Whole Health in Veterans Health Administration (VHA) Audiology Practice, in partnership with AVAA

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- [Christy] It is my pleasure to welcome two new presenters to AudiologyOnline. This course is presented in partnership with the Association of VA Audiologists. We're so delighted to bring to you Dr. Cindy Wilson and Dr. Katie Edmonds. And it's just a wonderful topic about collaboration between an occupational therapist and an audiologist to help our veterans in the VA system. So at this time, I'm gonna hand the mic over to our first speaker. Over to you, Cindy.

- Good afternoon, everybody. I'm excited to be with you. We don't have any disclosures to share with you. It's our disclosure statement. And the learning outcomes for this course are, we hope you'd be able to describe the VA's Whole Health approach to care and identify one way to change the conversation from what's the matter with you to what matters to you, to explain how to connect audiologic shared goals with the patient's mission, aspiration, and purpose, and to discuss how to document and track the use of a Whole Health approach using health factors in electronic medical records. I'm Cindy Wilson and like Christy said, I am an occupational therapist. I've been working with a group of audiologists and psychologists in the VA for probably four years now.

We meet weekly and we call our group the intersection between Whole Health and audiology. We've been exploring how Whole Health fits in audiology practice and working on updating the progressive tenderness management materials. I work for the National Office of Patient-Centered Care and Cultural Transformation. So, we're the Whole Health folks. So, that's what I hope to bring to you today. A little bit more about Whole Health as it pertains to your clinical practice. The official definition of Whole Health is that it's an approach to healthcare that empowers and equips people to take charge of their health and wellbeing and live their life to the fullest. Again, really moving healthcare from what's the matter with you that we're very good at to what matters to you?

It's both evidence-based and patient driven. One of the most important aspects of a Whole Health approach to care is the idea of MAP. MAP is mission, aspiration, and purpose. What really matters to you in your life? What brings you joy and happiness? What do you want your health for? What's your mission, aspiration and purpose? Particularly for veterans connecting with a mission is important. When they were in the active military, they had a mission, they were mission ready. That's what the military does. Now, it's more of a mission to be ready, happy, and healthy in your life. So I'm gonna share this one minute video with you and then we'll kind of from the point of view of veterans.

- What matters to me?

- That's a. Tough one.

- I haven't thought about that since I served.

- My doctor's never asked me that before.

- I guess I'm looking for purpose.

- [Narrator] To be more present.

- [Narrator] To discover what matters.

- Whole health is about treating you the person.

- It's a conversation with your doctor or a peer talking about what you want out of your life.

- [Narrator] We focus on what matters to you.

- Not what's the matter with you. Instead, helping you reach goals like.

- Being there for my kids.

- [Narrator] Rediscovering my drive to compete.

- Finding my center.

- [Narrator] Giving back to my fellow veterans.

- And I'm not doing it alone.

- [Narrator] I've got a team.

- [Narrator] I've got a plan.

- [Narrator] I've got support.

- What matters to you?

- So really the whole premise of what we're talking about is building your health plan on what's important to you. So, this is informally called the circle of health. Its official name is the proactive components of health and wellbeing. And this is the model for Whole Health for the individual. It starts with the me in the middle, whether that's me is

me or you, or the veteran patient, surrounded by mindful awareness, really tuning into where you're at and what you're good at and what your challenges and opportunities might be. You know, what does bring you joy? What's your mission, aspiration, and purpose? The largest green area surrounding the mindful awareness are the components of health, the components of self-care.

They represent self-care. The green area in this model, the biggest part of the model represents that's the biggest part of health and wellbeing, is your self-care. The components cover all different areas of self-care, moving the body, surroundings, personal development, food and drink, recharge, family, friends and coworkers, spirit and soul, power of the mind. They're surrounded by this dark blue band of conventional and complimentary approaches. That's all of you, that's all of us. That's going and taking a yoga class to getting your immunizations, to taking care of your hearing health. Anything that you get from a professional comes around that circle. And you can imagine, you know how things both positive and negative might impact somebody's self-care circles.

For example, they might not be able to get much sleep, so that's impacting their relationships with their family and friends. And it's also making them make bad food choices. Just as well as with maybe you wanna get back to your religious community and you go back to church and then you start reconnecting with some family and friends that you might have let go of and then maybe you start sleeping a little better and making better choices of food. So, that overlap of the circles is very intentional, how those things impact one another. And how we would use it in clinical practice is maybe building on strengths in order to create shared clinical goals. For example, wanting to spend more time with friends and family and not being able to communicate effectively with them.

This last band of the model is the community. So, we wanna interface with the community. We wanna help veterans be able to interface with their community. We don't want them to have to come to the VA for their health. We all get our health in our communities and our homes and in those relationships, so how do we help make that happen? How do we help with those transitions and with people's participation in their communities? So, this is really Whole Health for an individual. This model is Whole Health for the system. So, we're beyond the idea of that Whole Health is a good idea, self-care is a good. I think people understand what it is and that it is a good idea.

