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Program Delivery
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Program Delivery

Introduction

The VA National Center for Health Promotion and Disease Prevention (NCP), Veterans Health Administration (VHA) Office of Patient Care Services with input from the field, developed a Weight Management Program for Veterans (MOVE!®). The Program is based on the NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report (1998)[1] and the United States Preventive Services Task Force (USPSTF) Screening and Interventions for Obesity in Adults: Summary of the Evidence for the US Preventive Services Task Force (2003)[2] and Screening for Obesity in Adults (2003).[3]

The following resources provide guidance to VHA clinicians for implementation/ maintenance of weight management programs:

- Handbook 1120.01 MOVE!® Weight Management Program for Veterans (MOVE!®)[4]
- Veterans Affairs (VA)/Department of Defense (DoD) Clinical Practice Guideline (CPG) for Screening and Management of Overweight and Obesity (2006)[5]

The **MOVE!®** Reference Manual addresses the full spectrum of weight management care/practice. The Manual consists of topic-specific chapters, but each topic should be considered in relation to others.

This chapter provides a capsule view of MOVE!® program delivery and may be used as a quick reference to aid in development of newly created MOVE!® programs. This chapter replaces the 2006 Quick Start Manual. It is divided into two sections: Clinical and Administrative.

General Information

VHA serves over five million Veterans of whom about 77 percent are overweight or obese (Veteran Health Administration Service Support Center analysis of Fiscal Year 2008 data for patients with height and weight data on file in the Corporate Data Warehouse). NCP developed MOVE!® and national implementation took place in January 2006. MOVE!® is the largest and most comprehensive weight management program associated with a medical care system in the United States.

Only Veterans receiving care in VHA can enroll in MOVE!®; however, it is known that overweight and obesity occur in the context of the family. Successful weight management requires a family focus on improving diet and increasing physical activity, rather than only the Veteran making changes. When appropriate, the family, to the extent desired by the Veteran, will be encouraged to participate in MOVE!® individual and group care to aid the Veteran in success.

NCP promotes nine Healthy Living Messages emphasizing health promotion and disease prevention. The nine messages are:

- Be Involved in Your Health Care
- Be Tobacco Free
- Eat Wisely
- Be Physically Active
- Strive For a Healthy Weight
- Limit Alcohol
- Get Recommended Screening Tests and Immunizations
- Manage Stress
- Be Safe

The three Healthy Living Messages that relate to MOVE!® are:

- "Eat Wisely" – Eat wisely to maximize your health. Eat a variety of foods including vegetables, fruits, whole grains, and fat-free or low-fat milk and milk products. Limit total salt, fats, sugars, and alcohol. http://www.prevention.va.gov/eat_wisely.asp

- "Be Physically Active" – Avoid inactivity. Aim for at least 150 minutes of moderate intensity aerobic activity each week. Every 10-minute session counts. Do strengthening activities at least 2 days each week. http://www.prevention.va.gov/Be_Physically_Active.asp

- "Strive for a Healthy Weight" – If you need to lose weight, losing even a little will help. If you are of normal weight, maintain it! Staying in control of your weight helps you be healthy now and in the future. http://www.prevention.va.gov/Strive_for_a_Healthy_Weight.asp

All current program information is available on the two MOVE!® Web sites at www.MOVE!.va.gov (Internet) and VA's Intranet site.

VHA Weight Management Policy

The current document that provides guidance on Weight Management in VHA is the VHA Handbook 1120.01: MOVE!® Weight Management Program For Veterans

(MOVE!®) dated March 31, 2011.
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2403

The VHA Handbook provides procedures for a comprehensive, evidence-based, population-approach, tiered, interdisciplinary weight management program at each VA Medical Center and Community-Based Outpatient Clinic (CBOC). It defines the responsibilities and implementation of MOVE!®. The Handbook designates the minimal core elements, reporting mechanism, and process required for MOVE!® or an existing local weight management program.

Required Core Elements for VHA Weight Management Programs

There are seven core elements that are required for VHA Weight Management Programs:

1. Leadership at the Facility and Veterans Integrated Service Network (VISN) Levels
2. Interdisciplinary Team Approach
3. Population Screening for Overweight/Obesity
4. Multi-factorial Patient Assessment
5. MOVE!® Treatment Options
6. Consistent Use of Decision Support Service Identifiers (Stop Codes)
7. Staff Training

These elements are described below in additional detail.

