

MOVE!

VA National Center for Health
Promotion & Disease Prevention



Your Health is your most valuable asset... Protect it!

What is *MOVE!*?

"Managing Overweight/Obesity for Veterans Everywhere"

A weight management & physical Activity
Initiative developed by the

VA National Center for Health Promotion and
Disease Prevention



Who is "VA" ?

Department of Veterans Affairs

- Veterans Health Administration
- Patients: 4.9 million, ~ 6.9 million enrollees
- Medical Centers: 162, ~1,300 Sites-of-Care



Who is "VA" ?

Department of Veterans Affairs

- Employees: ~184,000
 - (~15,000 MD ; 50,000 Nursing staff; 33,000 AHP)
 - 21,000 *fewer* employees than 1995
 - Additional 25,000 affiliated MD's
- Affiliations: 107 Academic Health Systems
 - 60% (70% MDs) US health professionals have some training in VA



Change prevention

Who Are Our Patients?

- Older (and Aging)
 - **49 % over age 65**
- Sicker
 - **Compared to Age-Matched Americans**
 - **3 Additional Medical Diagnoses**
 - **1 Additional Mental Health Diagnosis**
- Poorer
 - ~ **70%** with annual incomes < \$26,000
 - ~ **40%** with annual incomes < 16,000



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Who Are Our Patients?

- Ethnic Distribution
 - **White 72.9%**
 - **Black 15.4%**
 - **Hispanic 5.9%**
 - **Other 5.9%**
- Changing Demographics
 - **4.5% female overall**
 - **Females: 22.5% of outpatients less than 50 years of age**



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Why *MOVE!* ?

Estimates of actual obesity among veteran patients range from **21%** (BRFSS) to **36%** (VA height & weight database), with the higher figures being **more** likely.



MOVE! is Evidence-Based

Clinical Guidelines published by NIH (1998), and the companion Practical Guide (2000), as well as other current literature (e.g., USPSTF)



MOVE! is Evidence-Based

❖ There are currently 17 limited-scope feasibility clinical trials of the program in operation throughout the nation.

❖ Additional full-scale trials are being planned



MOVE! Features

- ❖ Public health population-based approach
- ❖ Comprehensive program
- ❖ Lifetime rather than episodic care



MOVE! Features

- ❖ Primary/ambulatory care setting
- ❖ No increase in staff or resources
 - Reallocation of some tasks may be necessary
 - No load on the physician
- ❖ Non-specialized staff - multidisciplinary



MOVE! Features

- ❖ Fully scripted staff-patient interactions
- ❖ Immediate enrollment
- ❖ Stepped care model



MOVE! Features

- ❖ Is do-able
- ❖ For veteran patients with BMI >25
- ❖ Emphasis on health benefits, not looks



How Does ***MOVE!*** Work?

- ❖ BMI determined during routine visit
- ↓
- ❖ Scripted encounters are utilized
- ↓
- ❖ Patient offered opportunity to enroll
- ↓
- ❖ Decliners are counseled
- ↓



How Does ***MOVE!*** Work?

- ❖ Enrollees complete on-line questionnaire
- ↓
- ❖ Tailored reports:
 - ✓ Individual patient profile
 - ✓ Report for staff
- ↓



How Does *MOVE!* Work?

- ❖ Printed individualized profile is given to patient



- ❖ Package of "standard" handouts



- ❖ Optional tailored handouts



- ❖ Pedometer



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How Does *MOVE!* Work?

- ❖ Staff reviews reports and handouts with patient



- ❖ 1-2 brief goals agreed upon



- ❖ Follow up date, time, method established



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How Does *MOVE!* Work?

- ❖ Follow up by phone occurs at 1 week, 3 weeks, and every 2-4 weeks thereafter



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How Does *MOVE!* Work?

- ❖ Progress is reviewed, barriers addressed, additional information sent, reinforcement given



- ↓
- ❖ Maintenance contact every 3-6 months



How Does *MOVE!* Work?

Some patients need more help...

- ❖ Weekly group sessions
- ❖ Individual consultations



How Does *MOVE!* Work?

- ❖ Some patients need even more help...

- ❖ Pharmacotherapy
- ❖ Brief residential
- ❖ Bariatric surgery



MOVE! Interventions

❖ Brief Counseling

- ❖ Behaviorally based
- ❖ Stages of change
- ❖ Motivational interviewing & shared decision making techniques
- ❖ Addresses all identified barriers



MOVE! Interventions

❖ Caloric reduction

- ❖ Examples of typical low fat/high carb & high protein/low carb diets will be provided
- ❖ No specific diet is recommended
- ❖ No starvation diets



MOVE! Interventions

❖ Physical Activity

- ❖ Do-able
- ❖ Sustainable
- ❖ No expensive gyms
- ❖ Emphasizes ALL activity
- ❖ Includes the disabled



MOVE! Interventions

❖ Behavior Modification

- ❖ Gradual change
- ❖ Stimulus control alterations
- ❖ Substitute behaviors
- ❖ Skill building
- ❖ Knowledge enhancement
- ❖ Includes cognitive and behavioral changes



Other *MOVE!* Components

- ❖ Executive Advisory Council
- ❖ VA Steering Committee
- ❖ Nationwide training for VA staff
- ❖ Nationwide promotion campaign



Other *MOVE!* Components

- ❖ Performance measures
- ❖ Weight management Directive
- ❖ VA/DOD Clinical guidelines for evaluation and treatment of overweight and obesity



Other *MOVE!* Components

- ❖ Ongoing *MOVE!* support, development, and evaluation
- ❖ Ongoing research agenda
- ❖ Peer "coaching" initiative



Implications of *MOVE!*

- ❖ The VA will effectively address the obesity epidemic with a robust national program
- ❖ Every overweight VA patient will be exposed to an intervention, from minimal to intense, as needed



Implications of *MOVE!*

- ❖ Veterans' health status will improve
- ❖ Veterans' quality of life will improve
- ❖ The VA will realize long term cost savings



Implications of *MOVE!*

- ❖ When fully implemented, *MOVE!* will be the largest weight management program associated with a national health care system
- ❖ *MOVE!* can serve as a model for other health care systems



Thanks for your
Attention...


