

Achieving Whole Health

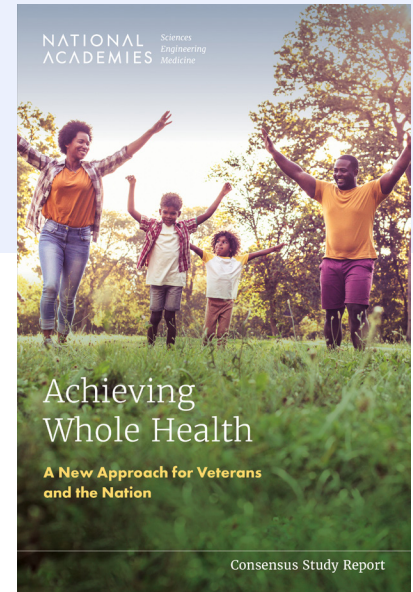
A New Approach for Veterans and the Nation

Whole health is physical, behavioral, spiritual, and socioeconomic well-being as defined by individuals, families, and communities. To achieve this, whole health care is an interprofessional, team-based approach anchored in trusted longitudinal relationships to promote resilience, prevent disease, and restore health. It aligns with a person's life mission, aspiration, and purpose. Whole health care addresses the social and structural determinants at the root of poor health. It shifts the focus from a reactive disease-oriented medical care system to one that prioritizes disease prevention, health, and well-being. The person, not their symptoms, is at the center of whole health care.

The Department of Veterans Affairs (VA), the Samueli Foundation, and the Whole Health Institute commissioned the National Academies of Sciences, Engineering, and Medicine to establish a committee to provide guidance on how to fill gaps and create processes to accelerate the transformation to whole health care for veterans, both inside and outside the VA system, and the nation. The committee's Statement of Task charged it with examining the potential for improving health outcomes through a whole health care model; identifying best practices and lessons learned from the flagship and design sites of VA's Whole Health Initiative, as well as from health systems in the United States and internationally; and considering ways to transform health care by scaling and disseminating a whole health approach to the entire U.S. population.

WHAT IS WHOLE HEALTH?

The committee identified five foundational elements of whole health that are necessary for an effective whole health care system:



(1) people-centered, (2) comprehensive and holistic, (3) upstream-focused, (4) equitable and accountable, and (5) team well-being (see Figure 1).

Being *people-centered* is based on the idea that people, families, and communities should direct the goals of care. It fosters self-empowerment through longitudinal, relationship-based care. Being *comprehensive and holistic* means that whole health care systems address all of the domains of care that affect health and consider the entire person, their family, and their community. Being *upstream-focused* requires a multi-sectoral, integrated, and coordinated approach to identifying and addressing the root causes of poor health. Whole health systems must be *equitable and accountable* in providing care, as the people not seeking care are often in greatest need of care. Delivering a whole health approach will not be easy—it will only succeed if attention is paid to the *team well-being* of the entire interprofessional care team.

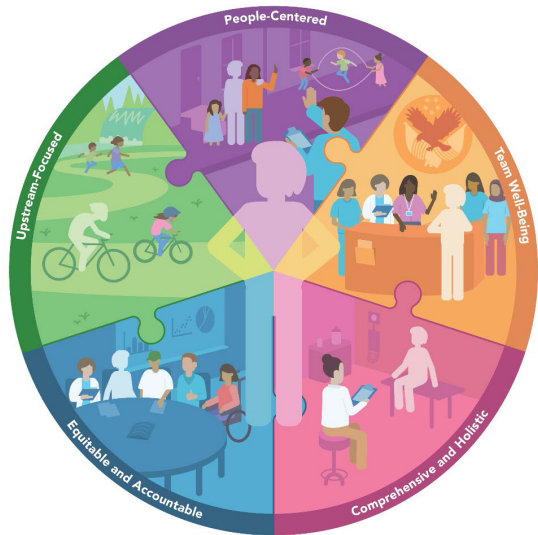


FIGURE 1 The committee’s five foundational elements of whole health.

SCALE AND SPREAD OF WHOLE HEALTH APPROACHES

Moving toward whole health will require a radically different mindset, as well as significant systems change in which all participants embrace the committee’s five foundational elements, develop the structures and processes needed to support whole health, and achieve new levels of integration across settings and services. As the committee’s framework for scaling and spreading whole health (see Figure 2) indicates, a

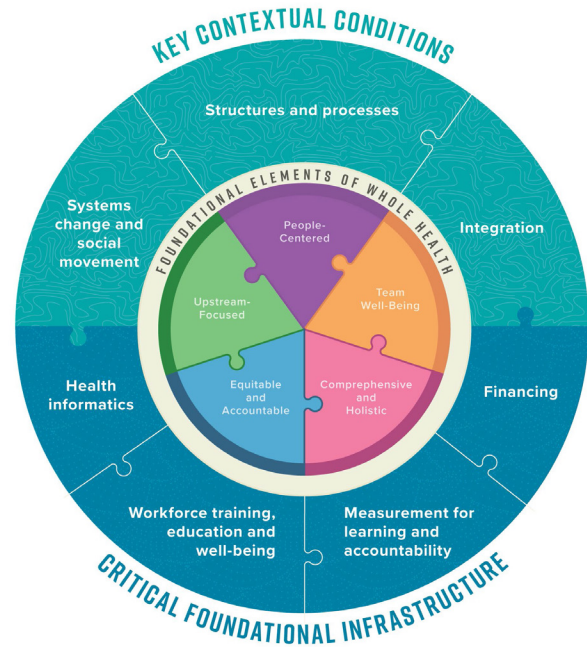


FIGURE 2 The committee’s framework for scaling and spreading a whole health model of care.

whole health approach requires mutual reinforcement of systemic change, an embrace of whole health principles, development of structures and processes, integrated service delivery, and foundational infrastructure. Scaling and spreading whole health will require integration across sectors, some of which typically operate outside most health care systems, particularly those that address upstream factors.