1. **Leadership –** To facilitate coordination, communication, and a consistent implementation of weight management programs across each VISN, the VISN Director designates a VISN MOVE!® Coordinator. Each facility Director designates a facility MOVE!® Coordinator and a MOVE!® Physician Champion. The VISN and facility MOVE!® Coordinators facilitate the implementation of weight management programs at the VISN and local level. Coordinators also serve as principal points of contact for all Weight Management Program communications and reporting among the facility, the CBOCs, the VISN, NCP, and other program offices. MOVE!® is a health promotion/disease prevention (HPDP) program, and the MOVE!® Coordinator should be an active participant in the Medical Center's HPDP Program Committee. The MOVE!® Coordinator will have a key role in integrating MOVE!® with HPDP programs and the Patient-Aligned Care Team (PACT).

2. **Interdisciplinary Team Approach –** Effective weight management programs include a three-pronged focus for patients: **behavior, physical activity, and nutrition,** in conjunction with overall medical care coordination.
   - An interdisciplinary approach is essential. Representatives from the following disciplines should be included in MOVE!®: Medicine, Nursing, Pharmacy, Nutrition, disciplines with expertise in Physical Activity (e.g., Physical Therapy,

Recreation Therapy, Kinesiotherapy, Exercise Physiology) and Behavioral Health (e.g., Health Behavior Coordinator [HBC], Health Psychology, Psychiatric Nursing, Social Work, Psychiatry). The designated facility MOVE!® Coordinator is responsible for coordinating the activities of the team.

- To ensure the adequacy of the interdisciplinary contribution of MOVE!® , the facility MOVE!® Coordinator and Physician Champion will convene a periodic (at least twice per year) meeting to review workload, program status, and resource needs. These meetings will include leadership from contributing disciplines and services. At a minimum this meeting will include participation from Nursing, Primary Care, Medicine, Pharmacy, Mental Health, Information Technology, Nutrition and Food Services, Surgical Services, and Physical Medicine and Rehabilitation Services. When possible, embedded mental health providers working in primary care (PC-Mental Health Integration leads) may be included in meetings and/or MOVE!® calls. The VISN MOVE!® Coordinator will also participate, in person or by telephone, in at least one of each of the facility MOVE!® meetings per year. MOVE!® meetings may be carried out in conjunction with the facility HPDP Coordinating Committee as long as the relevant representatives participate and MOVE!® workload, program status, and resource needs are reviewed as indicated above. The facility MOVE!® Coordinator will submit meeting reports summarizing program status, plans for addressing program needs, and other recommendations to the Facility Director and VISN MOVE!® Coordinator.

3. **Population Screening for Overweight and/or Obesity –** The MOVE!® Handbook endorses the screening recommendations set forth in the VA/DoD Obesity CPG and establishes their recommendations as official program requirements for screening. These will be periodically revised based on review of available evidence. The current screening recommendations are available at: http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp. The CPG recommends at least annual screening for overweight and obesity.
   - Body Mass Index (BMI) is used to classify Veterans as underweight (less than 18.5 kg/m^2), normal weight (18.5 to 24.9 kg/m^2), overweight (25 to 29.9 kg/m^2), or obese (30 kg/m^2 or more).
   - The BMI is available in the Computerized Patient Record System (CPRS) after staff input height and weight into the Vital Signs package of VistA/CPRS.
   - **NOTE: Clinical reminders may be helpful for staff to assign a BMI classification and add overweight or obesity to the problem list.**
   - Yearly screening should include a review of the Veteran's medications that may contribute to weight gain.
   - Overweight Veterans who also have a weight-related disorder (hypertension, diabetes mellitus, dyslipidemia, degenerative joint disease, sleep apnea, metabolic syndrome) and would benefit from weight loss should be counseled about the risk of overweight and, if not contraindicated, offered participation in a weight management program.

4. **Multi-factorial Patient Assessment –** In order to ensure an individualized treatment program for the overweight or obese Veteran, a thorough inventory of food

and beverage intake, physical activity habits, personal and family history, self-efficacy, self-perceptions, and readiness to change with regard to weight management must be assessed. In addition to major medical conditions, complicating factors and barriers to changing eating and physical activity behaviors need to be assessed. Veterans with cognitive impairments (from psychiatric, neurological or other disorders) or special needs should be accommodated as long as they are able to self-manage. **NOTE:** At medical centers offering MOVE!®, the MOVE!® 23, a 23-item multi-factorial patient questionnaire, may be used (See Patient Flow and Treatment Section of this chapter).

