COMPLEMENTARY AND INTEGRATIVE HEALTH (CIH) RESOURCE GUIDE

Version 2

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

Last Update: October 2017

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Chapter 1: Introduction

OPCC&CT has developed the Complementary and Integrative Health (CIH) Resource Guide to provide a comprehensive review of CIH policy and implementation guidance within a VA setting. This guide is meant to be a living document and is aimed to support the field in implementing CIH/wellbeing programming at the facility level. Additionally, OPCC&CT now has a Field Implementation Specialty Team for CIH that can help you use the resource guide to develop CIH/wellbeing programming.

- **For CIH Field Implementation Questions Contact**: FIT CIH Specialty Team VHAOPCCCTCIHSpecialtyTeam@va.gov
- **For National CIH Program / Policy Questions Contact:** IHCC Team Mailbox vhaopcctintegrativehealth@va.gov

Definitions

The definition for *Whole Health* was adapted from the Academic Consortium for Integrative Medicine & Health (formerly the Consortium of Academic Health Centers for Integrative Medicine) definition of Integrative Health. This definition is widely used within VHA in order to make clear that Integrative Health is not just pertaining to complementary and integrative health approaches. In the non-VHA sector, *Integrative Health* is the widely accepted term. The two terms, *Integrative Health* and *Whole Health*, are synonymous, but ***Whole Health*** is the term endorsed by VHA leadership and used widely within VHA to describe this larger transformation of medicine.

Whole Health: Whole Health is patient centered care that affirms the importance of the relationship and partnership between a patient and their community of providers. The focus is on empowering the self-healing mechanisms within the whole person while co-creating a personalized, proactive, patient-driven experience. This approach is informed by evidence and

makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and well-being. (Adapted from the Consortium of Academic Health Centers for Integrative Medicine and the VHA 2013 – 2018 Strategic Plan)

Integrative Health: Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing. https://www.imconsortium.org/about/about-us.cfm

Integrative Medicine: The term usually used to refer to a style of practice that places strong emphasis on a holistic approach to patient care while focusing on reduced use of technology. Physicians advocating this approach generally include selected complementary health practices in care they offer patients, and many have established practice settings that include complementary health practitioners.
https://nccih.nih.gov/sites/nccam.nih.gov/files/NCCIH_2016_Strategic_Plan.pdf

Complementary and Integrative Health (CIH): Complementary health is a group of diverse medical and health care systems, practices, and products that are not considered to be part of conventional or allopathic medicine. Most of these practices are used together with conventional therapies. (NCCIH Strategic Plan 2016). Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing. (Academic Consortium for Integrative Medicine and Health 2016). **Note**: Within VHA, the phrase "complementary and integrative health" is most often used to denote approaches used within a whole health system, such as Yoga, Tai Chi, Meditation, Guided Imagery, Massage, Acupuncture, etc.

Whole Health System and CIH

The Whole Health System was developed by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in collaboration with the Veteran Experience Committee (VEC) and endorsed by the National Leadership Council (NLC). **In sum, the Whole Health System is a systematic approach to provide whole health care early in the relationship between VA and the Veteran, emphasizing self-care in the larger context of well-being, and incorporating a full range of conventional and complementary and integrative health approaches.** The Whole Health System moves VA from focusing on episodic care to a more continuous engagement with the Veteran throughout his/her life. Additionally, the Whole Health System model is the current vision for complementary and integrative health (CIH) integration in VA. Notably, CIH can be and has been implemented in the absence of the full Whole Health System model; however, the vision of the future state is that CIH integration occurs in the context of healthcare transformation to this whole health model. The healthcare crisis in the United States has led to a call for transformation to a proactive model of care; VA has the opportunity to become the national leader in Whole Health care delivery and the Whole Health System model is a roadmap to this paradigm shift.

Read more about the Whole Health System here: Whole Health System Overview.

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

The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) was established in January 2011. OPCC&CT is working with VHA leadership and other program offices to transform the system of health care from the traditional medical model to a personalized, proactive, patient-driven model.

Mission: Catalyze and sustain cultural transformation in healthcare for and with our Veterans.

Vision: To transform from a problem-based disease care system to a patient centered health care system.

OPCC&CT has 5 areas of emphasis:

1. **Integrative Health Coordinating Center (IHCC)**

   The IHCC is charged with developing and implementing CIH strategies in clinical activities, education, and research across the system. Two major functions of the IHCC are:

   - To identify and remove barriers to providing integrative health services across the VA
   - To serve as a resource for clinical practices and education for Veterans, clinicians, and other VA staff and stakeholders.

2. **Deployment: Field Implementation Teams (FIT)**

   The FIT is the deployment arm of OPCC&CT. The FIT is organized into 4 regions. Each region has a regional lead and a team of FIT consultants. Facilities are partnered with a FIT

consultant who provides consultative services for patient centered care and whole health implementation. Facilities can contact regional FIT Leads using the emails below:

- Region 1(VISNS 18-22): Kathy Hedrick, Kathy.Hedrick@va.gov
- Region 2 (VISNs 12, 15-18, 23): Amanda Hull, Amanda.Hull2@va.gov
- Region 3 (VISNs 5-9): Christian DiMercurio, Carlo.DiMercurio@va.gov
- Region 4 (VISNs 1-2, 4, 10): Donna Faraone, Donna.Faraone@va.gov

3. Whole Health Education (Link)

The transformation from a disease model of care to Whole Health care that includes Complementary and Integrative Health (CIH) approaches requires training and education for VHA employees and professional staff and Veterans and families. OPCC&CT designs and delivers Whole Health education to the VHA workforce to empower and equip Veterans with the knowledge and skills they need for sustainable behavior and lifestyle change and improved health outcomes. OPCC&CT partners with the Pacific Institute for Research and Evaluation, the Department of Defense, and other VHA program offices to create a core Whole Health and CIH curriculum that is broadly accessible through varied learning modalities and multiple venues. Additionally, OPCC&CT is building a national pool of highly- trained and skilled Whole Health and CIH educators and faculty.

Contact: Kelly Howard (Kelly.Howard@va.gov) or Sara Grimsgaard (Sara.Grimsgaard@va.gov)

4. Research

OPCC&CT has partnered with *VA Health Services Research and Development (VA HSR&D)* on a number of projects aimed at evaluating the success and impact of patient centered initiatives. Read more about all of the OPCC&CT Research Projects here. OPCC&CT has also worked with the VA's Evidence-based Synthesis Program (ESP), an extension of the VA Health Services Research & Development program, to develop cutting edge research strengthening specific complementary and integrative health practices currently in place throughout VHA.

Contact: Laura Krejci (Laura.Krejci@va.gov)

5. Innovations

The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) announced a "Call for Partners" to accelerate the existing efforts to implement a Whole Health System in July 2017. This "Call for Partners" is separate from existing Whole Health efforts being coordinated by OPCC&CT that are supported by funding from the VISN, CARA legislation and the VA Reserve. The Whole Health Partnership is a systematic approach to provide whole health care early in the relationship between VA and the Veteran, emphasizing self-care in the larger context of well-being, and incorporating a full range of conventional and complementary and integrative health approaches. The focus of this RFP is for OPCC&CT to partner with additional VHA sites interested in accelerating their adoption of the Whole Health System model of care.

EVENT	*DEADLINE*
Submission of Letter of Intent (LoI) and Leadership Support Concurrences	July 21, 2017
Review of Letters of Intent	Week of July 24
Notifications to Sites	Week of July 31
Submission of Full Proposal	August 25, 2017
Scoring of Proposal and Notification	Weeks of August 28 and Sept. 4
Interview Phase	Weeks of September 18 and 25
Notification to Finalists	Week of October 9
TDA of Grant Dollars (Projected)	1st Quarter FY18

For more information, please contact Linda Harrison, Health System Specialist, at (734) 478-7103, or Linda.Harrison2@va.gov.

