



Center for Evaluating
Patient Centered Care in VA



Evaluating the Whole Health Approach to Care: A Whole Methods Approach



Veterans Health
Administration



Acknowledgment

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- No conflicts of interest

Team

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Poll Question #1: I am interested in VA data primarily due to my role as _____.

- Research investigator
- Data manager
- Project coordinator
- Program specialist or analyst
- Other (specify)

Poll Question #2: My familiarity with qualitative or mixed-methods study design is_____

- None
- Basic familiarity
- Have worked on mixed-methods/qualitative studies
- Have designed mixed-methods/qualitative studies

Poll Question #3: Which of the following best characterizes partnered work:

- Operations driven.
- Bi-directional.
- Research driven.

Presentation Goals

1. Provide a brief orientation to EPCC's work evaluating OPCC&CT's patient-centered care initiatives.
2. Describe our rapid, mixed-methods approach to evaluating implementation and outcomes of *Personal Health Planning*.
3. Share lessons learned about evaluating dynamic programs in partnership with operations.

What is Patient-Centered Care?

- Patient-Centered Care (PCC)
 - Institute of Medicine
 - Care that is respectful of and responsive to **individual patient preferences, needs, and values**
 - Ensures that patient values guide all clinical decisions
 - Small, but growing evidence base
 - Healthcare systems implementing PCC programs
 - Requires cultural shift in care practices

Evaluation Partners



Office of Patient-Centered Care &
Cultural Transformation
(OPCC&CT)



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Patient Centered Care in VA

Office of Patient-Centered Care & Cultural Transformation

- Charged with transforming VA to a “**Whole Health**” model of care
- Mission is focused on transforming VA to a system that provides *personalized, proactive, patient-driven care*
- Changing the conversation
“What's the matter WITH you?” → “What matters TO you?”
- Implementing several PCC initiatives



Center for Evaluating Patient-Centered Care Partnered Evaluation (EPCC)

- Partnered with OPCC&CT since 2013
- *Evaluating Patient Centered Care Initiatives in VA: Patient, Provider, Technology and Organizational Perspectives*
- Evaluates a wide range of patient-centered care initiatives.
 - Implementation, organizational, patient-perceptions
- *Personal Health Planning*
 - Cornerstone of OPCC&CT's efforts to “change the conversation” from disease focus to a whole health approach



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Whole Methods

- Mixed Methods = Whole Methods Approach
 - More than just qualitative & quantitative data
 - Multiple sources of data: Qualitative (interviews, observations, case study approach), quantitative, database
 - Inter-related, complementary data
 - Iterative, integration between qualitative and quantitative methods.

What is a “partner”?

EPCC “partner”=

- Administrative level
 - OPCC&CT and EPCC
 - OPCC&CT field team and EPCC research team
- Site level
 - EPCC research team and study sites
- Team level
 - EPCC qualitative research team and quantitative research team

Whole Health



Personal Health Planning

- VA Patient-Centered Care initiative
- Collaborative development of a health plan
- Patient identifies health goal, based on patient life context, values, preferences
- Series of questions designed to identify what really matters
- Growing evidence base

MyStory: Personal Health Inventory

1. What REALLY matters to you in your life?
2. What brings you a sense of joy and happiness?
3. What is your vision of your best possible health?



CURRENT AND DESIRED STATES:

Working the Body: *“Energy and Flexibility”* Movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.

Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What changes could you make to help you get there?

PHP Implementation

- Goal of OPCC&CT was to know what the impact of PHP was on Veterans
- Natural experiment;
 - Not a prescriptive rollout of evidenced-based program
 - Sites given latitude on what and how they implemented PHP
- EPCC research team wanted to learn:
 - How PHP was implemented at a range of sites,
 - How PHP was done, in depth
 - What were patients experiences with PHP
 - What were the patient reported and clinical outcomes of PHP.