So we used to say we're trying to get people to drink the Kool-Aid, but we no longer have to do that. People understand what it is and agree that it is a good way to practice and maybe if the VA can do it, mainstream medicine can learn something. So as far as how are we doing it in the big VA system, we really look at it in these three main components. The top one, the pathway is really partnering with veterans. We're using peers and coaches to help veterans with these conversations around what's important to them. Offloading from clinical care, not really trying to push all of that into clinical care. All clinicians in the VA don't need to be teaching Whole Health.

We'd like them to work in the clinical care bubble. And I'm gonna save that for a minute. The lower left-hand corner bubble, the wellbeing programs is another new aspect to care, to medical care. It represents integrative health approaches as well as those areas of self-care, opportunities to learn some of those skills. Meditation, relaxation, yoga, acupuncture, all of those integrative health approaches that are part of the Veterans medical benefit package. And then what I wanna talk about most today is Whole Health clinical care. It's the excellent health and disease management that we already provide in a Whole Health paradigm. Really starting with what's important to the person. And I propose that a lot of you already accessed this way that, and this isn't new to you.

But as far as the way the system works, this is how we are approaching it. We have a framework that each facility has program managers and clinical directors following the framework in order to implement the entirety of the system. But again, like I said, today we're really gonna focus on the clinical care aspect of Whole Health. The key features of Whole Health clinical care are considering and caring for the whole person. Use of teams across time. We have the benefit in the VA of having longer relationships with veterans for the most part than a lot of people do in the community. We're able to use foundational skills like motivational interviewing and coaching for clinician sort of skills.

We can empower patients through connecting to that mission, aspiration, and purpose. If you're working on something the person wants to work on, they're gonna be more likely to be successful in that setting. Shared goals that support that mission, aspiration and purpose. And equipping, again, another really big benefit to the VA is we have a broad range of resources and support, both inside of Whole Health and in other areas with across our systems. We're not gonna let go of the excellent clinical care. As an occupational therapist, I used to pride myself on being able to tell what mobility device somebody needed by the way they got to my clinic. Now I didn't need to ask 'em what was important.

And now I know had I started with what was important, I probably would've got a lot farther a lot faster. And then last but very not least is practicing self-care and really applying some of these things to yourself and giving yourself grace when maybe one of your circles is feeling a little wonky or taking advantage of the areas of strength for you. So, mapping to the MAP is what we talk about. That's the language that we use in applying Whole Health to clinical practice. So if we start at the top of MAP diagram here, the life and health goals, that's the mission, aspiration and purpose. Then you have clinical goals, whatever those clinical goals might be.

Whether it's being able to hear better or if they've got balance related issues, tinnius challenges, whatever it is, you know, I know from working with the audiologist a lot, so maybe the goal is, the clinical goal is to get the person to wear the hearing aid more, right? So, you find out what's important to the veteran. Well, maybe what's important to the veteran is I just don't want my wife yelling at me anymore. Well, okay, maybe that's not the best hearing aid goal, but if that's what the veteran's goal is, maybe you can work out a shared goal that addresses both the need to wear the hearing aids for a longer period of time, and the veteran and his wife getting along.

So maybe they would agree to wear the hearing aids during certain time periods of the day or something like that. So, that's what we need by a shared goal. Take your clinical goal and hook it on to whatever's important to the veteran, whether it's a hearing related goal or a bigger life goal. So, the veteran goals and the clinical goals are surrounded by both those clinical goals and what's important to the veteran. Then you apply your SMART goals that you learn, everybody learns how to make SMART goals. And shared decision making skills in coming to a goal that really honors the veteran's preference and your expertise. So altogether what we're going for is this idea of shared goals.

Probably have always done this already, but maybe not hooked it to a bigger goal or a larger purpose for the veteran's life. And for some of you it's not gonna be a change in how you practice at all. So, the burning question. What makes it a Whole Health visit? What makes a Whole Health visit a Whole Health visit? The first thing and the most important is that it's care based on values. So you let the veterans values inform your care, they're gonna be a lot, the outcomes are gonna be, I was gonna say they're gonna be a lot happier, but your outcomes will increase if they're focusing on something they wanna focus on rather than focusing on something you wanna focus on.

And I'm confident and I feel like I can make anything that the veteran wants to do into a goal that's appropriate for my clinical expertise. And the second part is the empower and equip part. The coming up with that shared goal based on something that's important to the veteran, the skill building around that, whether it's something audiologic. And Katie's gonna give you a bunch of examples later of how she applies it in her practice. It could be a complimentary and integrative health approach. Maybe they are interested in more Whole Health approaches or Whole Health coaches, coaching. How do you hand them over? Do warm handoffs with your Whole Health department. And then again, resources and support both within your area of expertise and across the VA for them.