Additional Opportunities

OPCC&CT also takes proposal submissions for initial review and consideration *should* any funding become available during the fiscal year. Linked is a template to use for your initial submission. Please keep in mind that the proposal, at this stage, should not be more than two pages. Should funds become available, someone from our office will reach out to the POC listed on your initial proposal to obtain more information. **Please contact Linda Harrison at** Linda.Harrison2@va.gov for more information to to inquire about submission consideration.

VHA Guidance for CIH

CIH Memo (Link)

- **Explanation**: "Advancing Complementary and Integrative Health in VHA" memo was been signed by the Under Secretary for Health in May 2016 as part of a three tiered approach to provide policy, guidance, and regulatory change required to implement Complementary and Integrative Health services that meet the definition of basic care as described in the standard Medical Benefits Package (38 CFR 17.38(b)). The Office of Patient Centered Care and Cultural Transformation worked closely with the Office of Patient Care Services (PCS) on the development of this memo which was reviewed and approved by PCS leadership prior to being routed for review and signature by the Under Secretary for Health. This memo clarifies that Complementary and Integrative Health approaches are in accord with generally accepted standards of medical practice.

VHA Directive 1137 "Provision of Complementary and Integrative Health" (CIH) (Link)

- **Explanation**: **VHA Directive 1137 - Provision of Complementary and Integrative Health (CIH)** was approved by the Acting Under Secretary for Health on May 19, 2017. The CIH Directive establishes policy regarding the provision of CIH approaches. Please click here to download the directive. The directive and an FAQ for the directive can also be found on the IHCC SharePoint under Policy in the CIH Directive folder.

- As described in the Directive, the Integrative Health Coordinating Center (IHCC) in collaboration with the IHCC Advisory Workgroup (IHCCAW) has identified CIH approaches for inclusion in VA's medical benefits package, referred to as "List I". These approaches have been vetted by IHCCAW and found to have published evidence of promising or potential benefit. VA must provide a mechanism to offer these approaches either within the VA facility or in the community if they are recommended by the Veterans health care team. As of September 28, 2017 this list of CIH approaches approved by the USH includes:

    a. acupuncture
    b. meditation
    c. yoga
    d. tai chi
    e. guided imagery
    f. hypnosis
    g. biofeedback
    h. massage

    - The list is updated and maintained by IHCC, and can be found here: http://vaww.infoshare.va.gov/sites/OPCC/SitePages/IHCC-Approved-CIH.aspx

CIH Regulatory Change

- **Explanation:** IHCC is working with the Office of Regulatory and Administrative Affairs (ORAA) and the Office of General Counsel (OGC) on regulatory changes to include broader concepts of health and well-being. These regulatory changes will ensure specific aspects of CIH care or services, identified as 'well-being' approaches, are exempt from co-payment requirements. Approval of these changes is often a lengthy process that can take several years. IHCC is seeking VA support to expedite the process of review and approval.
- **Document:** in progress

IHCC Advisory Group

- **Explanation:** At the direction of the VA Under Secretary for Health (USH), in 2016 the IHCC formed an advisory group to plan for the introduction of CIH formally into the VHA. The role of the Advisory Group is to evaluate and advise on which CIH approaches should be moved forward in VHA and in what timeframe.
- **Representatives** from the following groups are part of this Advisory Group:
    - Mental Health
    - Pain Management
    - Primary Care
    - Physical Medicine and Rehabilitation, including Chiropractic Care
    - Population Health
    - Geriatrics
    - Office of Nursing Services
    - Nutrition and Food Services
    - Post-Deployment Health and the War Related Illness and Injury Study Center
    - National Center for Health Promotion and Disease Prevention, and
    - Women's Health.
    - Social Work

S.524 - Comprehensive Addiction and Recovery Act of 2016 (Public Law No: 114-198 – Signed 7/22/16) (Link)

The Comprehensive Addiction and Recovery Act (CARA) is a large bill pertaining to Veterans health. There are three sections, outlined below, that address CIH within VHA. The Whole Health Partnership model is the current vision for bringing CIH into VHA in a comprehensive manner and has been VHA's proposal to meeting the expectations of the bill that pertain to CIH implementation. As described in Chapter 5, CIH pilot programs outlined in this bill will align with the 18 Whole Health Partnership Design Sites in FY18, which will be determined and funded by Network Directors (1 site per VISN).

- Subtitle C—Complementary and Integrative Health (CIH)

- Sec. 931 & 932. Expansion of research and education on and delivery of CIH to veterans.
  - 931: Establishment of "Creating Options for Veterans' Expedited Recovery" Commission
  - 932: Development of plan to expand research, education, and delivery of CIH to Veterans (2017 VHA CIH Plan - CARA)
- Sec. 933. Pilot program on integration of CIH and related issues for veterans and family members of veterans.
  - To assess feasibility and advisability of using CIH and wellness-based programs to complement provision of pain management and related health care services, including mental health care services, to Veterans.
  - Start within 180 days of the plan/report developed by Commission
  - 3 year pilot duration;
  - Min 15 geographically diverse sites; including at least 2 polytrauma rehab centers

VHA Program Offices Involved in Whole Health/CIH Movement

Although OPCC&CT is taking the lead for policy development and implementation of CIH throughout VHA, many other programs have been working towards this integration, and partnerships have been formed across many program offices. Below lists a number of the program offices involved in different aspects of CIH policy and implementation.

- Pain Management and Opioid Safety Initiative**:** The Pain Management Office has been continuing to explore non-pharmacological approaches to pain management (including CIH approaches), and has had success with the Opioid Safety Initiative. The IHCC partnered with the Office of Pain Management and the Defense & Veterans Center for Integrative Pain Management (DVCIPM) for a Joint Incentive Fund acupuncture education and training program entitled, Tiered Acupuncture Training Across Clinical Settings (ATACS), with the goal of increasing access to this effective CIH approach in VA and the Department of Defense (DoD). This program aims to increase Veterans' access to trained acupuncture clinicians across both the VA and DoD health systems. Two levels of acupuncture clinicians

have been trained by ATACS: front line clinicians trained in battlefield acupuncture (BFA) and medical acupuncturists, who can provide a full range of acupuncture techniques and also serve as BFA trainers

- Mental Health**:** The office of Mental Health supports substantial work under the Whole Health umbrella, and is a close partner with IHCC on responses, materials, and initiatives that relate to CIH. Many CIH approaches are used for depression and anxiety or other mental health issues.
- Geriatrics and Extended Care**:** Older Veterans with functional deficits are at high risk for early disablement, falls and institutionalization. A significant opportunity to grow programs can be found within this population segment and partnerships have been formed with this program office to support this alignment.
- Primary Care (PC)**:** PC oversees program and policy related to the delivery of primary care in VHA, as well implementation of VHA's Patient Aligned Care Team (PACT). Primary Care has led multiple initiatives weaving Whole Health approaches, including CIH approaches, into care that is increasingly team-based and integrated.
- National Center for Health Promotion and Disease Prevention (NCP)**:** NCP provides programs, education, resources, coordination, guidance, and oversight to enhance health, well-being and quality of life for Veterans. Network of Healthy Living teams is instrumental to the integration of health education, health promotion and disease prevention into VHA care settings.
- Care Management and Social Work Services (CMSWS)**:** VHA has over 12,000 master's prepared social workers providing services to Veterans, their families and caregivers. Social workers assist Veterans by helping them cope with and solve issues in their everyday lives. CMSWS' work overlaps with the OPCC&CT's overall philosophy and Whole Health partnership design. Additional work is needed to strengthen the relationships between the groups, and to ensure the shared goals and philosophies of effectively interwoven across the continuum of care.
- Women's Health Services: Women tend to be more frequent users of CIH and are a growing segment of the Veteran population. Collaboration opportunities for CIH services are natural, therefore, and will continue to extend into segment

