Reconstructing Healthcare: From Problem Based Disease Care to Whole Person Health Care

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How are we doing?

- U.S. Healthcare Ranked Dead Last Compared to 10 Other…Forbes
- US Healthcare Ranked Worst in the Developed World…..TIME
- Once again, US has most expensive, least effective health care… Wash Post
- Ranking 37th – Measuring the Performance of US Health Care….NEJM
- Spending More and Getting Less for Health Care – NYTimes
- US Health Outcomes Far Worse than Other Comparable Nations…
The Economics and the Outcomes

UC Project for Global Inequality
The U.S. is in a **REAL** crisis

The Financial Imperative:

- Budget deficit and debt
- Healthcare consumes 18% of our GNP, with unsatisfactory results
- If it continues to rise 5% annually, in 2021 it will consume 31% of our GNP
- This is unarguably unsustainable. The United States will lose its ability to compete in the global market and the consequences are significant.
The Outcomes: Heart Disease

- Heart disease remains the #1 killer of Americans
  - 1.3 m angioplasties, $48k each, $60B in 2006
  - 448,000 bypass, $100k each, $44B
  - Angioplasties and stents do not prolong life or prevent heart attacks in stable patients (95% of those who receive them) N Engl J Med 2007
  - Bypass surgery prolongs life in less than 3%

- AND changing lifestyle could prevent at least 90% of all heart disease  Lancet. 2004 Sep
The Take Home Lessons

Doing more of the same,
Even if we do it better,
will NOT fix this problem.

We are not designed to do what is needed.
How did we get here??
Concepts of Health and Disease

1900s -- Reductionism: Single Factor = Find It/ Fix It

- Causative Factor → Disease

2000s -- Complexity: Multiple Factors = Predict It/ Personalize It

- Baseline Risk
- Environmental Factors
- Preclinical Disease Progression
- Disease Initiation
- Disease Progression
- Irreversible Damage
- Health Enhancement

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What Needs to Change?
IOM Rules for the 21st Century Health Care

_Crossing the Quality Chasm_, Institute of Medicine, 2001

Current Approach

- Care based on visits
- Professional autonomy drives variability
- Professionals control care

New Approach

- Care based on continuous healing relationships
- Care is customized according to patient needs and values
- Patient is source of control
Personalized and Proactive

Personalized Health Planning

Coordinated Care

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The Root Cause Of Our Failure?

The root cause of the crisis is that we have put the disease at the center, not the person.

A few illustrations
THE ASPIRATIONS MODEL

"I am..." ASPIRATIONS

"We are..." BEHAVIORS

Positive Feedback

Say Do Think Feel

Corrective Feedback

Rationalization Explanation Blame Justification

Overwhelmed Helpless

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Model developed by Roger Fritz of Leadership by Design
Does it Really Matter? To Start with What Really Matters?

- Study done by Hill, et al, N > 6000
- People who had a greater sense of purpose and direction in life were more likely to outlive their peers
- People with a sense of purpose had a 15% lower risk of death compared to those who said they were aimless

And what happens if we intentionally link health care to this purpose?
Modern medicine starts with the body, rather than the soul; The mind, rather than the heart.

The soul and heart are the doorways to healing and health of the body and mind.

Now we can design for this approach and lead the way.
The Role of the Veterans Health Administration
Strategy 6:

Advance health care that is personalized, proactive, and patient-driven, and engages and inspires Veterans to their highest possible level of health and well-being.
Personalized, Proactive, Patient-Driven Care

1. Personal Health Mission and Plan

2. Whole Person and Integrative Strategies
   Incorporating
   And

3. Skill Building and Support that works
The HOW Expands

**Mission** for Life and Health

A Personal Health **Plan**

**Training** and Skill building

**Support** to succeed
The Whole Health Model: The WHAT Expands

Integrative Health practices catalyze synergies across the dimensions of health and well-being to activate the Veteran’s innate healing capacities.
Resources and Services
YOUR PERSONAL HEALTH INVENTORY

1. What REALLY matters to you in your life?

2. What brings you a sense of joy and happiness?

3. On the following scales from 1-5, with 1 being miserable and 5 being great, circle where you feel you are on the scale.