So what we're going for is that when your patient's done with you, they could say that you care about them and understand what matters to them. And that they feel empowered to take a step in improving their own health and wellbeing. So the goal is really that we get to check-in yes for both of those. So now to the documentation part, you know, it's kind of like if you don't document it, it didn't happen. It's sort of that way with Whole Health as well. And the first and most important thing that I'd like to suggest is that you find out who your local Whole Health champions are. We've got some links of resources at the end of the presentation if you don't know who it is for our directory, so you can look that up.

Across the VA, documentation of Whole Health has been a movement attached with performance measures for a few years and it doesn't seem to be going away. And what we're looking at is clinical spread of this use of a Whole Health approach. Exactly what I described to you. Not so much that clinicians are doing mindfulness or relaxation or yoga in their clinic, but that they're changing the conversation, connecting and making those shared goals that connect with what's important to the patient. Also connecting with your local Whole Health champions will give you whatever those local resources are. All VAs are required to have a Whole Health information session at a pretty regular

basis. So at minimum you could refer a veteran to something like that, an introduction session or other ways to hand off.

Most facilities have calendars both for employee Whole Health as well as veteran offerings for Whole Health. So if you don't know who they are or haven't connected with them, I strongly encourage you to to do so, 'cause I'm sure they have tips for you if you want to take on some documentation of this approach in your practice. There's several ways to actually capture the information in the medical record, so that we can see that it's happening. And again, Katie's gonna give you some more specific examples of what she does and what it looks like. But some of the options are embedding a data object in an existing template. One of the audiologists in Florida use the COSI tool and attached a Whole Health factor for shared goals to that COSI item.

Since it's exploring what's important to the person as far as their hearing, and then you're building goals around that, that is a shared goal based on what's important to the veteran. Another way to do it is to add the health factor to the encounter. As you're going through the checkout process, you manually add it there. We have a couple of national Whole Health templates. One's the personal health inventory and the other one is called the personal health plan. There are also local Whole Health templates and vision level Whole Health templates and connecting with your local people will help you know what's being used there. In Cerner, I don't know if any of you have the new medical record yet, but in Cerner, the way that they're captured are through dropping Whole Health charges or a PowerForm.

PowerForms kind of the equivalent of a template in Cerner. And again, there are local Whole Health templates that have some of these data objects built into them. And the last one here is probably not as common as the middle section that I just talked about. But if you were certified in something like let's say biofeedback or we're doing a, I'm trying to think of what other, I mean you probably wouldn't be doing yoga or Tai Chi,

but maybe biofeedback, maybe some relaxation techniques. If you are in that category, there are CPT codes or S-codes that could be used to indicate those things. Like as an occupational therapist, a lot of OTs do biofeedback. So biofeedback has their its own CPT codes that could be used to document it.

The reason we use these health factors is because we're trying to do things that are outside of traditional medicine and there isn't a way to capture these things that happen. So the data objects, I'm gonna show you. This graph represents all of VHA audiology for the past fiscal year. The blue line is MAP, the health factor that indicates mission, aspiration, and purpose. The orange line is another health factor that's called shared goals. And then the yellow line is Whole Health education. The audiologist is actually teaching them about Whole Health. And you can see that over this past year there's been a huge increase in the capturing of the use of health factors and thus a Whole Health approach in practice this year.

Just phenomenal improvements and growth in that. So while the measure, the network director performance plan measure is for Whole Health growth, clearly we can show growth in audiology in the use of this approach and not just contributing to a Whole Health metric, but contributing to your growth and metrics as well. So with that, I'm gonna turn it over to Dr. Edwards, so she can share her practical approaches and examples to incorporating and capturing Whole Health in her practice.

- Thank you, Cindy, very, very much. Good afternoon. I'm Katie Edmonds. And I am in the Bay Pines VA System in Florida. I've been here for 15 years and Whole Health was a new topic to me a couple of years ago when I started working with the work group, particularly from the progressive tinnitus management standpoint. And I wanna emphasize, we're not suggesting here that you're going to reinvent yourself as a Whole Health coach by Monday morning. And when I'm in my PTM groups, my tinnitus groups, we're not stopping and busting out a moment of Tai Chi either. So, it's very

applicable to what we already do. We wanna stay within our scope obviously, but there is a lot of application to what we do.