- Post-Deployment Health/War Related Illness and Injury Study Centers (WRIISCs): WRIISCs are a national VA Post-Deployment Health Resource dedicated to Veterans' post-deployment health concerns and unique health care needs. The WRIISCs have piloted and researched many CIH approaches to meet their mission.
- Specialty Care Services (SCS)**:** This represents an opportunity area for extending CIH services and partnerships have been formed to start expanding in this area.
- Rehabilitation and Prosthetics Services**:** This service is responsible for the national policies and programs for medical rehabilitation, prosthetic and sensory aids services that promote the health, independence and quality of life for Veterans with disabilities. OPCC&CT and the IHCC are working closely with this team on extending CIH services and on CIH related devices. Three programs in particular have contributed significantly toward the expansion of CIH and Whole Health services.
- Chiropractic Care**:** A well-established program in VHA. On-station chiropractic clinics are in place at 68 VA facilities, staffed by 115 VA chiropractors. Other facilities provide chiropractic care through community care mechanisms. Chiropractic care includes diagnosis and management of musculoskeletal conditions through a number of evidence based, non-pharmacological treatment options, and has been shown to correlate with decreased opiate use.
- The Polytrauma Integrative Medicine Initiative: A collaborative effort between the OPCC&CT and Rehabilitation and Prosthetic Services, this initiative features health coaching as a key component. The three-year pilot was deployed at three Polytrauma Rehabilitation Centers to explore the feasibility and efficacy of implementing a health coaching program in polytrauma care.
- Recreational Therapy: This service provides care through incorporating recreational, creative arts, and leisure activities that promote health and wellness. Recreational Therapy has partnered with OPCC&CT for assistance in hiring of specific CIH practitioners (e.g. Yoga and Tai Chi instructors).
- Nutrition and Food Service**:** The nutrition professionals in VHA Nutrition and Food Services (NFS) use the Nutrition Care Process to ensure effective and timely nutrition interventions for Veterans. Clinical services include Medical Nutrition Therapy, nutrition education and counseling. Registered Dietitian Nutritionists and clinical Dietetic

Technicians manage nutritional aspects of disease and promote wellness in all VA care settings and through multiple modalities. Additionally, NFS provides the high quality foodservice to inpatient Veterans. NFS also manages patients receiving tube feeding and the VA dietary supplements contract. NFS has been working in collaboration with the IHCC to address integrative nutrition within VHA.

- Telehealth: This office uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care for Veterans. Telehealth has partnered with OPCC&CT in the expansion of Tele-Whole Health and Tele-CIH in the following:
    - Tele-Whole Health Operations Supplement: to provide standard clinical guidance to implement and monitor quality of deliverance of Whole Health care to Veterans via Telehealth technology. Examples of services may include: yoga, tai chi, meditation, and whole health coaching. The supplement will apply operational and clinical standards for Tele-Whole Health services and, identifies resources to be in place to support safe, quality Tele-Whole Health services. Once complete, the resource will be posted here.
- Voluntary Service: This service coordinates the efforts of over 75,000 volunteers each year in the VHA. OPCC&CT is working closely with VA Voluntary Services to create guidance for recruitment of CIH volunteers, development of volunteer CIH provider position descriptions and volunteer toolkits for CIH services.

Chapter 2: CIH Coding, Billing, and Tracking

Stop Codes

Stop Codes (formerly called DSS Identifiers) are two 3-digit codes used to identify a clinic that delivers a specific type of clinical care. The VA has a nationally standardized list of Stop Codes.

- First three digits: Primary Stop Code indicates the clinical group providing the care. Second three digits: Secondary Stop Code provides additional information about the care, such as the provider type or the method for delivering care (e.g. telehealth).

- The combination of Stop Codes determines the copay for the Veteran whereas the Current Procedural Terminology (CPT) codes identifies the type of service provided.
    - All patient encounters require Stop Codes to administratively define the clinic and subsequently track workload.

Stop Codes are NOT apparent to the provider as they are built into the encounter form. Stop Codes are selected by the person when setting up the clinics in VistA. Updates and maintenance of Stop Codes in VistA are managed by the Office of Finance's Managerial Cost Accounting (MCA) Office.

CIH Treatment / Wellbeing Stop Codes:

- **Stop Code 159- CIH Treatment**
    - Used in ***EITHER (E)*** the Primary or Secondary position when the clinic is providing CIH approaches considered ***treatment*** in nature. CIH approaches considered treatment include: Acupuncture, Massage Therapy, Battlefield Acupuncture, etc.
- **Stop Code 139- Health & Wellbeing Services**

- Used in the ***EITHER (E)*** the Primary or Secondary position; used when CIH approaches are considered ***wellbeing*** in nature. CIH approaches considered wellbeing include: yoga, Tai Chi, Meditation, Qi Gong, health coaching, health partner work, and more.
- Note: Stop Code 139 should be used for wellbeing services regardless of provider type (i.e., for both licensed and non-licensed providers providing CIH approaches considered wellbeing in nature). HOWEVER, if CIH provider is non-licensed/non-credentialed (i.e., has not gone through the performance and standards board), Stop Code 139 ***MUST*** be changed to **non-count** (the workload is not counted and the encounter is not billed). Additionally, the **action code must be changed from #6 to #4 (this is done by MCAO manager)**. This will allow the provider (will need a user class to chart in CPRS) or supervisor of the provider to close the encounter using an S-code (please see procedure codes) and the data will transmit to the central data warehouse.
- IHCC is going through the procedure for Stop Code 139 to be copay exempt. **This will take at least 1-2 years to accomplish.**

Using 159 or 139 in primary position

- Stop Codes 159 and 139 can be used in the primary position when there is a stand-alone CIH/wellbeing program, and if the providers/instructors are labor mapped to said program. If your CIH/wellbeing program includes 0.4 FTEE or more labor mapped to it, the production unit "BS" can be used to establish the CIH/wellbeing program as its own MCA department by using the Cost Center/Service Code J/246 (JBS*/246BS*). This strategy has been approved by national MCAO and may change in the future if CIH services gets their own cost center. If you don't have .4 FTEE labor mapped to the stand-alone CIH/wellbeing program yet, you can still use 139 or 159 in the primary position, but you cannot use the production unit BS. Ideally, you would have any providers using 139/159 in the primary position labor mapped to CIH/wellbeing program.

- In order for CIH services to get their own cost center in the future, at least 30% of VA facilities must be using stop codes 159 or 139 in the primary position to provide business justification for the creation of a new cost center.
- Determination of the location of the 159 or139 stop codes (primary or secondary) thus should be ideally made by a team with representation from from local business/MCA/fiscal service and management of the CIH and well-being programs.

Example 1: If you have a PCMHI provider from primary care that also teaches mindfulness in a dedicated CIH or well-being program, they she or he can be labor mapped to your stand-alone program. Even if you didn't have 0.4 FTEE in your stand-alone program, she or he could still use 139 in the primary position.

Example 2: If a primary care provider is doing BFA in support of their patients (integrated whole health clinical care), then 159 would be in the secondary position, because this provider is labor mapped to primary care and not directly to your stand-alone CIH/wellbeing program.