Study Objectives

- Understand what PHP looked like in practice
 - How PHP was implemented at a range of sites
 - How PHP was done, in depth
- Examine patient experiences of PHP
- Describe clinical outcomes associated with exposure to PHP

Study Design

I. Qualitative Evaluation of Implementation

- Phase 1, broad overview
- Phase 2, in-depth case studies

II. Quantitative Evaluation

- Patient surveys
- Intermediate clinical outcomes

I. Qualitative

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Study Design

1.1 How PHP was implemented at a range of sites,

- 10 diverse sites
- Selection criteria: OPCC&CT input; size, location & program history
- Qualitative phone interviews with PHP leads

1.2 How PHP was done, in depth

- 2 sites
- Selection criteria: extent of PHP program, use of innovative practices & potential to be spread
- Ethnographic (site visits; interviews, observation, document review)
- Analysis
 - Qualitative, grounded thematic approach
 - A priori coding, based on PHP program & theories of PCC

Site	Site Characteristics	Where PHP is Implemented	Which Veterans	Responsible staff
1	Rural South Atlantic, High complexity (1c)	Wellness Clinic groups; Individual health coaching	Pre-transplant; History of substance abuse	Health coaches
2	Rural Southwest Central, High complexity (1a)	Shared Medical Appointments	Hypertension; Less complex	Shared Medical Appointment Providers & Ancillary Staff
3	Urban New England, High complexity (1a)	1 PACT team	No acute concerns	PACT MD & RN
4	Rural Pacific West, Low complexity (3)	All PACT teams	All PACT patients	PACT clerk, LPN, RN, & provider
5	Urban Southwest Central, High complexity (1b)	Pain clinic	Chronic pain	Pain clinic providers & ancillary staff
6	Urban Southwest Central, High complexity (1c)	PACT; Mental Health	Serious mental illness	Peer Support Specialists in Shared Medical Appointments & Individual Appointments
7	Urban New England, High complexity (1a)	1 PACT team; 1 Women's Health Clinic; 1 CBOC	No acute concerns	1 MD in each location & RN
8	Rural New England, Low complexity (3)	Pain clinic	Chronic pain	All clinic team members
9	Urban Southeast Central, Medium complexity (2)	Health coaching	Chronic conditions	Health coaches
10	Urban Midwest, High complexity (1a)	PACT teams at main facility CBOCs	All patients interested in health planning	Peer health coach; RN Care Manager

Phase 1.1 Findings



Location

- Primary Care
- Mental Health
- Pain Clinic
- Shared Medical Appointments



Patient Population

- All patients
- Non-acute appointments
- Diagnosis (hypertension, serious mental illness, chronic pain)



Responsible Staff

- 1-2 people
- Whole team
- Health coach
- MD & RN

Phase 1.2 Sites

Facility

SITE 4.

Community-based outpatient clinic

Pacific NW

SITE 10.

Large, urban medical center

Midwest

Setting

- *Strong support from Medical Director

- *2 leads from main facility

- *Regional support

- *Aligned with already ongoing initiatives

PHP Program

- *“Life Goals”