5. **MOVE!® Treatment Options –** Evidence indicates that the greater the intensity of behavioral intervention, the greater the likelihood of achieving weight loss.[6]
   - A patient-centered selection of treatment options is important. At minimum, patients should be offered a choice of individual or group care (core MOVE!® element). More intensive and multiple options can be offered, such as pharmacological agents, bariatric surgery, or medically-intensive weight management interventions, as medically appropriate.
   - Treatment should be offered in multiple modalities, including face-to-face visits, individual visits, group visits, telephone contacts, and other strategies as they are developed.
   - Two key clinical components, diet and physical activity, are emphasized to focus on creating an energy deficit (calories burned versus calories consumed). The greater the deficit, the greater the weight loss. More information about energy deficit through diet and physical activity may be found on the MOVE!® Web site: http://www.MOVE.va.gov.
   - Pedometers (or odometers for manual wheelchairs) are available from Prosthetic and Sensory Aids Service to assist Veterans in monitoring and increasing physical activity. A Clinical Practice Recommendation (http://www.prosthetics.va.gov/docs/Pedometers.pdf) specifies that clinicians who are working with the patient on weight management may order this device.
   - Use of behavioral strategies to facilitate weight management is another key clinical factor. Setting goals, making plans, self-monitoring, problem solving, and establishing personal rewards are the basic elements of weight self-management.
   - VISNs and facilities must work together to ensure that MOVE!® Intensive and Bariatric Surgery Centers are available to severely obese Veterans in each service area. MOVE!® Intensive is an option for those Veterans who have tried weight self-management strategies with little or no success. The MOVE!® Intensive program (including residential, day, or home treatment with meal replacement or very low-calorie diet) offers alternative or adjunctive approaches to pharmacological or surgical management of obesity.
   - Maintenance and/or relapse prevention strategies are integral to the program since there should be a lifetime and lifestyle focus to any weight management program consistent with a chronic care treatment model. **NOTE:** Consider establishing a sustained mechanism to track and follow patients to provide ongoing support through clinical services, such as anniversary group visits.

6. **Consistent Use of Decision Support Service Identifiers (Stop Codes) –** In order to ensure consistency, monitor workload, and identify MOVE!® visits as exempt from co-payment, clinical staff should use MOVE!® (Weight Management) Decision Support System (DSS) Identifiers (stop codes) for each MOVE!® encounter. Clinic profiles for MOVE!® clinical contacts need to be established. Note that the first encounter in which weight is addressed (screening, evaluation, and initial goal setting) may occur as part of a primary care visit; this first visit is not required to be coded with a MOVE!® DSS Identifier. Participation in MOVE!® through Office of Telehealth Services (OTS), Home Telehealth (HT) programs (HT-Weight Management/TeleMOVE!) will be tracked via HT workload monitoring systems other than DSS; thus, MOVE!® stop codes are not required to be used with HT MOVE!® care. The OTS has more information on HT-Weight Management business practices (available on the OTS - Sunshine Training Center's SharePoint site).
   - Clinical staff should use the following DSS Identifiers to code MOVE!®-related follow-up encounters (these stop codes, established in collaboration with members of the DSS council, can be used in either the primary or secondary [credit stop] DSS Identifier position):
     - 372 – MOVE!® Individual Patient Visit
     - 373 – MOVE!® Group Session
     - Refer to the DSS Handbook and Alpha Code Guidance for additional DSS Identifiers and Alpha Codes to use with 372 and 373 to capture workload specific to discipline, clinical program, or setting.
   - In order for workload data to be captured in national databases, MOVE!® clinics are required to be established as "count" clinics (as opposed to "non-count" clinics) that use either the 372 or 373 stop codes. All MOVE!®-related visits must also be checked out (i.e., full encounter information entered and progress note signed and closed).
   - In situations such as dietary counseling, weight management may be only one of several issues addressed. If more than one issue is addressed, the MOVE!® stop codes should be used if the majority (more than 50 percent) of the session is devoted to weight management care. General wellness or health promotion care should not use the MOVE!® stop codes unless the majority of the session is devoted to weight management.
   - More stop code information is provided in the Administrative section of this chapter.

7. **Staff Training –** Training in weight management principles and techniques should be offered prior to program implementation, and periodically thereafter to provide updates and train new staff. Online, discipline-specific MOVE!® training is available through the Talent **Management System** (TMS). More information related to staff training is provided in the Staff Education section of this chapter. For CBOCs with contract staff, please contact the National MOVE!® office (MOVE@va.gov or 1-866-979-MOVE) for guidance.