And first and foremost, we definitely want to recognize how good audiology already is at this. We do by and large a great job of collaborating with our veterans when it comes to hearing issues and hearing aids in particular. Many of us were born and raised on COSI goals and have a history of documenting them and we wanna sustain that in the clinic. We wanna keep doing the good stuff. And we also want to wrap our minds around the fact that shared goals do apply to tinnitus care, to balance, to APD. Many of you are also working in polytrauma centers on TBI teams and shared goals are most certainly applicable. And we'll talk a bit in a moment about how do I make this visible to my leadership because a lot of it's not visible.

And like I said, we do this on a regular basis and we want to show leadership. We've embraced this and here's the data, and I'll show you how to do that shortly. So as Cindy was saying, when you are working with your veterans, you wanna find out what is important to them. And it may be as simple as looking in their records. Somebody might have already done a Whole Health note and already have documented the MAP, the mission, the aspiration, and the purpose. You can go right into there and then clarify with them, you know, has anything new changed, is there anything I need to add to this? And then start building your shared goals. Whether they're in the COSI goals, you can encourage them to use virtual forms of self-care like Annie Apps.

This falls under the Whole Health umbrella. There are many avenues of self-care. Messaging through the Annie apps And these are widely available to our veterans. We are integrating Whole Health currently into all of the progressive tinnitus management program materials, the workbook, all of the worksheets, the TMS modules, everything is being revamped and the end goal there is that Whole Health will be completely integrated and progressive tinnitus management is still going to be the foundation.

You'll see it referred to as living better with tinnitus because that's really what we want. We know they have tinnitus, we're not magicians and we can't cure it. But living better with tinnitus is a possibility and that's how we want them to approach it.

And another way that you can apply this if you're new to Whole Health and I was at one point, and I will admit it's still a work in progress for me, there is a Whole Health video that is very short, 1 minute 22 seconds. And I have embedded this into the very first tinnitus session that I do where we start talking about Whole Health from a very specific standpoint of tinnitus. This is a VA video and it is public facing. So if you are not a VA audiologist, but you would like to incorporate this, you can also use this, it is on YouTube, and we have the links for you at the end of the slide deck in the presentation.

So, I'm just gonna go ahead and click on this. It's very, very brief. And like I said, if you can't find the words to quite define Whole Health for your veteran, maybe just show them this video.

- [Narrator] What matters to you? The Veteran's Health Administration is transforming the way healthcare is provided, it's called Whole Health. Whole health goes beyond illness, injury or disability. It focuses on your values, aspirations, and wellbeing. Healthcare models are focused on preventative care and lowering risk of illness and disease. Whole Health is more than that. It focuses on what is important to you in your life and how you achieve living your best life. Veterans can access Whole Health Services through three points. The Whole Health Pathway is a partnership with veteran peers trained to empower one to explore their mission, aspiration, and purpose, and begin their overarching personal health plan. Wellbeing programs focus on self-care, including complimentary therapies such as yoga, Tai Chi and mindfulness.

Vets gained skills and tools while proactively supporting their personal health plan. Whole Health clinical care is provided by an interdisciplinary team integrated to seamlessly deliver excellent clinical care. Clinicians partner with veterans, empowering and equipping them to live their life to the fullest. Contact your local VA healthcare facility to let us know what matters to you and how we can help you be mission ready for life. Visit us at www.va.gov/patientcenteredcare.

- [Cindy] Katie, we can't hear you.

- Oh, sorry about that. I'll start that one over. Thank you, Cindy. The video, it's very brief. The more you hear it, the easier it's going to be for you to pick up on some words that will connect Whole Health to why the veteran came to see you in the first place. And like I said, I use it in clinic, it doesn't make me run behind. And the veterans appreciate that somebody is branching out and really considering them as a person and not them as a walking collection of diagnosis codes. So I run the tinnitus program in Bay Pines, I have for the past 14 years, and we do keep outcomes, we publish them. And over the years we've switched to the Tinnitus Functional Index and I went back through the data and started looking at trends in our data and trying to QC our program as well, which is always very important for us to have that information.

What you're seeing on the left side of the screen, greens and blues are TFI scores that patients have moved in the right direction, positive directions. Grays, they're staying the same or saying I'm not making any progress here. On the right side of the screen where you see the teal line I combined TFI scores, the ones that are considered clinically meaningful scores and even the ones who didn't quite make the clinical meaningful standard, but we're still moving in the positive direction. If you've worked with anyone with tinnitus, any progress in the right direction is a win. So give yourself credit for those, even if it's not the 13 point change with them. So on the right side you

see combined positives versus the grays where they said, "Nope, we've not quite hit on what's gonna help me here with this tinnitus.

" So if you look at this data, you'll see in fiscal year 2022, something changed in our results and our outcomes. And what changed was that for FY22 when we started out, we had added a Whole Health coach, we added another session to our progressive tinnitus management series and it was a Whole Health coach who came in. And we also started working on the Annie Apps for PTM because they became available, the messaging that can go out to veterans to support them through the PTM program. And I had a hiccup in my program where the psychologist who had been with me from primary care, PCMHI for many years took another position and I needed to find another psychologist and Whole Health stepped up because Whole Health doesn't have just coaches, they do have psychologists as well.