- *Distributed by clerks

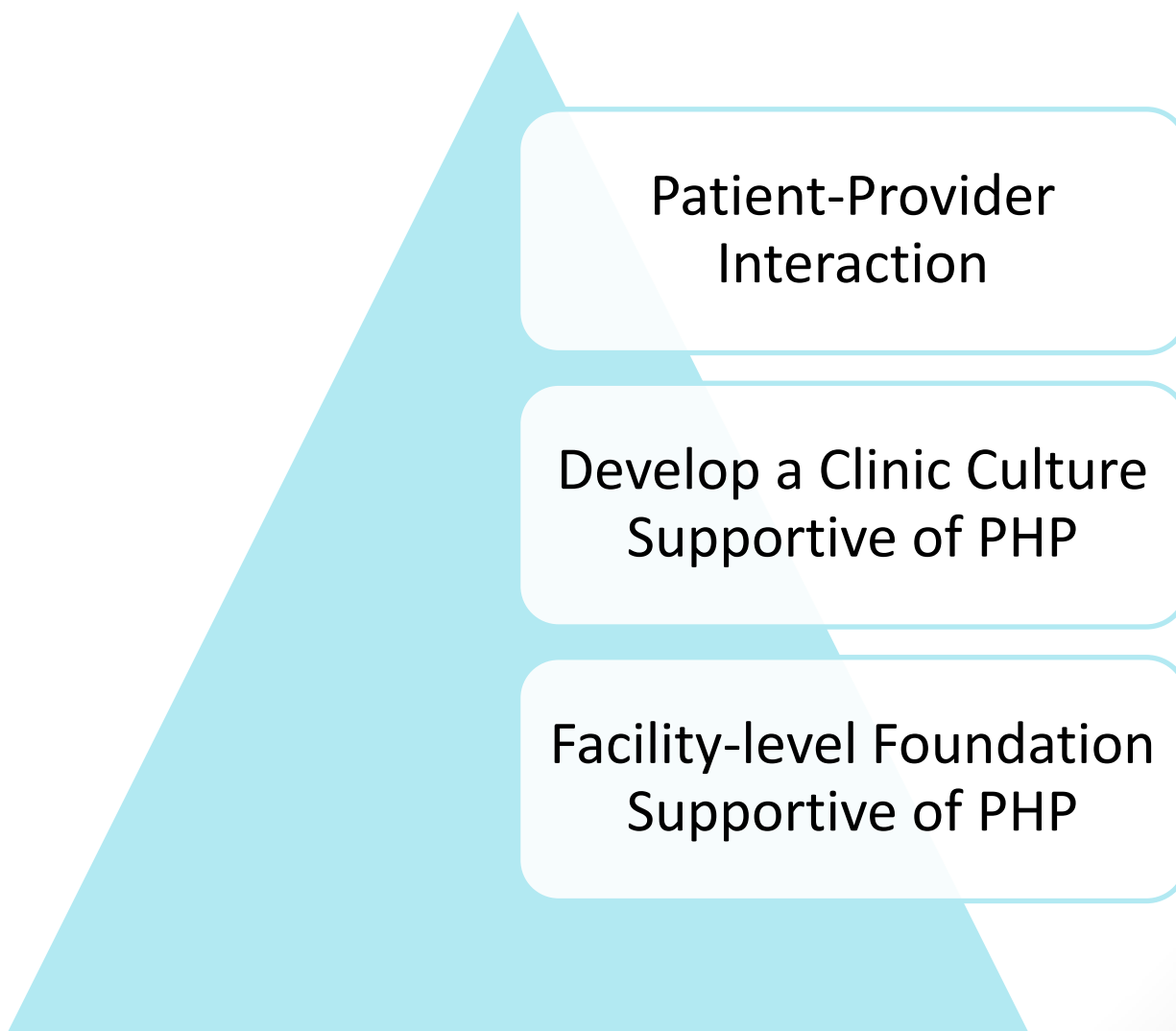
- *clinicians & ancillary staff discuss throughout appt.

- *Clinicians or ancillary staff refer patient

- **Health Coach* works with patients

- *HC develop PHP & provide ongoing support

Phase 1.2 Findings



Build a Facility-level Foundation Supportive of PHP

- Leadership support at all levels
- Quality over quantity
- PHP information documented and communicated

Site 10

- PHP in the electronic medical record (EMR)
- Clinical Application Coordinator (CAC) enlisted to develop an electronic template in EMR
- Entire facility had access to a patient's PHP

Develop a Supportive Clinic Culture

- Involve providers in the implementation process
- Engage all primary care providers in PHP
- Train team members responsible for PHP
- Raise awareness across ancillary staff

Site 10

- Ancillary staff (dietitian, social work, pharmacy, behavioral health)
 - Largely unaware of PHP
 - Developed their own care plans, in accordance with their scope of practice
 - Care plans were not informed by or even congruent with PHPs
- A dietitian characterized his role by saying: *“[My] plan has more to do with the goals that we [the providers] actually set for the patients... [We] make sure that they’re onboard with. I mean I’m never going to tell a patient, you know, ‘You need to do this,’ without them, you know, acquiescing to actually do it.”*

Patient-Provider Interactions

- Orient the patient
- Engage patients in conversations about their priorities
- Collaboration between primary care and ancillary staff
- Identify meaningful goals with actionable plans

Site 4

Beginning of appointment.