Take Home Message

Stop Codes 159 or 139 can be in the primary position if the provider/instructor is labor mapped to the CIH stand-alone program. When you have enough FTEE (0.4 or more) doing this, you can create your own MCA department under an existing service line. If your stand-alone program is not under any particular service line (e.g. a CIH/wellbeing program organizationally aligned under COS), then use Service Code/Cost Center J/246 for now. As always, work with your local MCAO representative for the final determination.

For more information:

- CIH Clinic Set up Guides: Quick Guide & Comprehensive Guide
- List of Stop Codes and related co-pays for outpatient care: Copayments for Outpatient Care

CHAR 4 Codes

CHAR4 codes are codes are designated by MCA Staff when you are setting up a clinic (NOT at the time of an appointment). They are used to further define and track the type of service being offered in a specific clinic. We have developed a comprehensive set of CHAR4 codes for CIH approaches (see table below). These CHAR4 codes can be used regardless of the Stop Code combination used (in other words, they do NOT need to be used with Stop Code 159 or Stop Code 139; they can be used with any other Stop Code as well).

- CHAR4 codes can be added after the clinic is already built without having to go back and re-build the entire clinic profile.
- Since CIH Stop Codes (139 & 159) are not always used when setting up a clinic offering CIH approaches due to other stop code priorities such as a telehealth code, our hope is that the field will use CHAR 4 codes consistently when setting up a clinic offering CIH approaches
    - For examples review the CIH Clinic Set up Guides: Quick Guide & Comprehensive Guide

CHAR4 Code	Name
ACUP	Acupuncture
BIOF	Biofeedback
CDTC	Expressive Arts
CGQC	Qi Gong
GIMA	Guided Imagery
HTFC	Whole Health Partner
HYPN	Hypnotherapy
IACT	Battlefield Acupuncture (BFA) (not regular Acupuncture)
IDHC	Integrative Health Consult

CHAR4 Code	Name
MANT	Mantram Repetition
MBSR	Mindfulness Based Stress Reduction (MBSR)
MDTN	Meditation
MMMT	Mindfulness other than MBSR
MPAT	Movement Therapy
MSGT	Massage Therapy
NAHL	Native American Healing
PILA	Pilates
PNTC	Animal-Assisted Therapy
REIK	Reiki
RFLX	Reflexology
RLXT	Relaxation Techniques
TAIC	Tai Chi
TPHT	Therapeutic or Healing Touch
WCHC	Whole Health Coaching
YOGA	Yoga
WCEC	Whole Health Education
SCHC	EVP Whole Health*
SCVT	EVP ACT (Acceptance and Commitment Therapy)*
SNVC	EVP Mindful Movement*

*can only be used with Empower Veterans Program (EVP)

- For more information click here for 'MCA Clinic Building' PowerPoint presentation.
    - From slides 41 – 44, this deck provides step by step guide through the menu where the CHAR4 can be added. It also shows the Action to Send. NOTE: this

menu is accessed only by MCA staff that set up the rest of the clinic structure so therefore, facility staff must be working with local MCA Office staff.

- For more information review CIH Clinic Set up Guides: Quick Guide & Comprehensive Guide

National Note Titles

OPCC&CT is excited to announce the availability of a new national standard note title named **Integrative Health Note** and examples of well-being notes. This is a very critical step, as it allows us to nationally track CIH utilization at local facilities, especially when it is done on a visit by visit basis, and not in a specific clinic.

Mapping to the national standard note title Integrative Health Note

Clinical Applications Coordinators (CACs) should be able to see this national standard note title now in VistA. CACs can map local note titles to this national standard note title.

Use of local note titles with the national Integrative Health Note

Local note titles can be created or shared from other sites or offices *but need to be mapped back to the national standard note title* **Integrative Health Note** *in order to enable collection and tracking of data.* If creating or using locally-developed note titles, local note titles need to contain key word(s) about the specific service being offered (i.e. Yoga, Tai Chi, Meditation, etc.) and need to be mapped back to the national standard note title **Integrative Health Note.** OPCC & CT has examples of **Wellbeing-focused notes** available for Yoga, Tai Chi, Qigong, Meditation and Mindfulness in the Note Title Templates folder on the IHCC SharePoint. These are not mandated notes, however, there is a Battlefield Acupuncture note template that is nationally mandated for local facilitities to use when tracking BFA services here.

Procedure Codes

There are several procedure codes that can be used to document patient care. These include:

- Current procedural terminology (CPT) codes – Created by the American Medical Association
- Healthcare Procedure Coding System (HCPCS) – Medicare system of coding that adapting CPT codes into its more comprehensive coding system. Allows for additional alphanumeric codes to record procedures, but they do not always trigger reimbursement. These are helpful to use for closing non-count clinic encounters, so as to not trigger reimbursement.
- 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD10), a medical classification list by the World Health Organization (WHO). It is a system used by healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States. ICD-10 and ICD-10-PCS (procedure coding system) have codes for some CIH approaches, but not all, and it is easy to look this up through an ICD-10 or ICD-10-PCS internet search.
- Click here to see some recommendations for CPT/HCPCS codes. Non-count clinics should use "S-codes".
- For a list of all available CIH CPT as listed by VACO, click here.

Diagnosis Codes

- ICD-10 codes for wellbeing services: Use z codes. Two examples:
    - z78.9: "Other specified health status". Note: Exempt from POA reporting, therefore not billable.
    - Z00.00: general exam

Data Extraction for Reporting/Tracking Purposes

Note Title Data Pull

- CDW Website

- Under "Data Sources," there are details about CDW Production and CDW Raw. There are lists for the different data domains (i.e., variables) that are included in each source. CDW Production can be searched for queries.
- Under CDW Raw, other domains are available that are not available in CDW Production, one of which is "TIU Documents". TIU docs include searching the body of a note or the body of a consult.

- For more information, contact the Central Data Warehouse (CDW): VINCI@va.gov

CHAR4/Stop Code Data Extraction

- Managerial Cost Accounting (MCA) Reports Access Instructions:
  - VHA grants access to data and information systems based on how the data will be used.
    - For Operations access to the DSS Web Reports, Determine the Level of Access needed and the Data Source Request Processes (see below):

Level of Access	Identifier	Data Source Location	Request Process
National	Real SSN	DSS Web Reports Intranet	NDS Request Process
VISN	Real SSN	DSS Web Reports Intranet	NDS Request Process
National	Scrambled SSN	DSS Web Reports Intranet	Local CUPS POC Request Process
VISN	Scrambled SSN	DSS Web Reports Intranet	Local CUPS POC Request Process

Level of Access	Identifier	Data Source Location	Request Process
Local	Real SSN	DSS Web Reports Intranet	Local CUPS POC Request Process
Local	Scrambled SSN	DSS Web Reports Intranet	Local CUPS POC Request Process

- For National or VISN-wide real SSN access to DSS web reports, follow the NDS Request Process. Under Requesting Access, click on National Data Systems (NDS) Request Process and follow the instructions.
- For National, VISN-wide or Local scrambled SSN access and Local real SSN access, to DSS web reports. Click on Local CUPS POC Request Process. Under Request Access, follow the instructions for access.
- For Research access to the DSS Web Reports, go to the VHA Data Portal. Click on the appropriate Data Access Category and follow the instructions.
- NOTE: You will need to enter one of the following options in Section 3 of the 9957 form
  - VHA PHI level access to DSS web data
  - VHA Station level real SSN to DSS web data

