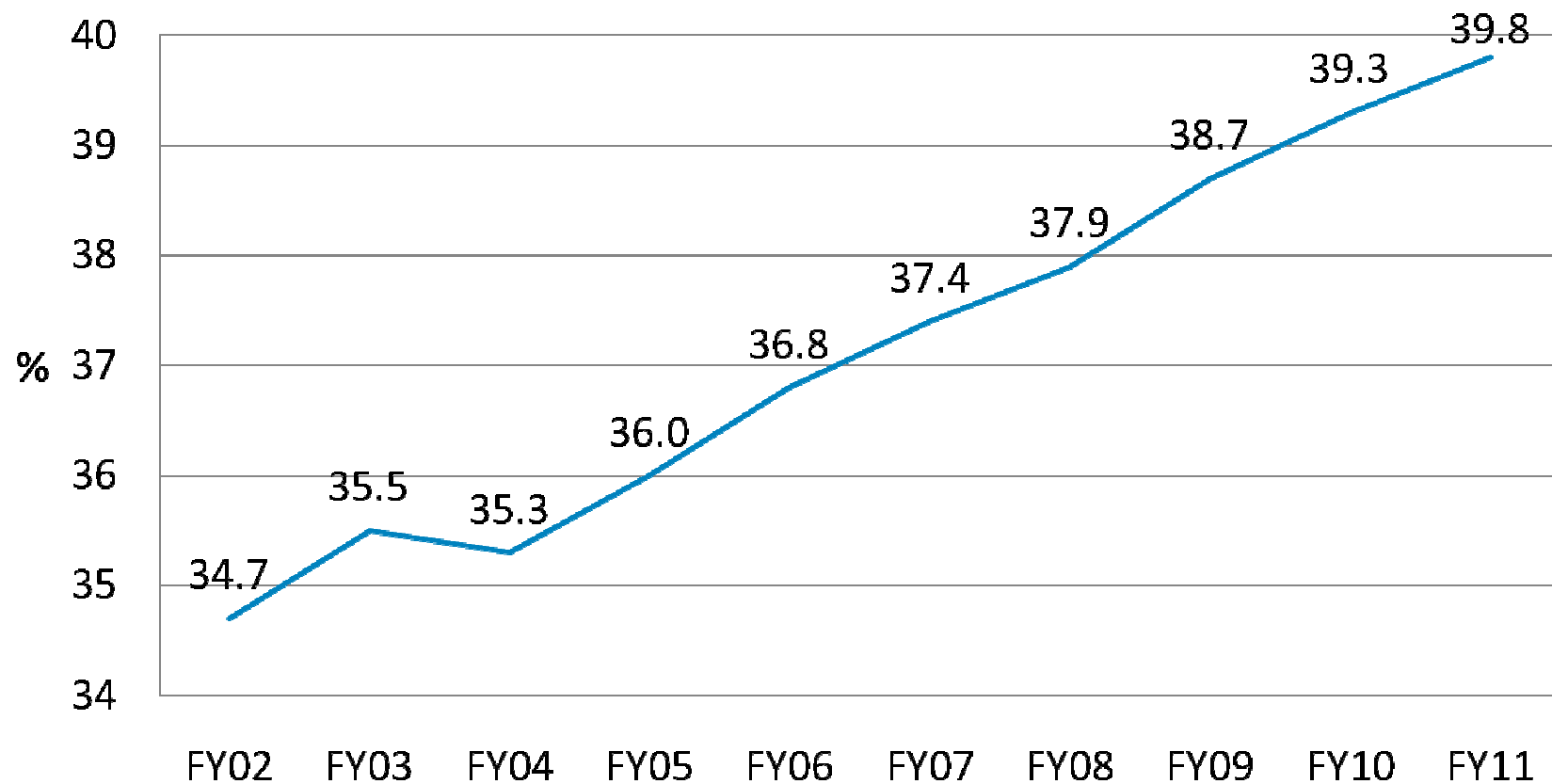


Source: 2008 VSSC data

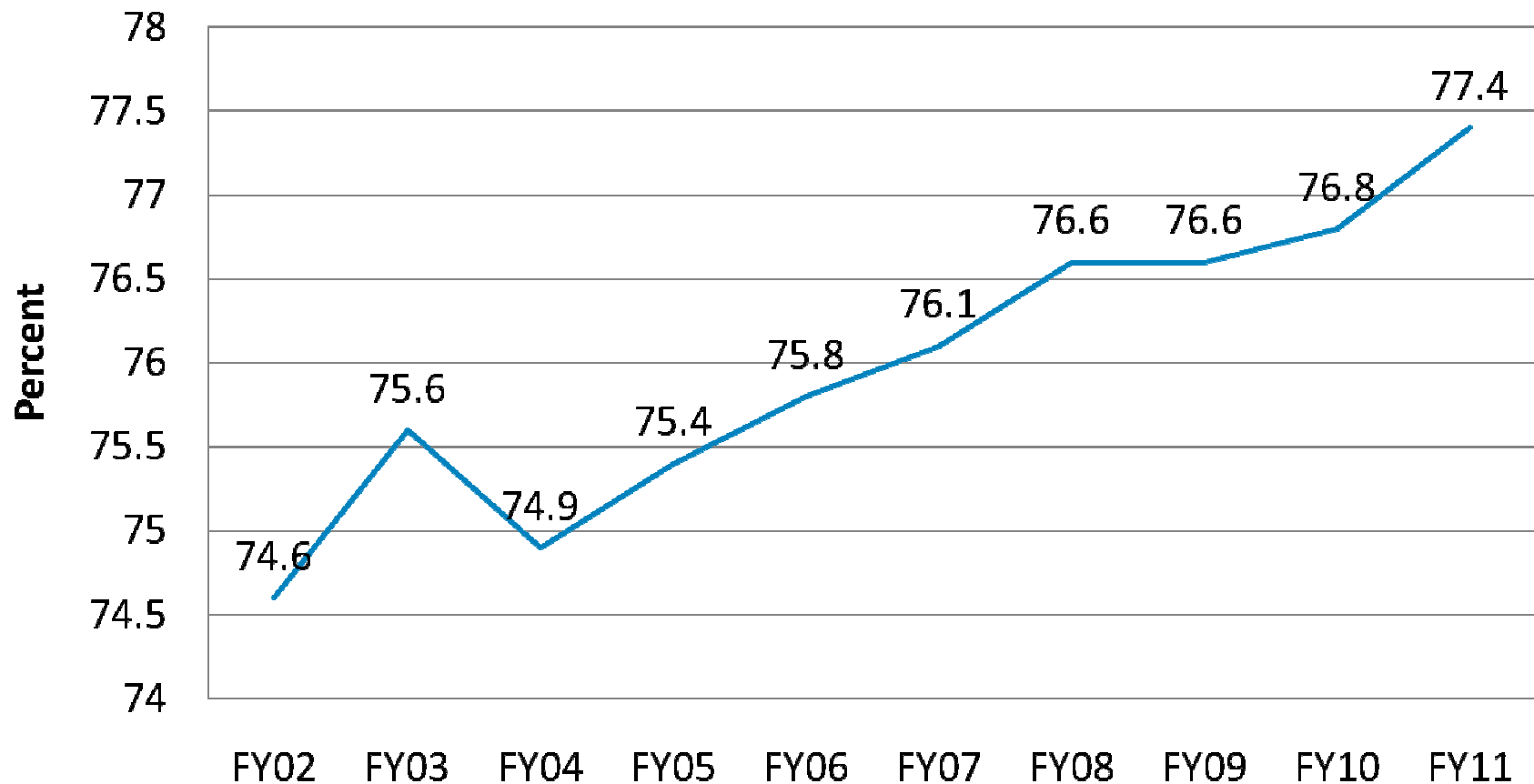
# Mean Body Mass Index for Veterans Receiving Care from VHA for Federal Fiscal Years 2002 to 2011



## Percent of Veterans with Obesity (BMI $\geq 30$ kg/m<sup>2</sup>) Among Veterans Receiving Care from VHA for Federal Fiscal Years 2002 to 2011



## Percent of Veterans with Overweight or Obesity (BMI $\geq 25$ kg/m<sup>2</sup>) Among Veterans Receiving Care from VHA for Federal Fiscal Years 2002 to 2011



# MOVE!® Origins

- Development came initially in response to the request from primary care providers – support from Under Secretary for Health
- Based on NIDDK, USPSTF and VA/DoD Guidelines
- Tailored for VA
- Piloted in 2003-2005
- Voluntary implementation in 2005 (1/3 of facilities initiated)
- Mandatory program - 2006

# What is MOVE!®?

- Screening – primary care
- Communication that enhances motivation
- Goal Setting (weight, eat wisely, be physically active, change other behaviors)
- Selection of initial method of support
- Problem-solving and options when goals are not met