And I was so very fortunate because we didn't even miss a session with a psychologist present. And I can't tell you specifically that it is Whole Health only that made the big change in those outcomes because we did add Annie App messages and we did add an additional audiology session, so we could slow down the flow of info. As Cindy likes to say, don't blow information out of a fire hose at them, and so we took that to heart. But Whole Health is certainly not hurting our program. And I do believe that it really has made a positive change and we can show it on our outcomes, we can document this. And that's always good to have for your leadership.

So, Cindy talked a lot about shared goals. And for years we have gotten goals, COSI goals. Some people don't necessarily call them COSI in their record, but a shared goal is a collaboration of the patient and the provider. You are getting to the root of what brought them in to see you and what is it that they feel they need to and want to work on, what is important to them. You of course want these to be realistic goals. You do have to take in consideration their diagnosis and really what is optimal for them. You

are the professional, so it's not that we have the patients tell us what they will do and how things are going to be.

We need to share this responsibility with them. And Whole Health shared goals are aligned with the mission, aspiration, and purpose. So if that's already been documented in the record for you, just poach from it. I know I do. If not, it doesn't take long to ask the veteran what matters to you, why are you here? And be comfortable if they're silent for a moment because most of the time they've never been asked that within the realm of healthcare, and they don't always know what to say. They weren't prepared for that question. And many times they'll say, no one's even asked me that all these years I've come here. And it's very meaningful to them to feel like they are a part of the process.

So shared goals can be, they don't have to be, but they can be SMART goals. Many of us have learned SMART goals from performance improvement or quality improvement projects. Maybe if you've worked in system redesign, this is very applicable to patient care. The acronym SMART stands for specific, measurable, attainable, relevant and time-limited. So we want a very specific goal, not I wanna hear better. We know that, that's likely why they came in. And I'm gonna show you some examples in a moment. Measurable, how do you know you met the goal, you do need to follow up on 'em. But what's the measure of of the veteran says, I've got it now we, we met this goal.

It does need to be attainable. It needs to be a goal that can be achieved, it needs to be relevant to what matters to them. And you want a timeframe on it. It can't be, well, eventually. Now that's not where we're going with a goal. We need to have a time limit on it. And that's your cue of when do I need to follow up with them. In setting your goals, you can apply what's called motivational interviewing. There is a reference at the end or resource rather for a motivational interviewing TMS module, which is really very

helpful. Motivational interviewing isn't you pinning them down of what are these goals and why haven't you done this yet?

And you want them to be the owner of the change that they are going to make. It's not a change we're forcing on them from a rehab perspective. It is a change that they want to make and they recognize that they need to make this change and why. And there are different ways to get to this because sometimes people are stuck. I think we've all found something in our lives, we've been a little mired down now and we're not always sure what the obstacle is keeping us from changing. You can use confidence rulers, which is what you're seeing here on the right, or importance rulers. You can ask them, you know, on a scale zero to 10, how confident are you you can make this change, what might be in your way?

And sometimes when people are saying, "I don't know why I need to change." And it might be helpful to ask them, "Well, tell me what would the pros of changing be and what would the cons of not changing be?" Because this is what we're bringing about with our veterans with outcomes is change. And we of course want that to be a positive change. So when you set your shared goals or your SMART goals, don't oversimplify 'em to for success. Listen to the patient, let 'em set the bar high. You may think this might be a reach, but don't discourage them and just choose your words wisely when you're helping them find that balance between a realistic goal and you as the professional knowing what can we realistically deliver from a care standpoint.

So, attainable. It doesn't mean limiting their willingness to try. Like I said, if they wanna set the bar high, let 'em within reason though, that's where you come in. And there is a fine line between finding that reasonable goal and discouraging them. And talk about options. If you don't reach the goal, it's okay. And always keep in mind with a shared goal with a veteran, no matter what it is, if they don't reach the goal, it doesn't mean you stink as an audiologist or you've somehow failed them. There may be other things

in play that you weren't aware of. And all it signals is that you wanna regroup and see, okay, how do we get back on track with this?

So there the goals aren't goals that we need to make as audiologists, they're going to be working on this and we're going to collaborate, so they're successful and they get across that finish line. And most importantly, that they sustain that progress they have made. So you may working out with them, what are the shared goals going to be? Start asking, is there anything you aren't doing or you can't do because of hearing loss, tinnitus, balance, APD, that you'd really like to be doing. Sometimes that's a way of getting that conversation going. Ask 'em why is this important to you? You know, where does this fit in to your quality of life? These are questions that get them talking.