Clerk introduces PHP & explains it is a different way of providing healthcare
"[PHP] really helps put you in the driver's seat of your health care. For a long time, the VA has been the driver of that bus, and that's really not where we should be"

End of the appointment.

Clerk checks the patient out.

Asks if the patient has questions or issues the patient had not had the opportunity to ask.

Putting PHP into Practice (cont.)

- Orient the patient
- Engage patients in conversations about their priorities
- Collaboration between primary care and ancillary staff
- Identify meaningful goals with actionable plans

Site 10

Patient

Made PHP appointment focused on smoking cessation

Previous day, had emergency appointment for high blood glucose

Appointment

Nurse framed the appointment

Health coach & nurse ask patient about his daily life (not smoking)

Daily life discussed ; marked by when and where the patient smoked

Plan

Collaboratively decided to reduce smoking during work breaks

Health coach & nurse suggested strategies– which the patient connected to diabetes management

Recommendations for Implementing PHP

1. Develop a local vision, including facility-level strategic planning and self-reflection
2. Define roles and communication practices across the team
3. Create infrastructure to support the PHP process, built on existing processes and attentive to patient flow
4. Conduct iterative rounds of piloting to incorporate staff, provider and patient needs
5. Foster an organizational climate that supports PHP, such as identifying and supporting PCC champions

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- **Site level**
 - **EPCC research team and study sites**
- **Team level**
 - **EPCC qualitative research team and quantitative research team**

II. Quantitative

Aims and Approaches

- Assess veteran perceptions of the Personal Health Planning (PHP) Process and its impact on patient-level outcomes

➡ Veteran Experience Survey

- Evaluate effects of PHP on clinical outcomes over time

➡ Time-series analysis of selected clinical measures

Veteran Experience Survey

Survey Measures of the PHP Process Derived from Qualitative Work

Personal Health Goals

Actions by VA primary care team and health coach to help reach personal health goals

Helpfulness of specific programs and services at site in reaching personal health goals

Experiences in personal health planning

Satisfaction with personal health planning

Additional Measures – Previously Developed, Validated, and Used

Patient Experience Category

Measures Used

Process of Care

Communication Assessment Tool (CAT), CollaboRATE

Self-Reported Health and Functional Status

PROMIS (Patient Reported Outcomes Measurement Information System)

Self-Efficacy

Chronic Disease Self-Efficacy Scale

Patient's Confidence in Managing Health

Patient Activation Measure (PAM)

VA Services

Services offered at outpatient sites

Sociodemographics

General health, sex, age, social conditions, etc.

Survey Methods

- Conducted at the 2 PHP sites with the qualitative evaluation and 2 comparison sites similar in region, size, and complexity.
- As example, presenting results from one PHP site and its comparison site (urban Midwest)
- Survey mailed to patients along with a \$5 CVS gift card as incentive; reminder card sent to non-respondents
- Survey samples
 - Identified by healthcare teams
 - PHP site - 304 outpatients - 168 completed surveys (55%)
 - Comparison - 304 outpatients - 149 completed surveys (49%)

Veteran Experience Survey at PHP Site

Top 10 Personal Health Goals

- 1) Get more exercise
- 2) Eat more healthy food
- 3) Manage long-term health condition
- 4) Lower blood pressure or cholesterol
- 5) Lose weight
- 6) Improve my sleep and feel more rested
- 7) Become more involved in my health care
- 8) Manage my anxiety or depression
- 9) Manage my pain
- 10) Take my medications when I should