DEFINE LEVEL OF ACCESS	*Description*
VHA PHI Level Access to DSS Web Data	Grants access to VHA Web Reports with only Scrambled SSN data (National, VISN and Local)
VHA Station Level Real SSN Access	Grants access to VHA Real SSN data for the user's Station

For Questions Contact: Kavitha Reddy; Kavitha.Reddy@va.gov

CPT/ICD-10 Data Extraction

- For local tracking of CPT and ICD-10 data, you should be able to work with your HIMS and Quality Management staff. Additionally, you can request assistance from:
    - Operations Quality Improvement Access Website
    - NDS.OperationalAccessRequests@va.gov

CIH Tracking Overview

- **Stop Codes:**
    - Stop Codes are available to support clinic infrastructure for the field; however, we understand that, sometimes, they will not be used for all CIH across the enterprise due to competing demands. Stop Codes are tracked by the National Managerial Cost Accounting Office and the tracking of Stop Code 139 and 159 will be used to assess whether or not to create a cost center for CIH over time, which will be very important for costing CIH approaches in the future.
    - As a reminder, 159 and 139 can only be used in the primary stop code position if there are at least .4 FTEE labor mapped to the clinic. The .4 FTEE must be involved in direct patient care or clinical duty, and cannot include clerk hours, as clerk hours must be mapped fully to an administrative department.
- **CHAR4:**
    - If you are creating a clinic specifically for a type of CIH approach, CHAR4 codes can be used for tracking (e.g. for Battlefield Acupuncture, use CHAR4 IACT).
- **Note Titles:**
    - CIH Note Title can be used whenever a CIH approach is provided – both when the CIH service is provided in a designated clinic (i.e., battlefield acupuncture clinic with CHAR4 IACT) and when the CIH service is provided ad hoc (i.e., battlefield acupuncture provided during a PM&R visit)
- **Other Considerations:**
    - **Procedure Codes** (e.g., CPT, ICD, HCPCS) are used only for 3rd party billing and to close encounters –closing an encounter is an essential step to allow the note

titles to transmit to the Corporate Data Warehouse (CDW) for tracking utilization, especially in non-count clinics. Thus, although procedure codes in and of themselves are not used for tracking services, they are an essential step in transmitting the data . Bottom line - close encounters for all notes regarding CIH.

Tracking Take Home Points

- Stop Codes, CHAR 4 codes and Note Titles together will be the most comprehensive approach to CIH tracking and we encourage the field to use all mechanisms as often as possible.
- When there are competing demands for Stop Codes, make sure you are using CHAR4 codes and note titles together to capture utilization. If CHAR4 codes cannot be used, note titles are essential.
- All CIH services must have an encounter and a note to close that encounter. In the encounter, a procedure code must be used to send the data the CDW for tracking purposes.

Chapter 3: Qualification Standards (New Professions) and Credentialing for CIH

New Qualification Standards (New Professions – In Progress)

- *Acupuncture*: VHA has approved the request to establish the profession of Acupuncture to be covered under 38 U.S.C. §7401(3) and for the development of qualification standards under this authority. Once final, VA will be able to hire acupuncturists as Hybrid Title 38 employees to provide acupuncture service to Veterans.
    - Acupuncture Training Across Clinical Settings (ATACS) Advisory Memo
    - Acupuncture Clinical Guidelines (Duration and Frequency)
- *Massage*: A memorandum for the Under Secretary for Health to begin this work for Licensed Massage Therapists was signed in October 2015 and is awaiting assignment by the Office of Human Resources Management.
    - Qualifications Standards for massage therapists are currently under development
    - Massage therapy SME workgroup is currently developing clinical guidelines

New Position Descriptions

IHCC is ***actively completing*** nationally classified position descriptions for:

- Yoga Instructor (Completed)
- Tai Chi or Qigong Instructor (Completed)
- Whole Health Partner (Completed)
- Whole Health Partner Supervisor (Completed)
- Certified Health Coach Developmental PD (In Progress)
- Whole Health Program Manager (In Progress)
- Whole Health Research Assistant (In Progress)

For existing employees, addenda can be used to edit functional statements and position descriptions in order to describe additional roles and responsibilities. These will eventually be available for:

- Whole health partner
- Certified health coach
- Health coaching skills, but not certified (TEACH/MI, has gone through coaching course, but not taken certification exam)

In addition, recommendations of functional statement elements for a Whole Health System Clinical Director is available here.

When finalized, the above Position Descriptions will be available on the IHCC external SharePoint site. This site also contains sample position descriptions and functional statements from the field.

Credentialing Policies and Recommendations

Flow Diagrams (found here) provide examples of credentialed/licensed providers and non-credentialed/non-licensed providers, appropriate use of stop codes/CHAR4 codes, and scope of practice considerations.

Scope of practice: It is important to offer CIH approaches only in accordance with your state licensing board. There is wide variation from state to state in regards to offering CIH approaches, with some states taking a very clear stance on this, and others declining to offer guidance. Each provider can call their state boards to discuss the allowances under their license, and potential appeal to them to reverse their decision or offer further guidance. If your state licensing board declines to offer guidance, then it is up to local facility administration, human resources, credentialing, etc., to make this determination.

Advanced Practice RN's (APRN) Federal Supremacy and Full Practice Authority (FPA)

- Although FPA passed as a federal regulation – it was the decision of the undersecretary that each site was free to implement FPA or to continue to use state based regulations. Not all sites have indicated that they intend to grant APRNs FPA.
- The tool kit for how to implement FPA at a site is located here.

- American Holistic Nursing Association review of 50 states for CIH is located here.
    - The Nursing Council has developed a stance on 'grey areas' of nursing scope which provides some leniency for CIH approaches (Scope of Nursing Decisional Framework – Link 1 and Link 2).

Office of Nursing Service (ONS) Memo (Link)

ONS released a memo on August 2017 which provides their office's interpretation of what is inherent to the profession of nursing as it pertains to holistic care of patients. This document outlines ONS' stance on a nurse's delivery of CIH approaches in the field based on state nurse practice acts' scope of practice.

Examples of Letters/factors submitted to appeal state boards

- Sample letter for Acupuncture under nursing in Arkansas

Sample statements for creating your defense in appealing state boards

This example is for BFA delivery by a Physical Therapist. Dr. Todd Fausel, PT, DPT, MPH, MPA, Chief, Physical Medicine and Rehabilitation Service recommended it was important for him to tell his state boards that:

- VA supports PT's to do BFA as long as it IS NOT limited by state boards.
- There is minimal training required and the procedure is simple.
- This is a physical modality to treat pain only.
- If a licensing board has "no stance" on the matter, VA is allowed to evaluate PT's ability to do this procedure on a case by case basis, based on local VA facility approval, and the board bears no responsibility for this.

Validation Policies

Many providers of CIH approaches will come from the community (volunteers, fee-basis) and as such, will not be credentialed and privileged within the VA facility. In fact, many CIH approaches do not have national standards to allow for creation of uniform credentialing standards and new

qualification standards. National Credentialing has given guidance on this, and recommends that facilities develop their own local procedures and policies for vetting non-licensed, non-credentialed providers of ***health and well-being*** approaches. Please note, ***this does not apply to CIH treatment approaches***, where it IS necessary to have licensed, credentialed, and privileged providers of these approaches

Resource: E-mail from Marianne Chick, MHA -Director, VHA Medical Staff Affairs (10E2E), Office of Quality, Safety, and Value, detailing the local facility requirements.

Examples of local validation policies: Washington D.C. VAMC and VA St. Louis HCS

Chapter 4: CIH Research within VHA

Evidence Maps

The Evidence-based Synthesis Program (ESP) was established to provide timely and accurate syntheses of targeted health care topics of particular importance to VA managers and policy makers and to disseminate these reports broadly throughout VA.

