Navigating the Political Life of Data: Lessons from an Evaluation of Culture Change at the Veterans Health Administration

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• The views expressed in this presentation are those of the authors and do not necessarily represent the views of the Department of Veterans Affairs.

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Overview

• Discuss trends towards and reasons to share data with evaluation stakeholders

• Describe:
  • VHA’s transformation to a Whole Health System of Care (WHSoC)
  • WH evaluation and data sharing

• Examine tensions in data sharing, lessons learned.
Sharing Data with Evaluation Stakeholders

Where does our data go?
## Sharing Data with Evaluation Stakeholders

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief that it:</td>
<td>Can lose control over message:</td>
</tr>
<tr>
<td>- Engenders commitment</td>
<td>- Misguided interpretation of the shared data</td>
</tr>
<tr>
<td>- May provide useful feedback</td>
<td>- Data used in unintended ways</td>
</tr>
<tr>
<td>- Fosters use of findings by evaluation stakeholders</td>
<td>Can influence behavior of those being evaluated*</td>
</tr>
<tr>
<td>Seen as fair and appropriate</td>
<td>Some consider it a threat to objectivity</td>
</tr>
</tbody>
</table>

*This could be seen as an advantage*
CONTEXT
Whole Health System of Care: Goals

Transform VHA culture to emphasize wellness over illness

Quadruple Aim*

1. Improve patient experience of care
2. Improve health outcomes
3. Lower costs
4. Improve workforce experience of providing care

&

VHA specific

- Improve reputation of VHA
- Encourage Veterans to ‘Choose VA’

Whole Health System of Care: Vision

New model of service delivery
National WH Flagship Evaluation

- OPCC&CT provided WHSoC Implementation Guidance
- Also wanted to ‘Learn from the Field’ at 18 Flagship Sites

- Patient outcomes
- Provider Experience
- Cost & Utilization
- Implementation
National WH Flagship Evaluation: Implementation Evaluation

- Developed Implementation Rubric to align with OPCC&CT guidance

- Collected data through quarterly surveys, qualitative phone interviews, national training and utilization data cubes, and select site visits (in-person interviews, observations, patient follows and provider shadows, document review)

- Categorize sites into stages of implementation
Implementation Evaluation: Sharing Data with Flagship Sites

Brief Introduction: This brief report provides an overview of information the EPCC Evaluation Team has collected or accessed over the last 6 months to understand your facility’s implementation of the Whole Health System of Care (WHSoC). Data comes from monthly Implementation Tracking Surveys, Qualitative Interviews with site leads, service utilization data from the VA Data Cube, and WH training data from TMS and Implementation Tracking Surveys. When reviewing this report please note that the data presented are based on current reporting systems, which for many sites are still under development.

Overall Stage of Implementation (as of April 2018): Foundational

- 5. Transformed
- 4. Full Implementation
- 3. Early Implementation
- 2. Foundational
- 1. Getting Started

Core Components that Make Up Overall Stage of Implementation (as of April 2018)

INFRASTRUCTURE
- Steering Committee: 17 member SC meets once a month
- Hiring of Key Staff: Clinical Directors, Program Manager, and Administrative Support have been identified; Education Champions haven’t started; no Program Evaluation Assistant; some core staff do not appear to have been trained in WH per TMS data.
- Communication Strategies: Developing strategic plan, currently use 9 strategies each for reaching patients and employees, including an experiential retreat for staff
- Space: Have sufficient space for some whole health services, looking to identify additional space

ORIENTATION
- Status: Orientation to Whole Health has been offered for 2 years and is currently available 3 times a week

PATHWAY
- Taking Charge of My Life and Health: Offer 3 groups per week
- Referral Process to Pathway: Have a CPRS consult as their referral system
- Clinic Codes: STDP and CHARA4 codes are set up
- Staffing: in process of identifying partners, have 1 volunteer veteran (not trained) to co-facilitate groups

WELL-BEING
- CHS Services: Currently offer Yoga and Meditation on a regular basis; offer Healing Touch Self-Care group and Acupuncture Self-Care group once a month.
- Clinic Codes: STDP and CHARA4 codes set up for CH and Well-Being Classes
- Referral to CH/Well-Being: CPRS consult used for referral to CH and Well-being services

CLINICAL CARE
- Strategic Plan: Developing plan for roll out to outpatient primary care, specialty care, and mental health
- Champions: in the process of identifying champions
- Personal Health Planning: PCG teams do not develop PHPs with Veterans; in process of creating a template in CPRS as above along with other providers

Additional Implementation Information

- Plan to spread Whole Health to 5 Atlanta HCS sites by the end of FY19. This spread will include Whole Health Intro, Whole Health Support and Coaching, Food as Medicine, Yoga and/or Tai Chi, Mindfulness Meditation classes and Acupuncture and or Chiropractic services.
- Aim to have a Coach and Partner assigned to each CBOR and join teams 1x/week and then patients could be referred for individual coaching.
- Working to establish partnerships with community organizations to have activities offsite.