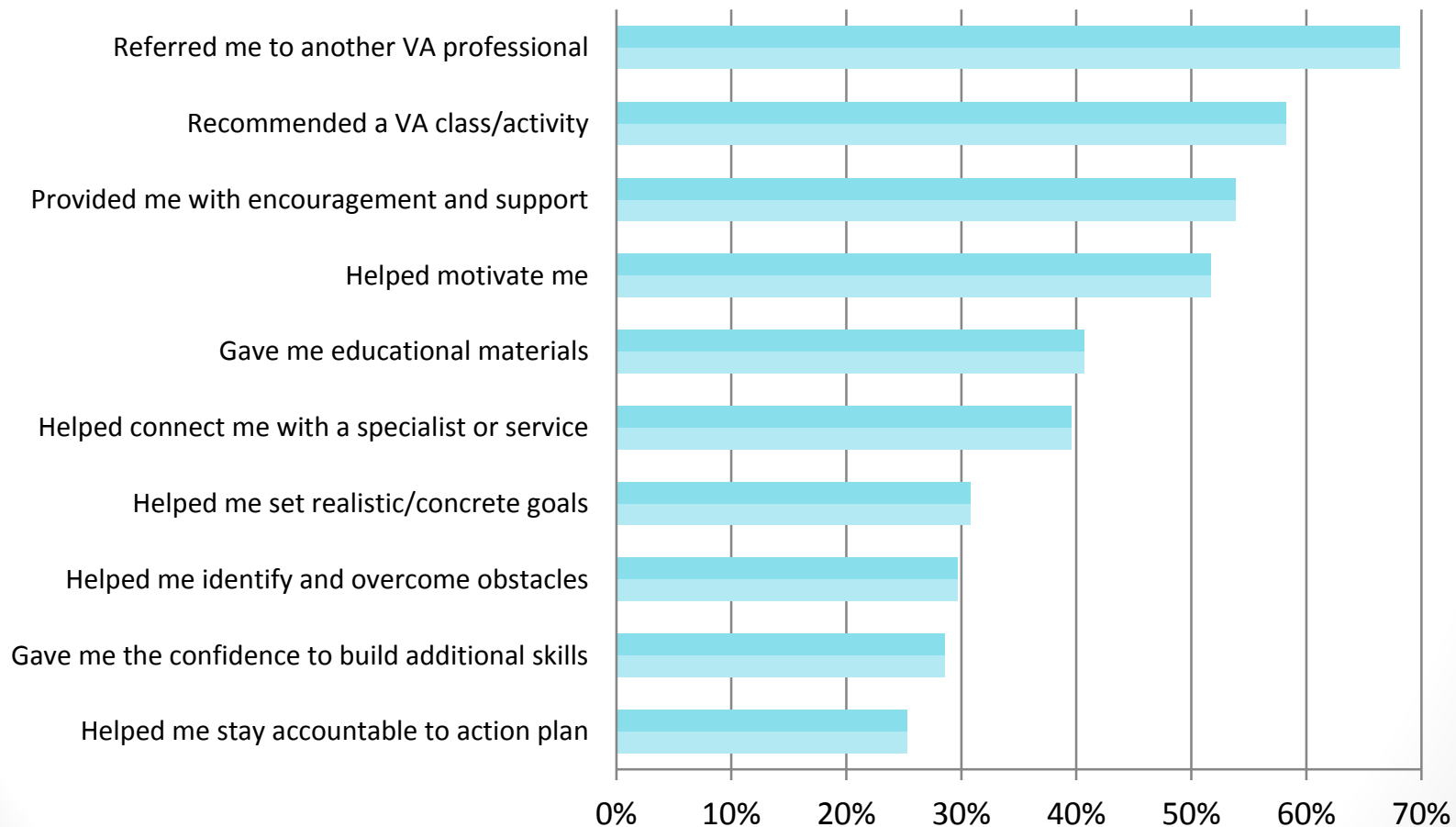
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Veteran Experience Survey at PHP Site

How VA primary care team or health coach helped veterans reach their personal health goals