   **Physical Well-Being:**
   1  2  3  4  5
   Miserable  Great

   **Mental/Emotional Well-Being:**
   1  2  3  4  5
   Miserable  Great

   **Life: How is it to live your day-to-day life?**
   1  2  3  4  5
   Miserable  Great
The application of this tool clearly illustrates that the PHI alters the framing of the health of Veterans.
Personal Health Plan

- Personal Mission (What matters)
- Health/life goals
- Self-care
- Therapeutic
- Skill building/Education
- Consults/referrals
- Timeline and follow-up
Whole Health Education & Resources

Clinical Program
Whole Health Coaching Program
Whole Health Group-Based Program
Whole Health Engagements
On-Line Modules
Community of Practice Calls
Whole Health Online Curricula

- Grounded in the Whole Health Approach
- Structured around the “Circle of Health”
- 35 + Educational Overviews
  - 3 Introductory Modules
  - 1 Mindful Awareness: Me at the Center
  - 9 Modules on Self-Care (green circles), and Clinician Self-Care Module
  - 22+ Professional Care Modules
  - Patient Vignettes
  - PHI and PHP featured universally
  - Call Out Boxes, Practice Tips and Mindful Awareness Moments
- 161 + Clinical Tools
- 30 subject matter experts authored
- 23 VHA peer reviewers
Clinical Course: Evaluation

- Three data collection points (pre-test, immediate post-test and two-month follow-up).
- Outcomes measured: (1) Attitudes towards IM, (2) Self-Efficacy to engage in Whole Health Behaviors, (3) Perceived Benefits of Whole Health, (4) Institutional Support, (5) Preparedness to Discuss with Veterans Non–Pharmaceutical Approaches for treating chronic conditions, (6) Intentions to use Whole Health strategies during clinical encounters, and (7) past month Engagement in Whole Health Approaches during clinical encounters.
- Statistically significant increases in all outcomes; across all sites, pre-test to immediate post-test (short term effects), including greater use of whole health approaches during clinical encounters, pre-test to the two-month follow-up (longer term effects).
WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of Personalized, Proactive and Patient-Driven Care

Whole Health:

- Places each person at the center of his or her own health care
- Shifts the focus of care toward health and well-being
- Utilizes Mindful Awareness to promote self-care and healing
- Emphasizes the importance of relationships and partnerships
- Incorporates a range of conventional and complementary approaches
- Supports the VHA’s mission and #1 strategic goal
- Includes an onsite program, educational overviews, clinical tools and TMS curriculum

VHA Mission

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VHA #1 Strategic Goal

Provide Veterans personalized, proactive, and patient-driven health care.

Whole Health: Change the Conversation is a collaborative effort of the VHA Office of Patient Centered Care and Cultural Transformation, Pacific Institute for Research and Evaluation, and the University of Wisconsin-Madison School of Medicine and Public Health, Integrative Medicine Program, in support of the VHA’s effort to affect transformational change towards a Whole Health model of health care delivery.
Whole Health Group Based Program

- Developed 9 week program
- Open & closed groups
- Peer-led
- 90 minute sessions
- 7 peer facilitators
  - 6 led or co-led one of the groups held at each site
- 11 program participants
  - 11 participated in at least 1 session and complete pre-test
  - 5 participated in at least 7 sessions and completed post-test
Statistically significant increases were noted in the following outcomes:

- Preparedness to use WHC skills
- Self-efficacy
- Intention to use WHC skills
- Past month use of WHC skills

“During the last three days of health coaching, I was so overwhelmed with the power of health coaching, I developed a deeper appreciation of the application of health coaching and whole health in a unified manner. It was so powerful that I wanted to get these skills and knowledge to every primary care provider and teamlet today! Then, show them how to apply them in a practical matter.”