COMMITTEE GOALS AND RECOMMENDATIONS

The committee’s recommendations fall under six implementation goals. The goals listed below describe a transformational journey in which health systems iterate goals as they learn to develop capacity for whole health care.

1. Commit to the shared purpose of helping people achieve whole health.

Recommendation 1.1: To scale and spread whole health, the Department of Veterans Affairs, the Department of Health and Human Services, other federal agencies addressing health and social services, state and local governments, health systems, social services, community programs, and external environment actors (payers, corporations, educators, and others) should make whole health a core value.

2. Prepare for a whole health approach to care.

Recommendation 2.1: National, regional, and facility Department of Veterans Affairs leaders should ensure that all sites are ready to offer the Whole Health System of Care to all veterans by ensuring that each site understands and adopts the whole health mission and vision and has the resources and services it needs to transform its care delivery approach.

Recommendation 2.2: Health care systems, community programs, social services, and public health organizations committed to helping people achieve whole health should ensure that all sites are ready to offer whole health care to the people, families, and communities they serve.

3. Integrate across systems, services, and time to support whole health care throughout the lifespan.

Recommendation 3.1: The Department of Veterans Affairs should integrate the delivery of whole health services between the Veterans Benefits Administration and the Veterans Health Administration.

Recommendation 3.2: Health care systems should create and strengthen the infrastructure needed to partner with community programs, social care, and public health systems.

4. Deliver all foundational elements of whole health care across the lifespan.

Recommendation 4.1: The Department of Veterans Affairs should fully incorporate all whole health foundational elements into its Whole Health System.

Recommendation 4.2: Health care systems, community programs, social services, and public health organizations should model whole health approaches after the Department of Veterans Affairs and other early adopters.

Recommendation 4.3: Building on its existing health center program, the Health Resources and Services Administration should lead the scale and spread of whole health care in the community.

5. Evaluate to iteratively refine whole health care systems and create generalizable knowledge.

Recommendation 5.1: Systems fielding a whole health approach should systematically and continuously evaluate and participate in external evaluations of the implementation and adaptations of the approach, and disseminate the lessons learned.

Recommendation 5.2: Building on its overall mission to study the care of people and the allocation of Patient-Centered Outcomes Research Trust funding to disseminate evidence to practice, the Agency for Healthcare Research and Quality should fund research to evaluate whole health care as well as research that disseminates evidence on whole health practices. Additional research support will be needed from other national and international organizations, foundations, and private payers.

6. Design public- and private-sector policies and payment to support whole health as a common good and whole health care as a way of achieving whole health.

Recommendation 6.1a: The Department of Veterans Affairs, federal policy makers, and regional third-party administrators should determine how the MISSION Act applies to delivering whole health services.

Recommendation 6.1b: Regional third-party administrators of the MISSION Act should streamline the process for enrolling community providers in community care networks and define and enforce standards for health record transfer between community care systems and the Department of Veterans Affairs as a condition for reimbursement.

Recommendation 6.2: The Department of Veterans Affairs, in partnership with the Department of Health and Human Services, should create a national Center for Whole Health Innovation to design and advance the policies and payments for whole health care.

CONCLUDING REMARKS

The recommendations and approaches outlined in this report provide a roadmap for improving health, social, and community systems of care. Recent innovations in VA, and in other early adopter systems of whole health care, have significantly advanced the field and demonstrated the value of a whole health system approach. Building on these advancements will enable future success, leading to better health and well-being for veterans and the nation.

COMMITTEE ON TRANSFORMING HEALTH CARE TO CREATE WHOLE HEALTH: STRATEGIES TO ASSESS, SCALE, AND SPREAD THE WHOLE PERSON APPROACH TO HEALTH **ALEX H. KRIST** (Co-Chair), Virginia Commonwealth University; **JEANNETTE SOUTH-PAUL** (Co-Chair), Meharry Medical College; **ANDREW BAZEMORE**, American Board of Family Medicine; **TAMMY CHANG**, University of Michigan; **MARGARET CHESNEY**, University of California, San Francisco; **DEBORAH J. COHEN**, Oregon Health & Science University; **A. SEIJI HAYASHI**, BlueCross BlueShield; **FELICIA HILL-BRIGGS**, Northwell Health; **SHAWNA HUDSON**, Robert Wood Johnson Medical School; **CARLOS ROBERTO JAÉN**, University of Texas Health Science Center at San Antonio; **CHRISTOPHER KOLLER**, Milbank Memorial Fund; **HAROLD KUDLER**, Duke University and Uniformed Services University of the Health Sciences; **SANDY LEAKE**, The University of Tennessee Health System (Knoxville); **PATRICIA LILLIS**, Marshfield Medical Center; **AJUS NINAN**, United States Army; **PAMELA SCHWEITZER**, United States Public Health Service Commissioned Corps (retired); **SARA J. SINGER**, Stanford University School of Medicine; **ZIRUI SONG**, Harvard Medical School and Massachusetts General Hospital

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FOR MORE INFORMATION

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