Veterans received broad and varied support in reaching health goals

Veteran Experience Survey at PHP Site

Experiences of Veterans in Personal Health Planning




88%	Personal health goal is important to health and well-being
75%	Would recommend setting a personal health goal
74%	Had enough say in selecting a personal health goal
73%	Made progress toward reaching personal health goal
72%	Someone followed up to discuss progress on personal health goal
70%	Often discuss personal health goal at visits with VA primary care team or coach
69%	Relationship with VA health care team or health coach was helpful in making progress towards personal health goal
68%	Choosing a personal health goal improved my health and well-being

Veterans' experiences were generally favorable in support of reaching health goals

Veteran Experience Survey at PHP Site

Correlations of Veterans' Experiences in PHP with Patient-Reported Outcomes

Patient-reported outcomes from the survey →	Collabo RATE	Promis 10	Self- efficacy	PAM 13
Personal health goal is important to health and well-being	△△	△		△
Would recommend setting a personal health goal	△△△△	△△△△	△△△△	△△△△
Had enough say in selecting a personal health goal	△△△△	△△	△△△△	△△△△
Made progress toward reaching personal health goal	△△△△	△△△△	△△△△	△△△△
Someone followed up to discuss progress on personal health goal	△△△△		△	△
Often discuss personal health goal at visits with VA primary care team or coach	△△△△	△△	△△△△	△△△△
Relationship with VA health care team or health coach was helpful in making progress towards personal health goal	△△△△	△△△△	△△△△	△△△△
Choosing a personal health goal improved my health and well-being	△△△△	△△△△	△△△△	△△△△

 $0.05 > p \leq 0.01$
 $0.01 > p \leq 0.001$
 $P < 0.001$

Veterans' experiences were highly correlated with patient-reported outcomes

Veteran Experience Survey

Site Comparisons of Patient-Reported Outcomes

Patient-reported outcomes from the survey	Difference between sites
CollaboRATE: Patient-centered communication/involvement	N.S.
PROMIS: Physical Function	N.S.
PROMIS: Anxiety	N.S.
PROMIS: Depression	N.S.
PROMIS: Fatigue	N.S.
PROMIS: Sleep Disturbance	N.S.
PROMIS: Social Function	N.S.
PROMIS: Pain Interference	N.S.
PROMIS: Pain Intensity	N.S.
Self-Efficacy in chronic disease care	N.S.
PAM: Patient activation	N.S.

No differences between PHP and comparison sites in patient-reported outcomes

Time-series analysis of clinical measures

- Clinical Measures
 - Body weight (BMI)
 - Blood pressure
 - LDL
 - HbA1C (glycemic control)
- Analysis
 - Serial measures from 24 months before & after initial PHP visit
 - Trends in measures; interrupted time-series analysis; site comparisons
- Analyses are on-going; no results to date

Summary

- Veterans had a range of personal health goals
- Veterans report experiencing the PHP process as positive - collaborative, patient-centered, and important to their health.
- Veterans experiences with PHP were related to better patient-reported outcomes
- No short-term measurable differences between sites in self-reported outcomes, such as health status, functional status .
- Awaiting results of analysis of clinical measures
- More rigorous design may reveal potential benefits of PHP –
 - Comparison of pre-PHP to post-PHP results
 - PHP over time at multiple visits
 - Longer follow-up for self-reported and clinical measures