You can use COSI goals if you are using the Progressive Tinnitus Management workbook currently. On page 7 of the patient workbook, there is a whole exercise dedicated to the goals. What is it that they want to get out of PTM? Why are they there in the first place? And don't forget, you need to follow up on the goals. You took all that time to collaborate with them, follow up, and make sure you are well on the way, if not already there with the goals. I have some examples here. And these examples are not necessarily, like with example one, hearing aids. All of these would be your goals. Maybe you would have one goal. It just is gonna depend on your patient.

But you always want your goal to connect back to the MAP, the mission, the aspiration and purpose. What is it that you wanna be doing that you can't or you aren't doing because of, and fill in the blank. So with hearing aid goals, remember SMART goals, wanna be specific, there needs to be a timeframe and it needs to be realistic. And how are you gonna measure it too? Examples could be they wanna socialize with friends and family on the cell phone, directly streaming from those hearing aids into the cell phone. And you're gonna set a measurable increment two times a week for six weeks because maybe six weeks is when you're gonna follow up with them.

It could be more than that, it could be less than that. Or hearing a noise. We hear this all the time. I can't hear in crowds, noise or it's just awful. I wanna improve my hearing and noise at family gatherings, very specific, by utilizing that speech-in-noise program that you gave me in the hearing aids. And I'm gonna do it at least two family gatherings that are coming up. And notice in parentheses I have on here, if the goal's not met, consider a remote mic. You can talk about that ahead of time. We know hearing in noise is a real bugaboo for our patients. I like to set if this then that. If we don't meet the goal, here's an avenue I'm going with because we've talked about it, and it's not a bomb I'm dropping on anybody if we don't get as far as we want.

But also some of our follow-ups are phone clinics and it may not be me calling them. So if it's one of our doctoral students, I'm putting prompts in there for them, so they know where was she going with this if this goal wasn't met. So, we just wanna keep that continuity of care going. Another possibility for a goal, they're gonna wear their hearing aids every night, every night. When watching TV in the family room to keep the volume comfortable for others. Again, if it's not met, maybe we wanna get a TV listening device, an ALD for them. And let them contribute to these shared goals. Don't just put down TV here in the passenger in the car and I'll expand on it.

Make it really specific. Another possibility with hearing aids. Very important to the person. I wanna spend more time with my granddaughter. And they're possibly avoiding because of hearing. So, here's the shared goal. I'm gonna pick her up at school once a week for the next month, wearing my hearing aids at all times when driving to improve my situational awareness to other vehicles. He's driving of someone he dearly loves in this car. They need to be able to hear other vehicles, motorcycles, sirens, they need to be safe in that vehicle. And your hearing aids are connecting them to that safety and that environmental awareness. It's not just sound that we're after for

conversation. Another example, many of our veterans say, "My grandkids are all FaceTiming or Zooming and Skyping, and I'm left out.

" So, let's sync 'em up to their cell phones and let's make that one of our goals. They're gonna start using FaceTime or Skype or whatever it is, and we're gonna map it to two times a week on this goal. And we're gonna follow up in six weeks to see how we're doing. We can data log our hearing aids, so we can see if they're doing this. I have 'em on the honor system mostly. And trust me, if they get stuck on the way to that six weeks, they're showing up in our walk-in clinic to let me know we're not there yet. So, it's a work in progress. But as an audiologist, as good as we are at shared goals for hearing, we wanna broaden this.

And this was a big aha for me in tinnitus as well, where I spend a lot of time. So a tinnitus goal that's connected to the MAP for them might be, and we hear this a lot, I wanna sleep better. My tinnitus is bothersome. It's a problem here. So, here's some possibilities. Again, not suggesting that all three of these would have to be goals, but maybe they would. So we spend a lot of time working on soothing background and interesting sound in PTM. So one of the shared goals could be incorporating soothing sound minimum three times a week for eight weeks at night or when napping. We have some retirees who like to nap during the day to facilitate falling and staying asleep.

Or maybe we're not gonna use sound. They're going to incorporate their stress management skills that we teach them in PTM and they're gonna commit to using imagery, breathing relaxation five nights a week for six weeks. And let's see if that helps meet that goal. Or as we all know, comorbid conditions can be an aggravator to tinnitus. So if you have a veteran with chronic pain, maybe a shared goal might be they're gonna manage their comorbidity of pain that's interfering with their capacity for restful sleep by asking for a referral, a consult into the chronic pain clinic, so they can

talk with the pain specialist about this. And notice you are not managing the pain. This is not your job to have to do for them.