Key Considerations for Facilities with Existing Weight Management Programs

Facilities with existing programs should evaluate those programs to determine if they contain required core elements outlined above. Facilities must provide individual or group-based MOVE!® self-management support (previously referred to as "Levels 1 and 2") to be in compliance with VHA Weight Management Policy, and may use the following options:

- Telephone Care: one-to-one telephone counseling
- Technology-Linked Care: technology to support MOVE!®
  - MOVE!® Hotline: voice-mail technology to facilitate communication
  - TeleMOVE! (in collaboration with the OTS)
    - Home Messaging: individual, staff-monitored, in-home interactive digital messaging
    - Interactive Voice Response (IVR): individual, staff-monitored, brief, daily telephone interactions
    - Clinical Video Telehealth (CVT): individual or group video teleconferencing
  - MOVE!® TLC: MOVE!® Telephone Lifestyle Coaching for individuals at home provided by a coach from a central location
- Group Sessions: support provided in a group setting
- Individual Consultation: one-to-one care by either a member of the MOVE!® Team or specialists (as needed)

Goals for MOVE!®

All MOVE!® programs should be based on the following aspirational goals:

For Veteran

- Strive for initial target of a 5-percent weight loss, recognizing that halting weight gain may also reduce weight-related health risks.
- Choose the best treatment option.
- Focus on health and wellness through healthy eating, physical activity, and behavior change.
- Maintain a lifetime and lifestyle focus on weight loss/maintenance.
- Aim for improvement in quality of life.

For Facility

- Use an evidence-based, population approach to weight management.
- Communicate with patients with respect to their readiness to change.
- Offer desirable program treatment options.
- Assist Veterans in developing individually tailored personal plans with achievable goals.

- Encourage self-management support, emphasizing personal responsibility and empowerment. **Remember that supporting patients in weight self-management is the foundation of MOVE!®.**
- Participate in national calls to maintain current knowledge.
- Promote Web site resources for Veterans and clinicians.

Clinical Practice Guidelines

The VA/DoD CPG for Screening and Management of Overweight and Obesity has been incorporated into MOVE!® guidance. The Evidence-Based Practice Section of the Office of Quality and Safety supports VHA's commitment to excellence in providing quality Veteran care. Guidelines for specific health issues are developed with respect to evidence review and expert consensus. A CPG typically forms the foundation for health quality indicators.

MOVE!® and Patient-Aligned Care Teams (PACTs)

A Patient-Aligned Care Team (PACT) consists of a Veteran working together with health care professionals to plan for whole-person care and life-long health and wellness. A PACT may include MOVE!® Weight Management staff in the planning, treatment, and evaluation of the Veteran's care. The Veteran will be an active player in the journey to lose weight safely and become healthier.
PACTs focus on:

- Partnerships with Veterans
- Access to care using diverse methods
- Coordinated care among team members
- Team-based care with Veterans as the center of their PACT

The goal is for the Veteran to receive personalized care that meets individual health care goals. The care team looks at all aspects of the Veteran's health and emphasizes prevention and health promotion.

A PACT offers many ways to access health care. In addition to personal visits to the Veteran's primary health care provider, the Veteran may schedule visits with other members of the team. The Veteran also may have access to group clinics, educational seminars, and a wealth of information on the Internet through My Health***e***Vet (www.myhealth.va.gov). The Veteran can communicate with PACT members by telephone or through Secure Messaging via My Health***e***Vet.

A PACT achieves coordinated care through collaboration. All members of the PACT team have clearly defined roles. The PACT teams meet often to talk with Veterans and each other regarding the Veteran's progress toward achieving their health goals. The focus is on forging trusted, personal relationships; the result is the effective coordination of all aspects of the Veteran's health care.

A PACT uses a team-based approach. The Veteran is at the center of the care team that may also include the Veteran's family members, caregivers, and health care professionals (primary care provider, nurse care manager, clinical associate, and administrative clerk). When other services are needed to meet the Veteran's goals and needs, another care team may be called in.

Clinical Program Elements

Key clinical program elements include patient treatment options, patient flow, and key action steps for staff, all of which are described below.