III. Working in Partnership

Deliverable and Date	Reach: Internal VA calls, meetings & conferences		Dissemination: Presentations and Publications Outside the VA (including drafts & submissions)	
WRITTEN & ORAL	BY EPCC	BY OPCC&CT	PRESENTATIONS	PUBLICATIONS
<ul style="list-style-type: none"> • PHP Implementation Interim Report (5/8/15) • PHP Implementation Final Report, “Approaches to Personal Health Planning in VA: Results of a multisite evaluation.” (12/23/15) 	<ul style="list-style-type: none"> • COI Call (10/16/15) • Integrative Health COP Call (2/11/16) • VIREC CyberSeminar. 10/18/16. 	<ul style="list-style-type: none"> • OPCC&CT Staff Meeting (5/15) • PHI Community of Practice (12/11/15) • VA Pulse (1/16) • Whole Health Community of Practice (1/16) • Email to Veterans Health mailing list, “Engaging Veterans with Personal Health Planning” (3/16) 	<ul style="list-style-type: none"> • Examining the Implementation of VA’s Personal Health Planning Tool for Veteran-Centered Healthcare (Fix, et. al, HSR&D oral presentation, 7/9/15) • Understanding Personal Health Planning Across VA (Bolton, et. al, HSR&D oral presentation, 7/9/15) • Continuing the Conversation: Ongoing Follow-up of Personalized Health Plans (Luger, et. al, HSR&D oral presentation, 7/9/15) • Striking the Balance: A Case Study in Exemplary Patient-Centered Communication (Fix, et. al, ICCH oral presentation, 10/25/15) • Implementing Personal Health Planning in VA: Results of a Qualitative, Multisite Evaluation (Fix, et. al., oral presentation at Academy Health, 6/26/16) 	<ul style="list-style-type: none"> • Ongoing Follow-up of Patient’s Personalized Health Plans: An Examination of VA Practices and Lessons Learned (Luger, et. al., draft) • Implementing Personal Health Planning in VA: Results of a Qualitative, Multisite Evaluation (Fix, et. al., draft) • Bolton, R., Bokhour, B.G., Hogan, T.P., Luger, T.M., Fix, G.M. (<i>In Preparation</i>). Patient-centered approaches to health planning in primary care teams.

Strengths & Challenges

- Strengths
 - Partnering= iterative discussions between OPCC&CT & EPCC
 - Rapid, flexible study design
 - Holistic, integrated mixed methods study design
 - Design allowed for:
 - OPCC&CT and EPCC to understand what the sites are doing to adapt PHP to their context.
 - Development of survey questions/measures
 - Interpret outcomes.
- Challenges
 - Trying to measure real world, natural experiment= messy
 - PHP does not always equal PHP
 - Need a large, dedicated team
 - Streamlining communication amongst all the partners

Strategies for conducting rapid, partner-aligned work

- Prioritize study aims over initial proposed plan
- “Team science”
- Bi-directional communication between partners
- Utilize reflective processes as a team
- Rapid data collection and analysis procedures
 - BUT maintain rigor through adherence to research methodological principles

Conclusions

- Need for multiple kinds of data to understand a complex intervention
- Informs Operations/Front line employees
- Evaluators need to be flexible and adaptable
 - Incorporating partner feedback
- Efficient use of resources
- Next steps
 - EPCC FY' 16 & '17
 - Whole Health Evaluation

Thank you

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**Next session:
November 15, 2016**

**QUERI/Partnered Evaluation Initiative
Cyberseminar Schedule**

**Partnered Evidence-Based Policy Resource Center
(PEPReC), Session #1**

Steve Pizer

Christine Yee

Taeko Minegishi

Resources



Additional
information→

Personal Health Planning

Organizing Principles

Practice of Whole Health

Personal Health Planning



Data Collection 1.2

Role	Site 4	Site 10	TOTALS
Administrative Staff	5 interviews; 1 observation	3 interviews; 1 observation; 1 focus group	8 interviews; 2 broad observations; 1 focus group
Health Coach Program		3 interviews	3 interviews
PACT Team	8 interviews	4 interviews	12 interviews
Ancillary Staff	3 interviews	3 interviews	6 interviews
Patients	9 observations 2 interviews	4 observations 4 interviews	13 observations 6 interviews

TOTAL: 35 interviews; 15 observations; 1 focus group

Qualitative Conclusions

- Need concurrent, multilevel strategies to implement a complex PCC initiative
- Efforts need to be reinforced at all levels of the organization
- Having clinic staff dedicated to PHP is necessary, but insufficient
- Engage all stakeholders and reinforce across all team members
- Piecemeal PHP implementation results in care practices which fall short of patient-centered care transformation.