- Acupuncture
- Tai Chi
- Mindfulness
- Yoga for High-Impact Conditions Affecting Veterans
- Massage for Pain (INTRANET ONLY)

Whole Health Library (Link)

The Whole Health online materials include Educational Overviews and Clinical Tools organized into modules that correspond to the "Circle of Health."

- CIH Research Articles on Whole Health Library (Username and password: *service*)

FY 2015 Complementary and Integrative Health Services (CIH) Survey (Link)

The Fiscal Year (FY) 2015 Veterans Health Administration (VHA) Complementary and Integrative Health Services (CIH) Survey, by the Health and Information Group (HAIG), is an essential element in assessing and improving the delivery of CIH throughout VHA. The purpose of the CIH survey is to evaluate and report on the current state of Integrative Health services across the VA Health Care System. The information from this report was used to identify strategic initiatives and programmatic directions that may be addressed by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) and the Integrative Health Coordinating Center. Although clear limitations existed in the methodology of this survey, the study provides valuable foundational information on the implementation of CIH.

Facilitators, Challenges, and Strategies to Adopting and Implementing Complementary and Integrative Health Therapies (Link)

The goal of this project was to better understand the factors that facilitated CIH implementation in VAMCs, the challenges VAMCs face, and any strategies they used to overcome those challenges when implementing CIH. To address this goal, we conducted a qualitative examination of these issues by conducting in-person interviews with 149 stakeholders at 8 VA medical centers during two-day site visits between February-August 2015. These sites varied in their geographic location, rural/urban status, and complexity.

CIH Research from the Field (Link)

State of the Art (SOTA) Conference on Non-Pharmacological Approaches to Chronic Musculoskeletal Pain (Link)

The VA Health Services Research & Development (HSR&D) held a State of the Art (SOTA) conference on non-pharmacological approaches to chronic musculoskeletal pain November 3-4, 2016 in Washington, DC. The purpose of the meeting was to evaluate the evidence on the effectiveness of non-opioid therapies for pain, to identify promising practices and operational barriers, and to set the research agenda on non-opioid therapies for pain.

Future Research:

- **Environmental Scan of CIH approach delivery in VHA through HSR&D:** The "Environmental Scan" is a national survey of all CIH points of contact at VA medical centers and larger CBOCs to gather information about CIH provision, such as who is delivering it and to what types of Veterans, when and where is it being delivered, how it is being delivered, and how it is coded. HSR&D is currently gathering names of all CIH points of contact (people who lead CIH/wellbeing programs and are familiar enough to provide detailed information about those programs), with plans in Jan.-Feb. 2017 to send everyone a link to a brief online survey to collect the information about the provision and coding of each particular type of CIH.

Chapter 5: CIH Models in the VHA – Lessons From the Field

OPCC&CT's Whole Health System Design Sites

In FY 16 &17, OPCC&CT funded 18 Whole Health System design sites to continue to design and pilot this new transformative model. As mentioned earlier in this document, the Whole Health System is an implementation model for whole health that includes the implementation philosophy for CIH. More information about the Whole Health System model and OPCC&CT's 18 funded design sites can be found here.

Below is the list of currently funded Whole Health System sites. Each link opens a sharepoint folder where sites will be uploading best practices and helpful tools they have used to implement the model.

FY16 & FY17 SITES	FY17 SITES
Washington DC VAMC	Baltimore VA HCS
Jesse Brown VA HCS (Chicago, IL)	Central Arkansas VA HCS (Little Rock, AK)
Gulf Coast VA HCS (Biloxi, MS)	Durham VA HCS (Durham, NC)
Harry S. Truman VA HCS (Columbia, MO)	Greater Los Angeles VA HCS
VA Boston HCS	Hudson Valley VA HCS
W. G. Hefner VA HCS (Salisbury, NC)	Iowa City VA HCS
Plano CBOC (North Texas VA HCS)	Minneapolis VA HCS
	Portland VA HCS
	San Francisco VA HCS
	St. Louis VA HCS
	Tomah VAMC (Tomah, WI)

18 Whole Health System Sites in FY18

As part of the VHA's ongoing commitment to the Whole Health model, in October 2016 the Veterans Integrated Service Network (VISN) Directors agreed unanimously to establish one

Whole Health System flagship site within each of the 18 VISNs starting in Fiscal Year 2018 (FY18). Since CIH is considered a core component of the Whole Health model, this commitment also represents the current implementation plan for the CIH pilot sites outlined in CARA. A detailed planning process is now underway to prepare for the selection and rollout of these 18 demonstration sites. (See Chapter 1 for more information about CARA).

Other Best Practices and Sample Business Plans from the Field (Link)

- **Contact:** Dr. James Marzolf at *James.Marzolf@va.gov* for further information on business plans and business case analyses.

Chapter 6: Additional Resources

Toolkits (Link):

OPCC&CT has supported the development of promising practices documents, project example overviews, and toolkits related to Whole Health and other initiatives.

SharePoint Resources:

- IHCC Sharepoint
- Integrative Health Community of Practice Call (ARCHIVED, merged with the Whole Health Clinical Community as of May 2017)
- Whole Health Clinical Community of Practice Call
- OPCC&CT Products
- Guidebook to Patient-Centered Care

Helpful Websites and Resources (VA and Non-VA):

- American College of Physicians (ACP) Back Pain Guidelines
- NCIPH Curriculum – Foundations In Integrative Health (free until 8/31/17)
  - NCIPH Getting Started Guide:

FIH-starter.pdf

- Academic Consortium for Integrative Medicine and Health

  VA is a member of ACIMH - to join please email Cathi to be added to their database and receive your log on credentials: Cathi@imconsortium.org
- UW Whole Health Library
- Star Well-Kit
- National Center for Complementary and Integrative Health
- National MOU's, including YMCA/AHA
- Developing Public-Private Partnerships (P3's)
- Best Practices for Yoga with Veterans

- OPCC&CT Passport to Whole Health

CIH/Integrative Health Listservs to Join:

- VHA Integrative Complementary and Alternative Medicine – email Dr. Elizabeth Hakas (owner of group) – Elizabeth.Hakas@va.gov
- VHA Acupuncture – email Dr. Elizabeth Hakas (owner of group)

Clinical Champions:

- There are a diverse group of clinicians and non-clinicians who support OPCC&CT from the field. They assist with educational efforts, integrative health coordinating center efforts, innovation efforts, arts and humanities efforts, and administrative efforts.
- Below is a list of OPCC&CT clinical champions:

Clinical Champion	Facility	Interest Areas
Castellani, Marc	W.G. Hefner (Salisbury) VISN 6	Whole Health Coaching
Cotter, Ann (Nancy)	New Jersey VA HCS	CIH
Drake, David	Richmond VAMC	Acupuncture, BFA
Eifadel Kheirbek, Raya	Washington DC	Narrative Medicine
Federman, Daniel	VA Connecticut HCS	BFA
Frommer, Linda	VA Palo Alto HCS	Family-Centered Practices
Hewitt- White, Tina	Indianapolis (IN) VAMC	Patient Advocates, Patient Experience
Kozak, Leila	Puget Sound, WA (VISN20)	CIH Field Implementation
Liao, Theresa	VA Portland HCS	Whole Health Education

Marzolf, James	Harry S. Truman (Columbia, MO)	WHS Business Models
Olson, Juli	VA Central Iowa HCS	Acupuncture
Recupero, Elizabeth (Bitsy)	Boston VA Medical Center	Personal Health Planning
Reddy, Kavitha	VA St Louis HCS	CIH Implementation & Policies
Saenger, Michael	Atlanta VAMC (VISN 7)	Empower Veterans Program (EVP)

Click here for more detailed descriptions of each champion's background and current projects.