Program Treatment Options

Change in the Description of MOVE!® Treatment Options

The term "Level" is no longer used to describe components of MOVE!® care as this implied a hierarchical approach. In an effort to describe the program more accurately, Levels 1 and 2 have been combined as "self-management support" or "supported self-management." Levels 1 and 2 are now designated as Individual Self-Management Support (previously referred to as Level 1) and Group Treatment and Specialty Care (previously referred to as Level 2). Facilities must provide individual or group-based self-management support and give Veterans a choice for the service (group or individual) that best meets the Veteran's needs. The MOVE!® Web site has materials to support individual and group self-management; the chapter on Self-Management Support also provides information. **Remember that supporting patients in the self-management of weight is the foundation of MOVE!®.**

Self-Management (formerly "Levels 1 and 2")

Options of Care:

- Telephone Care: one-to-one telephone counseling
- Technology-Linked Care: technology to support MOVE!®
  - MOVE!® Hotline: voice-mail technology to facilitate communication
  - TeleMOVE! (in collaboration with the OTS)
    - Home Messaging: individual, staff-monitored, in-home interactive digital messaging
    - Interactive Voice Response (IVR): individual, staff-monitored, brief daily telephone interactions
    - Clinical Video Telehealth (CVT): individual or group video teleconferencing
      - MOVE!® TLC: MOVE!® Telephone Lifestyle Coaching for individuals at home provided by a coach from a central location
- Group Sessions: support provided in a group setting
- Individual Consultation: one-to-one care by either a member of the MOVE!® Team or specialists (as needed)

Weight Loss Medications (formerly “Level 3”)

Medications are offered in addition to the individual and group self-management support.

MOVE!® Intensive (formerly “Level 4”)

Is medical management, such as brief residential treatment, meal replacement therapy and/or very low-calorie diets, offered in addition to self-management support.

Bariatric Surgery (formerly “Level 5”)

VHA Surgical Services has divided the VISNs and Facilities into five geographic regions or “clusters.” Each of the five clusters has at least one surgical center which provides bariatric surgery. Clusters are working towards sharing relationships with all facilities. In the absence of sharing agreements, surgery may be performed on a fee basis with VA providing post-surgical follow-up care. Bariatric surgery is one of the surgeries that, by VHA policy, should be performed only at VA-approved Complex Surgical Centers as defined in VHA Directive
http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2227

These bariatric surgical centers can be found at
http://www.patientcare.va.gov/20100518a1.asp, and other resources can be accessed on the VA Intranet.

Patient Flow and Treatment

Patient flow can be observed in these four phases, which are depicted in the algorithm in Figure 2-1:

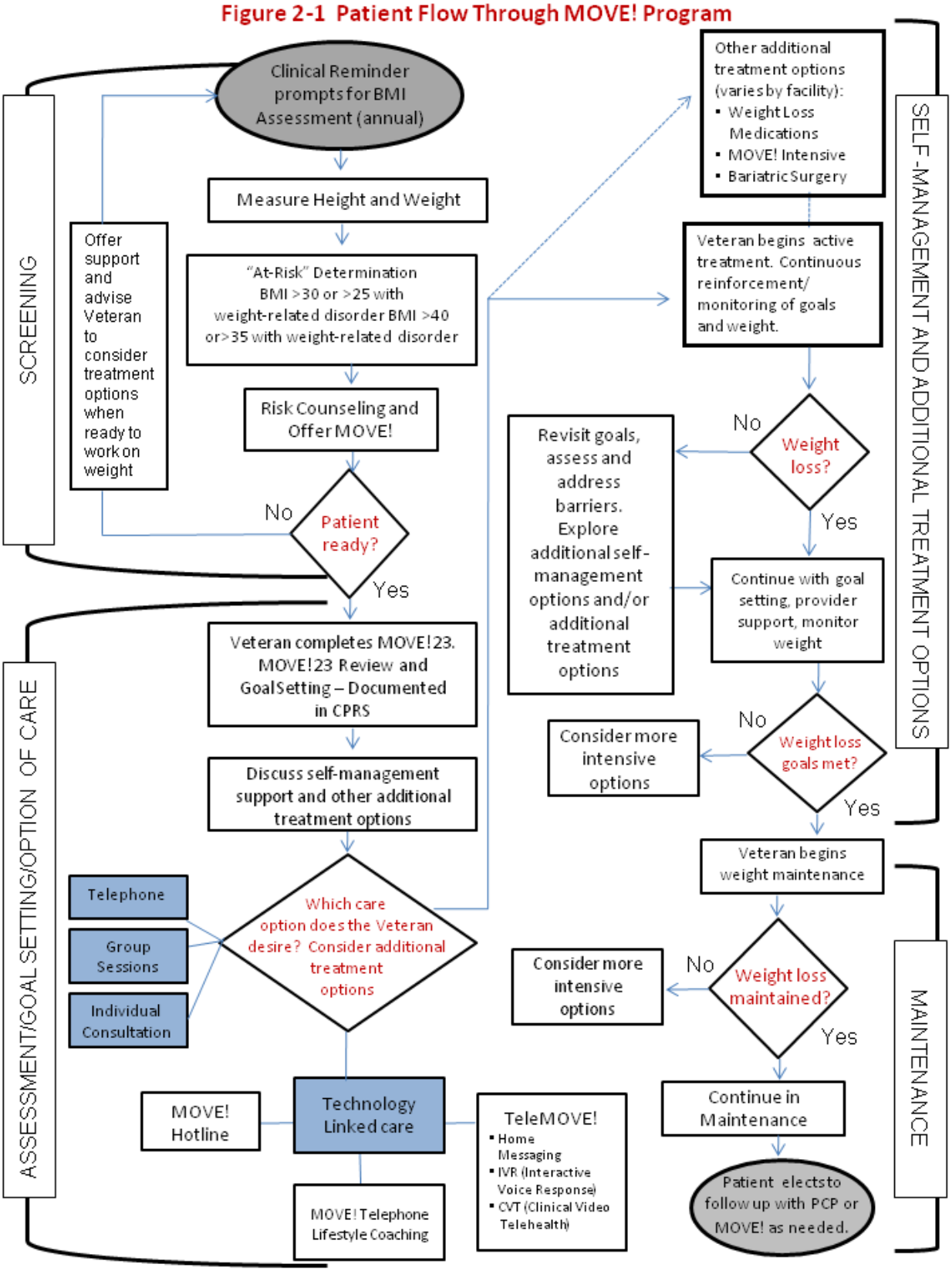
- Screening
- Multi-factorial Assessment**, Goal Setting and Option of Care**
- Self-Management and Additional Treatment Options
- Maintenance