Parag Dalsania, M.D.
Qualitative Results

Peer Facilitator Comment
“We see now that the whole goal is not to have an individual hospitalized, the whole goal is not to pour on medications, the whole goal is to get that individual involved in their whole health.”

Veteran Comments
“I applied to go to college, applied for my grants and loans. I got all that in the works. I’m fixing to get my GRE.”

“Nine weeks ago I was thinking about getting a job. Today I’m working at a job, so I kept my goal focused on what I had to do. I even got a resume. I done moved up. I got my resume. I got it. I hadn’t thought about stuff like that but I done accomplished that. I’ve got it done.”

“[SMART goals] taught you how to set goals for different things you wanna do. Things you never would have thought of doing. You’re doing it now. You’re listening. You got this. Go get a job. Stop drinking.”
Veteran Quantitative Results, Pre-Post
Intranet, Cloud, and Internet Sites
Strong Practice Toolkits

http://healthforlife.vacloud.us/
Research and Evaluation
Compendium of Research Related to Patient Centered Care

1. Implementation of patient-centered clinical practice interventions
   1a. Customized Health Planning
   1b. Motivational Interviewing / Coaching
   1c. Shared decision making / Provider communication
   1d. Integrative therapies (integrative health, integrative medicine, CAM)
   1e. Use of healthcare informatics to improve access, expand reach, increase patient engagement (e.g., telehealth, mobile apps, etc.)
   1f. Collaborative/integrative care interventions: integrations of mental health, behavioral health, substance abuse services, or chronic pain management interventions that are designed to specifically promote
   1g. Intervention strategies designed to promote family involvement in patient care
   1h. Intervention strategies designed to promote peer support, such as the implementation of peer support specialists
   1i. Other patient centered care

2. Implementation of patient-centered experience interventions
   2a. Human resources practices (e.g., patient-centered care training for staff, hiring new staff who embody the patient centered culture
   2b. Physical environment (e.g., relaxation/relief spaces, noise control, Planetree, etc.)
   2c. Other studies that examine patient healing environments, such as staff and provider interactions with patients
Evidence Maps: Mindfulness, Acupuncture, Tai Chi, Yoga
• Lessons from the Field for Implementing PCC
• Compendium of VHA research related to PCC
• Personal Health Inventory Analysis
• Whole Health Education Level 3&4 Evaluation
• Integrative Health Implementation
• Interactive Patient Care Evaluation
• PCC Metrics Project
• PRIMIER
• All Employee Survey
• Evaluation Toolkit
NIH DOD-VA Collaboration


- The full report is available at: https://nccih.nih.gov/about/naccih/military-report.
Next Steps

• Comprehensive Roadmap with defined levels of transformation across the core elements and tools for advancing in each.

• Advance education and new approaches for clinicians, Veterans, and peers.

• Integrating across service lines.

• Scalable outreach such as peer groups, Getwell Network Whole Health

• Expand research.
Reorientation to Whole Health

• A portfolio of approaches to be personalized, including:
  – Gateway to Whole Health
  – Peer led group based Program for Veteran and their family
  – Clinical integration (PACT, MH, Specialty Care)
  – Care in the community
  – Community interfaces and resources
How Privileged We Are

Imagine a day when the job of Health Care is to help people explore, discover and reconnect to their purpose, their aspiration, their joy.

And then, we work together to strengthen one’s health and healing to live this, to live one’s fullest life.
Questions, Comments, and Invigorating Discourse
Elements of Patient Centered Care

Experience of Healthcare

Me

Practice of Whole Health*

* Personalized, Proactive, Patient-driven Care
Elements of Patient Centered Care

Experience of Healthcare

- Healing Environments
- Healing Relationships

Practice of Whole Health*

- Components of Proactive Health & Well-being
- Personalized Health Approach

Organizational Support Structures

* Personalized, Proactive, Patient-driven Care