# Ways to Participate in MOVE!®

- 1:1 Care (face-to-face or telephone)
- Group Care
  - Face-to-face
  - Clinical Video Teleconferencing

# Newer Ways to Participate in MOVE!®

- TeleMOVE!
  - In-home messaging devices
  - Interactive voice response
- MOVE!® Telephone Lifestyle Coaching
  - Stand alone
  - Part of National Telephone Lifestyle Coaching (one of 6 healthy lifestyle targets)
- In Development
  - MOVE!® Coach – application
  - eMOVE! – web resource

# How Did We Roll MOVE!® Out?

- Policy – MOVE!® Handbook
- Consistent with VA/DoD Clinical Practice Guidelines
- Network (21 network leads, facility coordinator and physician champion, committee and team membership)
- Training

# How Did We Roll MOVE!® Out?

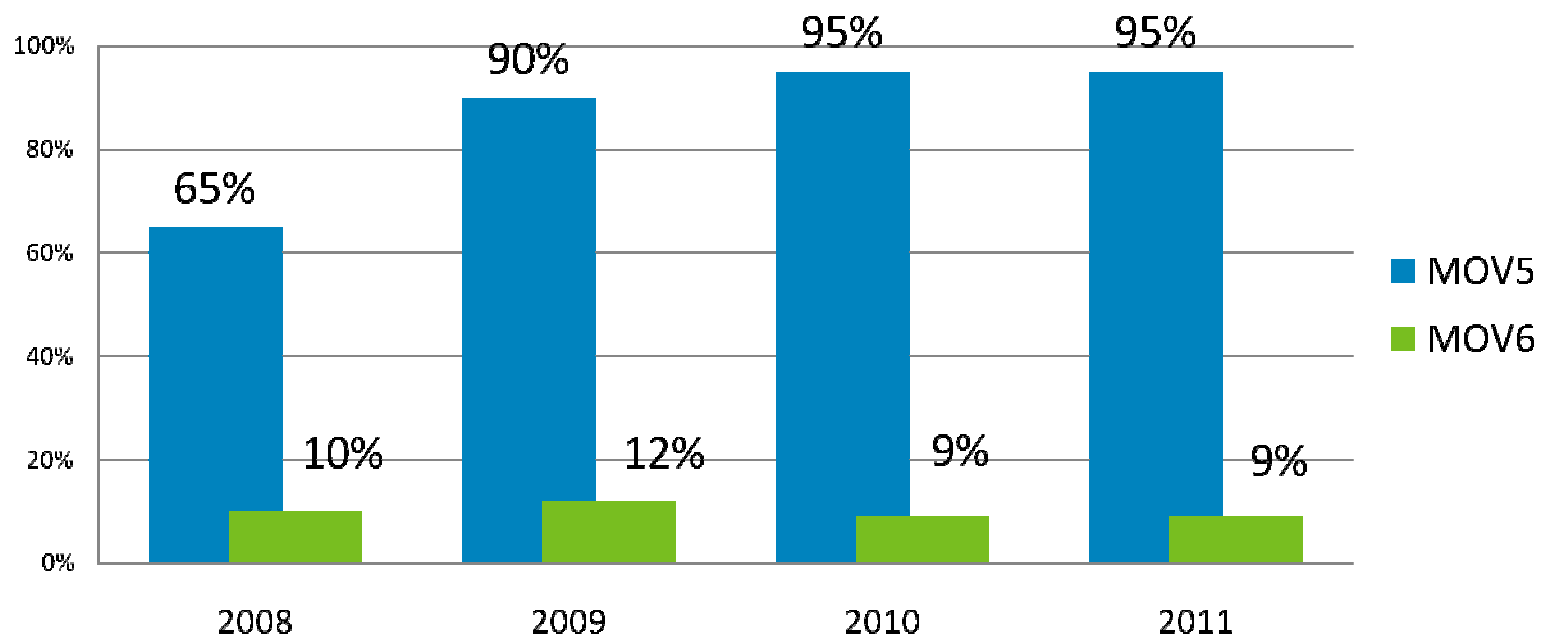
- Clinical tools for supported self management
  - Assessment tool – MOVE!23 Patient Questionnaire and Patient Report
  - Reference Manual and web resources-guidance for individual and group care and for refractory conditions (Rx, MOVE! Intensive, bariatric surgery)
  - Pedometers
- Performance measures based on policy and CPG