Battlefield Acupuncture (BFA):

- BFA is a single, limited procedure using an ear acupuncture technique developed by USAF Col (ret) Richard Niemtzow, MD and involves placement of 5 semi-permanent, gold needles in specific locations on each ear.
- BFA is:
  - Rapid and safe with minimal adverse effects
  - Portable and accessible
  - Deployable in all Medical environments
- Points of Contact: vhabfasupport@va.gov

Integrative Health Community – VA Pulse: National VA forum for Integrative Health Community available to all VA employees and can be accessed outside the VA firewall; provides opportunity to network with other VA CIH providers.

Chapter 7: Frequently Asked Questions

Travel Pay, Co-Pays, and Fiscal Questions

Q: Are non-count clinics eligible for travel pay?

A: Typically, travel pay is not authorized for non-count clinics. Please consult with your local travel representative to verify.

Q: Can Veterans coming in for a clinic (drop in yoga/tai chi) get travel pay?

A: Yes, one-way travel pay is available to patients after they are checked out. Non-count clinics, however, are not eligible for travel pay.

Q: Is there a way for us to waive co-pays locally for CIH services?

A: CBO is monitoring sites for such practices. OPCC&CT and IHCC are working on regulation changes to the medical benefits handbook to make Stop Code 139 co-pay exempt. A helpful resource is also the VHA Office of Community Care site which hosts a comprehensive list of Stop codes and attached co-pay rate to each stop code. When there is an override flag on a stop code, then that stop code takes precedence over any other codes used in tandem. As a reminders, there are other factors beyond a clinic's stop codes that can determine whether or not individuals are required to pay a co-pay for VHA services.

Q: Is there a cost center for well-being/CIH services at this time?

A: There is currently no cost center for Well-being/CIH. This means that at this time, any well-being/CIH services will be sharing some infrastructure with another service. If a CIH/wellbeing program is serving a broader demographic of Veterans than the service line they are sharing infrastructure with and have at least 0.4 FTEE labor mapped to the program, then facilities can and should use 159 or 139 in the primary stop code slot to create a stand-alone well-being/CIH clinic. The production unit for CIH/well-being (BS) can be used when setting up the stop codes/char4 codes.

Q: What is the future of CIH and Whole Health in relation to VERA reimbursement?
A: The proposal was made early 2017 to add WH coding/reimbursement to VERA funding process. Veterans using CIH services would be placed in Classification Category 4. WH/CIH services have the potential of drawing in new patients who typically would not enroll in the VA for Basic Care services. Additionally, patients in a higher classification would not be 'demoted' to a lower reimbursement simply because they use CIH services. To be considered a WH patient, a Veteran would need to have 10 WH coded and closed visits per year. OPCCT&CT is currently in conversations with ARC (Allocations Resource Center) regarding the exact make-up of the 10 WH visits. Veterans will *not* be required to use any other services in the VHA (including primary care) to be considered a "Whole Health" patient.

Q: Will chiropractic services count toward the 10 WH visits for VERA reimbursement?
A: Yes. Chiropractic CPT codes will be captured by ARC and count towards the 10 WH visits.

Tracking and Documenting CIH Services

Q: Are there special CPT codes for non-count clinics?
A: For examples, codes that may be used are "S-codes." Some recommendations for S codes are listed in our CPT document linked within the resource guide. You may also choose to review a full listing of all CIH-related CPT codes which is also linked in the CPT portion of Chapter 2.

Q: How are non-count clinics' data captured at the national level?
A: Non-count clinics' data is captured through clinic profile action codes. Therefore, when creating a non-count clinic, its action code must be changed from 6 to 4 to ensure data from this clinic is transferred nationally.

Q: Do we always need to use a note to complete clinic visits? We have group programs run by volunteers without CPRS access and it is easier for us to close out visits without entering a note.

A: Although clinics can technically be closed without completing a note, the recommendation from our office is to complete documentation for all encounters. This helps to maximize the documentation and capture of CIH services at your facility, especially if the note is mapped to the national Integrative Health Note.

Q: How do we track drop-in clinics?
A: Use of the CHAR4 codes will allow for capture of CIH services within the clinic. Please ensure encounters are properly checked out. We strongly recommend (as stated above) that group notes which are mapped back to the Integrative Health Note are used as well. CHAR4 codes can also be used for non-count clinics when other methods of documentation are not feasible.

Q: Speaking of note titles, are we able to use any note title we want locally for CIH services?
A: Local note titles should include the mention of the specific CIH approach being provided (i.e., "Yoga Progress Note", "Tai Chi Progress Note"). The only note title that is nationally mandated is for Battlefield Acupuncture (BFA). The national template for BFA is available here. All local note titles should be mapped back to the national Integrative Health Note. Information on the BFA template was sent out to all facility Clinical Applications Coordinator (CAC) in April 2017.

Q: What is the ideal combination for tracking CIH services?
A: If at all possible, stop codes, CHAR4 codes, and the mapping of local notes to the national Integrative Health Note should all be used to ensure services are captured. Local note titles should include the modality in the title. If CPT codes exist for your approach (such as acupuncture), please use those as well.

Q: How do you capture the work of Peer Support Specialists?

A:

If the PSS works independently…	*If the PSS requires a co-signer for notes…*
Primary Stop Code – clinic responsible for the care (if stand alone Whole Health program, 139 can be primary)	**Primary Stop Code** – clinic responsible for the care (if stand alone Whole Health program, 139 can be primary)
Secondary Stop Code – 183 (PSS stop code)*	**Secondary Stop Code** – 183 (PSS stop code)*
CHAR4 is open for well-being documentation	**CHAR4** "PEER" must be used-type of well-being services should be tracked using mapping to national Integrative Health note
CPT code H0038	**CPT code** H0038

*183 is an override, non-billable stop code that will not generate co-pay.

In cases where the PSS is providing services via telehealth, please work closely with your MCA team to determine how to best meet the clinic profile requirements for both telehealth and peer support specialist stop codes.

Q. If my facility has a GeroFit Program, how do we code the services that are provided?

A. The Primary Stop Code can be 139 with use of the CHAR4 code "NILC." CHAR4 for CIH should only be used when providing in a stand alone CIH service. 139 can be used for broader wellbeing services that at times won't have a CIH CHAR4 available that perfectly captures the service, as in the case of a GeroFit Program.

Q. If I am doing Mindfulness and Yoga group, which CHAR4 code should I use if I can only use one or the other?

A: A current limitation to CHAR4 is that you can only choose one to represent your clinic. If you are providing multiple types of CIH approaches in the same clinic, we recommend using a

combination of all possible tracking mechanisms (i.e., CHAR4, Integrative Health Note mapping, CPT, Stop Codes) to represent provision of these services to the best of your ability. In addition, local note titles could include mention of both modalities (e.g. "Yoga and Mindfulness Progress Note) and mapped back to the national Integrative Health Note to facilitate tracking using this method. We acknowledge that the current clinic profile infrastructure does not optimize tracking of simultaneous CIH approaches within one clinic. We hope that as we collect more data from all potential sources, we can start to document where these limitations lie and provide impetus for change in the future.

Q: How is MCAO (Managerial Cost Accounting Office) tracking Whole Health Usage?
A: MCAO requested in March to create a reporting system for WH. It is broader than the VERA definition. For MCAO, a WH patient is any individual who has had 2 contacts in past 6 months. These patients will be tracked for utilization of traditional services as well as WH/CIH utilization.