Participation in Core Whole Health Trainings Recorded in TMS (as of April 26, 2018)

<table>
<thead>
<tr>
<th>Training</th>
<th>WH 5H 1x per month</th>
<th>WH Coaching</th>
<th>WH in Your Life</th>
<th>WH in Your Practice</th>
<th>Whole Health Engaging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71</td>
<td>38</td>
<td>9</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Est. # Primary Care Staff</td>
<td>Est. # All Staff**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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Training Goal: To train 100% of primary care clinical and administrative staff in WH by FY19.

Approach: They are strategically training people who they hope will come on board as facilitators or play a key role in Whole Health.

Status: 132 unique staff have taken part in formal training (DPCC); 25 trained are Primary Care staff.

Utilization Data for Whole Health Services FY 18: October 2017-April 2018

<table>
<thead>
<tr>
<th>WH Approach</th>
<th>Estimated Unique Patients</th>
<th>Total Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH Education</td>
<td>48</td>
<td>65</td>
</tr>
<tr>
<td>WH Coaching – Individual</td>
<td>83</td>
<td>96</td>
</tr>
<tr>
<td>WH Coaching – Group</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>101</td>
<td>241</td>
</tr>
<tr>
<td>Yoga</td>
<td>50</td>
<td>215</td>
</tr>
<tr>
<td>Mindfulness, not MBSR</td>
<td>31</td>
<td>96</td>
</tr>
<tr>
<td>Therapeutic or Healing Touch</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>EVP Whole Health</td>
<td>328</td>
<td>847</td>
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Observations of Utilization Data

- Site has 10 types of Whole Health approaches appearing in utilization data.
- In utilization data but not reported by site: Acupuncture, EVP Whole Health, EVP ACT, EVP Mindful Movement
- Reported by site but not in utilization data: Acupuncture
Implementation Evaluation: Sharing Data with Flagship Sites

**Brief Introduction:** This brief report provides an overview of the EPCC Evaluation Team's collection and access to the 6-month data to understand your facility's implementation of the Whole Health System of Care (WHSCC). This is from monthly Implementation Tracking Surveys, Qualitative Interviews, and site leads, service utilization data from the VA Data Cube, and VA training data from the VA Implementation Tracking Survey. (Note: Specific details will be provided in the full report.)

**Overall Stage of Implementation (as of April 2018): Foundational**

1. **Getting Started**
2. **Foundational**
3. **Early Implementation**
4. **Full Implementation**
5. **Transformed**

**Flagship Sites**

<table>
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<tr>
<th>Program/Wrap</th>
<th>Reported by site: Acupuncture, EVP Whole Health, EVP ACT, EVP Mindful Movement</th>
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**Whole Health System Implementation Evaluation**

**Summary of [Site Name] VA**

**Clinic Codes:** STOP and CHAR4 codes set up for CIH and Well-being classes.

**Referral to CIH/Well-Being:** CPRS consult used for referral to CIH and Well-being services.

**Clinical Care**

- **Strategic Plan:** Developing plan for roll out to outpatient primary care, specialty care, and mental health.
- **Champions:** In the process of identifying champions.
- **Personal Health Planning:** PC teams do not develop PHPs with Veterans; in process of creating a template in CPRS to share with other providers.
Data Sharing: Benefits

- Member checking
  - Corrections and additions to the report helped refine our understanding of each site

- Data valuable to sites
  - Helped WH staff advocate for their work with site leadership
  - Used pieces in their own reports, didn’t need to duplicate effort

- Promoted evaluation engagement
  - Further developed our working relationship
  - Extra effort to ensure we received data needed to make an accurate assessment
Data Sharing: Challenges

• Clamor for rubric – How are we being ‘graded’?
  • We want them to implement WH somewhat organically, at same time they know they are being assessed against something

• Data misinterpreted
  • Nuances and context didn’t always travel with the report

• Politics and accountability
  • Pressure to be “first”, repercussions when “last”
  • “The use of data as a disciplinary force”

• Functioned for some like an audit feedback report
  • Competitive nature, political pressure pushed them to advance
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## Data Sharing Lessons & Strategies

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![Flagship Sites](chart)
Data Sharing

Lessons

Be mindful of the political life of data

Took steps to reduce misinterpretation/misuse of data

Remained true to original purpose of evaluation

Stage of Implementation for Core Components of [Site’s Name] WHSoC
January 2018, October 2018, and May 2019

*The coaching component was not staged in January 2018
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For more on Whole Health - OPCC&CT Website:
https://www.va.gov/patientcenteredcare

https://www.uncommongoods.com/product/yoga-joes

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