# Measuring Impact of Policy

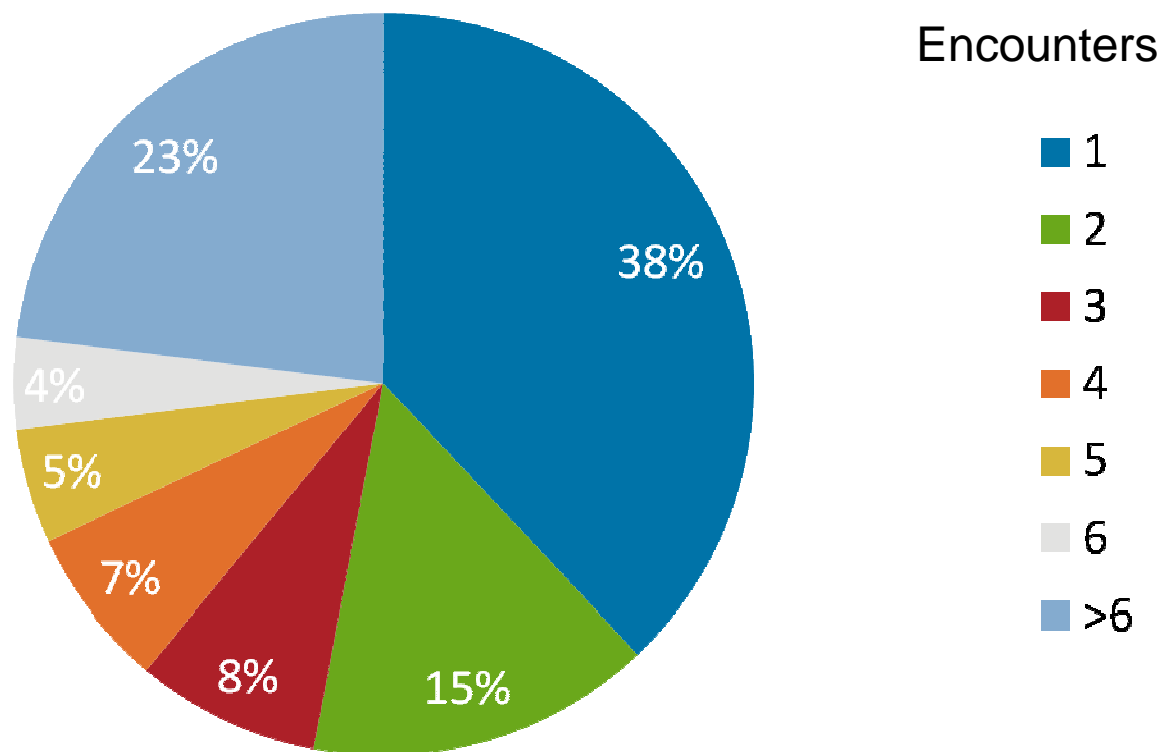
Measure Mnemonic	Concept Measured	How Measured	Calculation	Current Goals
MOV5	BMI screening and offering MOVE!	External Peer Review Process (EPRP)	(# offered MOVE!/# who would benefit) * 100%	OIA - 90% imbedded in Prevention Performance Measures
MOV6	Basic Participation MOVE!	EPRP – Chart Review	(# with one MOVE! Visit in last year/# who would benefit) * 100%	T21 - Running 9% nationally, local goals of 15 or 20% increase
MOV7	Intense AND Sustained Participation in MOVE!	Workload Data	(# with intense AND sustained care/# of new patients	T21 – Was 13% when first measured, goal to increase by 15% over prior period