It's not our area. This is the work the veteran is doing. That's what the goals are. It's their goal. They're going to put in the time to consult with primary care and talk about pain clinic. Another tinnitus possibility, focus. Maybe your tinnitus patient says, I can't focus at work, my office is quiet, it's distracting, I can't get past this tinnitus. A goal could be, I'm gonna use my sound device that the VA issued me. I'm gonna bring some ambient background sound in and I'm gonna commit 30 minutes at least once a day for eight weeks. And again, maybe you need to put some tinnitus apps on that smartphone instead. Or activate the sound generator in the hearing aids.

Give yourself some wiggle room in there. And also when it comes to improving focus at work with tinnitus, we know the prevalence of hearing aid, hearing loss rather with our tinnitus patients, they're working hard to hear. And in the workplace that is workload. So one of the goals might be let's reduce that listening effort and provide access to a sound enriched environment by actually wearing those hearing aids during the work hours. Let's just start there with the goals. It's a work focused goal. And balance. I'm not a balance provider in the VA, but I know we have many of them who do awesome work for our veterans. The goal in balance, it's not that Whole Health doesn't apply.

We do a lot of handoffs to physical medicine, maybe back to primary care, neuro, ENT. The shared goal connected to the mission, aspiration and purpose might be, I'd like to get to the dining room in my retirement community on my own without falling. Independence and dignity is really important to people. So the goal, again, the work the veteran is going to be doing is they're going to ask their primary care for a consult to physical medicine to the Falls Clinic. And they're gonna do that within the next 30 days of when you have finished your balance workup with them. Now your job is of

course to make sure they know how to reach out and what they're asking for, but their job is to actually go ahead and do it.

They're gonna follow through. Maybe you are on a TBI team offering, you offer APD in your clinic. You may well have run into veterans who are using the G.I. Bill, they're in school, they're studying and there's issues there. Those issues could be hearing, tinnitus, traumatic brain injury, all of the above, the holy trinity there. So maybe the shared goal is, "Okay, I'm taking my college classes and I wanna participate more." They're holding back because they've got some issues in the APD area. So, you've got some options here with share goals. Talk it out with them. So maybe you can get them, if it's a virtual class, stream it directly into hearing aids or earbuds if they don't have it.

And they're gonna do it for their four virtual classes for six weeks. Set a time window on that. I know most school semesters are 12 weeks. I wouldn't wait all 12 because if we're not meeting that goal, we wanna regroup before that semester ends, so it ends on a high note and they're successful. If they have in-person classes and they wanna participate in that discussion more, they maybe wanna approach their professor, their instructor and talk about their issues and how they can facilitate that together. If they're running into some resistance there, most colleges and universities do have an office of disability resources to get some support for them as well. Maybe they'll use an FM mic. You wanna of course work that out with the veterans, so they're competent to share that with their professors and instructors.

Set a time window on it though. And maybe they'll use a table mic, put it in the auto directionality mode, let it pick up in different directions for them for their in-person classes. These are just some ideas of how you can set some SMART goals. And Cynthia mentioned documenting them. This is so important. She pulled data and she showed it to you. This is very visible. Our work in Whole Health as audiologists is visible. From central office on down to our local facilities, give yourself credit and make

yourself visible. If you don't know how to do it, ask your leadership, particularly Whole Health leadership. Look for Whole Health templates that are already built into the medical record.

I'm a CPRS user, we don't have Cerner here. CPRS may well in your local levels have a Whole Health template already. And I'll show you in a moment what that can do for your encounter. And if you don't have some templates already built for Whole Health and you need to manually add the Whole Health factors that give you that visibility, don't forget to apply that to the encounters for hearing tests, hearing aid fittings, phone clinics, virtual care, put it across all of them. Don't just think, "Well, I'll do it for hearing aids, 'cause that's what we're used to doing." You're doing so much more and make that visible. So, this is a screenshot of a CPRS note of a MAP and shared goals.

And I did this through audiology. This was not done through Whole Health. So on the left margin where the templates are, if I scroll all the way down on the bottom of the shared templates, Whole Health has a whole lot of options in there. And I can either open up the entire Whole Health Note or I can poach little pieces of it if that's what I'm after. And you can see things on the screen like mission, aspiration and purpose, long-term goals, strengths, obstacles, challenges, and you wanna keep these in mind. And you're getting this from your patient. But what's happening when I'm clicking on those and filling them in, look toward the bottom of the screen, all of these health factors are automatically populating for me.

I don't have to remember to put 'em on later. And this is the data that Cindy pulls and looks at it. And so, that's the easiest route to doing it. And I pull these into audiology templates. I open my note, I put a cursor where I want to, I go to Whole Health and I start clicking and it starts dumping into my note. And I can get those health factors on there. If you don't have that luxury in your facility, you still have a chance here. In the encounter itself, there is a tab across the top that says health factors. And I will freely

admit, I never looked at it until Cindy showed up to start talking Whole Health with us in our work group.