Q: Are CIH services excluded from VHA Directive 1230 "Scheduling Proceses and Procedures?"
A: CIH services offered within a facility will need to follow all relevant VHA Directives and policies, including VHA Directive 1230 "Scheduling Processes and Procedures."

Q: W*hen calculating a cost to provide services it is important to differentiate between sizes of groups so we can vary the RVU appropriately. If we proceed with only one CHAR4 for each service we will calculate one cost per encounter no matter the size of the group. In other words… A YOGA encounter for a group with 2 patients will cost the same as an encounter for a group with 20 patients.*
A: Assigning RVUs to CIH groups is the same as all other groups in MCA. You must use an average group size to compute the MCA RVU.

If you have two different rooms being used that allow for very large differences in group size (and two different scheduling grids) you can either calculate an average RVU using both the group size and number of times each group meets to calculate an average RVU. Or, you can work with CIH to assign a different appointment length to each group. This will result in

different feeder keys, so you can assign each to a different IP. That will enable you to assign different average RVUs to each group.

Additional CHAR4 codes for different group sizes will not be created.

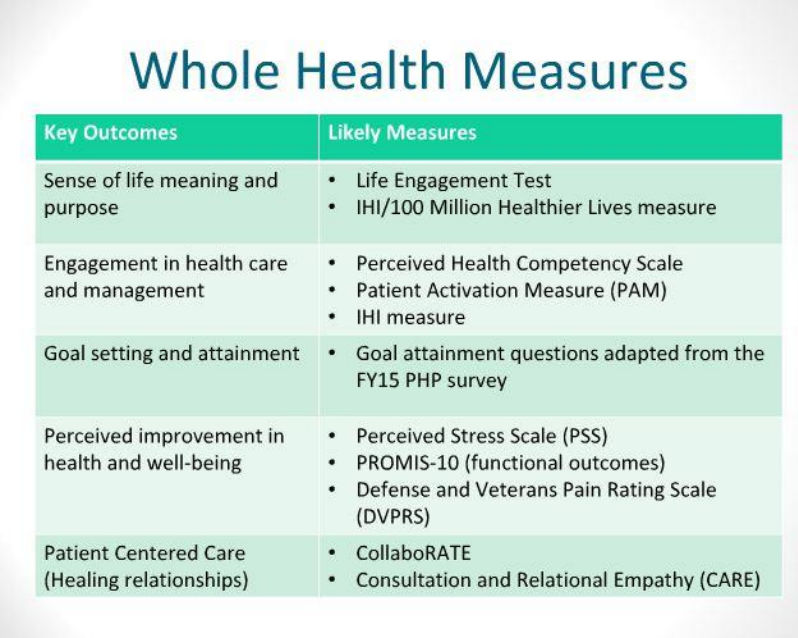
Q: *Can stop codes and/or CHAR4 codes be used for appointments in inpatient settings*?"
A: There is no need to create a separate clinic for inpatients. The same clinic that the provider uses for outpatients can be used. A count clinic must be selected when completing an encounter (and not the patient's ward location) in order for the encounter to send to PCE and the provider to get workload credit.

Other Questions

Q: Can we use a waiver with patients to limit liability for well-being CIH services?
A: Patients cannot waive liability for any healthcare services offered by the VHA. However, a facility may choose to undergo an informed consent process and review with patients the benefits and risks of CIH approaches, similar to what any healthcare provider would do for traditional medical interventions. Verbal consent may be appropriate for low-risk approaches such as restorative yoga and meditation but written consent is needed for approaches that may carry a higher risk for side effects (e.g. acupuncture). Overall, facilities and clinicians cannot waive medical liability for any services they provide. Therefore, it is crucial that patients fully understand and consent to any treatments/services and that providers offering these services are properly vetted by their facility and are practicing appropriately under their scopes of practice.

Q: We wish to evaluate the CIH services we provide. Do you have any recommendations how we can do that?
A: OPCC&CT has a suggested list of validated instruments that capture patient-reported outcomes. These outcomes can be used to supplement standard clinical outcomes data that is routinely gathered as part of clinical practice. Work with your local facility data analysts, performance improvement specialists, and researchers to determine whether collection of such

data would constitute as quality improvement or research and how to best administer these recommended measures to support the needs of your evaluation.



Whole Health Measures

Key Outcomes	Likely Measures
Sense of life meaning and purpose	• Life Engagement Test • IHI/100 Million Healthier Lives measure
Engagement in health care and management	• Perceived Health Competency Scale • Patient Activation Measure (PAM) • IHI measure
Goal setting and attainment	• Goal attainment questions adapted from the FY15 PHP survey
Perceived improvement in health and well-being	• Perceived Stress Scale (PSS) • PROMIS-10 (functional outcomes) • Defense and Veterans Pain Rating Scale (DVPRS)
Patient Centered Care (Healing relationships)	• CollaboRATE • Consultation and Relational Empathy (CARE)

Q: Where can I find more Best Practices information from other facilities?

A: Please refer to Chapter 6 for our comprehensive list of resources.

Q: How do recreational and creative arts therapies fit into the CIH model?

A: Recreational and creative arts therapies are established services within VHA and are valuable in addressing patients' Whole Health needs. Because they are already well-established within the VHA and are part of the medical benefits package, most of these approaches (i.e., art therapy, music therapy, dance therapy, etc.) are not going to be included on list 1 or list 2 of CIH approaches. OPCC&CT/IHCC does not have oversight of these approaches as they are part of what is considered regular clinical practice across facilities. We encourage sites to work with their local recreational therapy services if they are interested in integrating recreational and creative arts therapies with the implementation of CIH modalities.

Q: If I have any more specific questions about how my CIH clinics should be set up, who are the key individuals I should consult?

A: For local discussions about coding/setting up clinic grids at a facility, it is recommended that individuals consult the local CAC (Clinical Applications Coordinator), Clinic Coders, and/or MCAO representative. These individuals should be able to correctly determine the appropriate route.

Q: Can we bill for massage chairs/tables that don't require a practitioner?

A: - Massage chairs and tables (that don't require a practitioner) can be utilized in VA, but do not constitute a CIH service that can be billed for.

Q: Is medical clearance required for wellbeing programming?

A: - It is up to the facility and local policy as to whether or not there needs to be documented medical clearance for wellbeing programming. Per the National Center for Ethics in Health Care's Ethics Consultation Service's response is limited to addressing what would be ethically appropriate in terms of patient communication. "For context, VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures establishes informed consent requirements for treatments and procedures. So, interventions that clearly fall into that category (treatments or procedures) require either oral or signature informed consent, as described in the Handbook.

Many well-being programs/activities don't clearly fall into that category and we think it would be a losing game to try to parse out which do and which don't. So, from an ethics perspective, the best approach would be to emphasize that for wellness programs/activities that would be readily available to individuals without a provider's order, the individual should be notified about potential health risks related to participation along the following lines: "the specific program/activity is generally safe, but you might want to talk with your health care provider before beginning the program/activity. [As applicable insert: For [program/activity] this is especially important if you have [X,Y,Z – specific to the known risks of the program/activity] to determine if this is the right activity for you." or "this program/activity is not recommended if

you have X,Y,Z condition unless you have spoken to your provider first."] This notification could be included in an information sheet and/or provided at enrollment or at the first session of a class or program."

Chapter 8: Contact Us

For CIH Field Implementation Questions Contact:

FIT CIH Specialty Team

VHAOPCCCTCIHSpecialtyTeam@va.gov

For National CIH/wellbeing program/Policy Questions

Contact: IHCC Team Mailbox

vhaopcctintegrativehealth@va.gov