**Reach** - *The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program*

**MOV5 (Screening) and MOV6 (Participation) by Fiscal Year**



# Distribution of Number of MOVE!® Encounters Fiscal Year 2011



# Effectiveness: Weight Outcomes

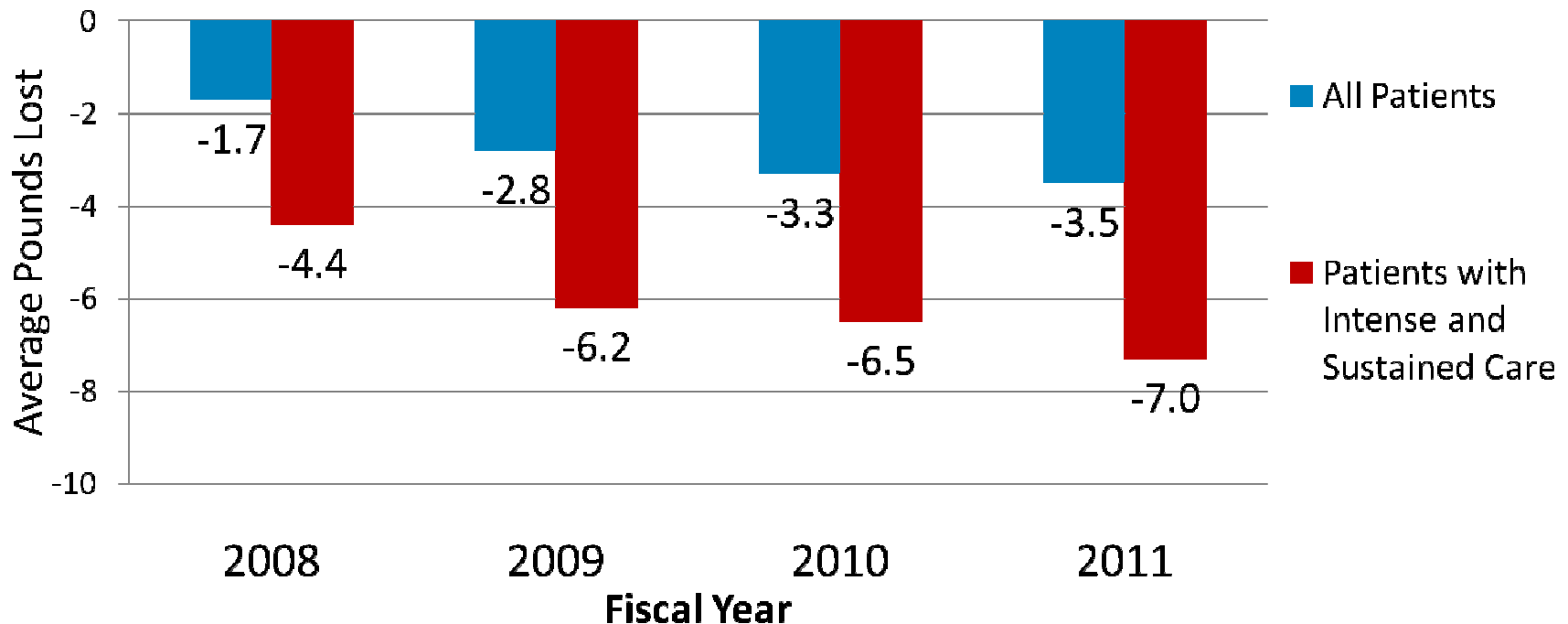
## FY 11 YTD Weight and BMI change at 6 months\*

	n	Mean Baseline Weight in lbs	Mean Baseline BMI	Mean weight $\Delta$ in lbs	Mean percent body weight $\Delta$	Proportion losing 5% body weight or more	Proportion halting weight gain or losing some weight	Mean BMI $\Delta$
National	62,105	242.0	35.4	-3.5	-1.5	18.2	71.9	-0.5

\*6-month outcomes are complete through July 2011.

# Effectiveness: Current Average 6-month Weight Loss by Fiscal Year

**Average 6-month Weight Loss for All Patients with Available Data  
Contrasted with Patients with Intense and Sustained Care**



# Challenges

- Veteran population is moving in the wrong direction
- Getting patients to initiate participation
- Engaging patients in an intense and sustained way
- Documenting weights in computable form
- Our policies only affect Veterans Health Administration

# Current Program Improvement Goals

- Ensuring that height and weight for all visits (MOVE!® and others) are documented within the Vital Signs Package of VISTA/CPRS
- Examining MOVE!® treatment practices and outcomes at the local level:
  - A standardized curriculum should be utilized and group care must be available.
  - Look at outcomes and consider adding elements from identified best practices.
  - Facilities should monitor the average intensity and sustainment of patient participation in MOVE!® and consider ways to improve these numbers.
- Increase:
  - Percentage of patients who accept MOVE!® care
  - Percentage of patients seen with intensity and sustainment

# Opportunities

- Great need and great potential for benefit – need to change the trajectory of weight
- Demonstrating that weight management can be achieved in a large, complex, integrated healthcare system
- Have already seen an impact of MOVE!® on CMS
- Revolution going on in VHA
  - Patient centered medical home
  - Focus on effective communication
  - Emphasis on prevention and healthy lifestyle
  - New staff training others to support this effort

## Read More

- Public Web Site - <http://www.move.va.gov/>
- Published Articles - <http://www.move.va.gov/MoveArticles.asp>

# Discussion