And in the health factor drop down, when you click on it, you'll see several in there. Or you can ask your leadership to populate them onto all audiology encounters for you. Most of the time we're using MAP and shared goals. My goal is on there also. I used to use that. But really we're setting a shared goal, we're collaborating. And like I said, they can be uploaded in there. You just need to find the right person. Maybe it's your supervisor, maybe it's your Whole Health clinic, maybe it's your clinical applications coordinator. But it can be done. It does help. And remember, it's relevant to hearing tinnitus, hearing aids, implants, assistive devices, APD, oral rehab, balance. We do so much that's applicable and right now, it's not quite as visible as we would like it to be.

So on this slide, what you're seeing, look at the pink line on the left side it was really tanked out at the bottom and it's shot up. Those are shared goals. This is my data by the way, because yes, we can look at ourselves as individuals of what's our Whole Health visibility in the the system. Notice the blue line went down. And that's a good thing 'cause that was my goal that I was using instead of the more appropriate shared goals. And what we want to see is that swing up and we wanna sustain it. You'll have peaks and valleys. It depends what clinics you're in and when you're establishing goals. And yes, we do follow up, so we're not necessarily working on the goals, but don't forget to click that health factor when you follow up on it.

It's not just when you establish it, click it again and get it on that follow up note as well. And we've got some resources here for you. Info about Whole Health readily available, how to manage your tinnitus, the PTM workbook if you're looking for it. We have internal resources to the VA. Cindy graciously put these in here of all sorts of Whole Health information. Motivational interviewing, if you don't know what that is or where to begin, I listened to the TMS module. And it was really, really helpful for me to really

marry that into the approach of establishing a shared goal. And I'm going to hand this off to Cindy again to wrap up our presentation and take any questions you might have.

- Thanks, Katie. So, this is a challenge slide. I've been in this role with the Office of Patient-Centered Care and Cultural Transformation for 13 years now. So, it was a grassroots effort. It was based in innovation and learning across the field. And now we've got a pretty good idea of what works and what doesn't. And it takes a village, but it's one, so I'm challenging you to make one small change. Whether that's capturing the cool stuff that you're already doing or changing the way that you ask a question or just trying it out with one person next week and see what you get in return from those veterans. So, our challenge to you is one small change.

And we appreciate the time today, and would like to open it up for questions. And we also provided our email addresses, so if you think of something after the fact, we're happy to hear from you and talk to you.

- [Christy] Thank you so much, Cindy and Dr. Edmonds. We're gonna go ahead and open up the floor for some questions or comments. We do have a couple minutes before the top of the hour, so feel free to type in anything that you can think of.

- I see a question in here. Katie, How often do you have your vets complete the COSI? COSI, we specifically use with our hearing veterans, hearing, hearing loss, ALDs, usually it's at the time of the exam, but we all know that sometimes people say, "Oh, I need to think about hearing aids, I don't know." And they come back later. So when we're actually placing the order for our devices, it's a good time to decide where are we going with these devices, what are our expectations and what are we committing to? So I think initial visits are great, but honestly it applies anytime. Goals can be made

at any point along the way where you really feel somebody's gotten off track and you can set goals even if they're not getting hearing aids.

We have normal hearing veterans too, but we always wanna talk about hearing protection and other topics with them. Keep the hearing that you have, so you can set goals in that respect as well.

- Okay, well we have just a couple of other resources we wanted to share with you while we wrap up. We've got the links to the videos that we shared. And another one that really does a great job describing the overall Whole Health approach to clinical care and some of the references for the materials, including some publications around...

- And on the bottom of this reference, it says SMARTA, SMARTA goals. Careful with that word, SMARTA goals. On the A on the very end of that is agreed. But that goes without saying in Whole Health, I would think. And so, this is another acronym that you can use. I think agreed upon is understood when it comes to Whole Health. And something else I want to mention because as VA audiologists, we use the IOI-HA with our goals as well and with outcome measures, COSIs are outcome measures. Don't forget to use V5299 when you're doing that. When you're following up on an outcome, which is a goal, give yourself the credit for that. We're always scrutinized for productivity.

And V5299 isn't limited to IOI-HA or Tinnitus Functional Index and outcome measures and outcome measures, so make sure that you're getting the credit for what you are doing with that.

- And we do have one last question. Can non-VA DOD audiologist access CPRS? That's the VA's medical record system, which is why we're undergoing the change to

Cerner, so that we can better communicate with DOD. So at this time, no, the computerized patient record system is just the VA's system. And I see we're just about at the top of the hour, so I wanna thank you so much for your time and attention today. And again, if you have any questions for us, we're happy to to field them.

- And keep doing the great work you do.

- Yes.

- You do good things for our veterans and they do appreciate it. And I think you're awesome. I'm in clinic too. I know what it's like and I see your work. And I think you do wonderful things for our vets, so sustain it.