MOVE!® works well when integrated into Primary Care. Key components include:

- Veteran is offered same-day Primary Care screening for overweight/obesity and acceptance into MOVE!®.

- Initial and ongoing care is provided through Primary Care with support of clinical staff (nurses, dietitians, psychologists, physical activity specialists, medical specialists, and others).
- Veteran takes the lead role by actively participating and taking responsibility for his/her own weight management.
- Clinical staff members provide MOVE!® program tools and resources to Veterans via starter folders, MOVE!23 patient report, handouts, and Web site (www.MOVE.med.va.gov).

Figure 2-1 Patient Flow Through MOVE! Program



The four phases of patient flow are described below. The arrows (→) indicate an action step to be taken by staff, unless specified for the Veteran.

Screening

When clinical reminder prompts annual assessment of BMI:

→ **Measure Veteran's height and weight, and record in the Vital Signs section of CPRS. CPRS will then calculate the Veteran's BMI.** BMI greater than 25 with a weight-related disorder (diabetes mellitus, hypertension, dyslipidemia, degenerative joint disease, sleep apnea, metabolic syndrome) or BMI greater than 30 indicates possible health risk.

→ **Offer risk counseling and determine patient readiness to participate in MOVE!®:**
  - → If Veteran is ready to work on weight – **invite Veteran to complete the MOVE!23.**
  - → If Veteran is not ready – **offer support and advise Veteran to return when ready. Provide Veteran with a MOVE!® brochure with local contact information.**

→ **Document in CPRS:**
  - → Veteran's weight, height, and BMI
  - → Intervention

Additional Resources:

- Chapter on Screening for Overweight/Obesity
- Clinical Practice Guideline For The Screening and Management of Overweight and Obesity. Module A: "Screening for Overweight and Obesity," page 12 (Module A, Screening, p. 1). http://www.healthquality.va.gov/obesity/obe06_final1.pdf
- Clinical Practice Guideline For The Screening and Management of Overweight and Obesity. Module B: "Treatment for Weight Loss and Maintenance," p. 23 (Module B, Treatment, p. 12). http://www.healthquality.va.gov/obesity/obe06_final1.pdf

Multi-factorial Assessment, Goal Setting and Option of Care

When assessing Veterans for MOVE!®, start with the MOVE!23.

→ **Veteran completes the MOVE!23 or other multi-factorial assessment as described in the MOVE!® Handbook** http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2403

- This multi-factorial questionnaire assesses importance, confidence, and readiness; identifies "red flags" for further medical evaluation as well as problem nutrition and physical activity behaviors; provides problem-solving tips; and recommends handouts and advice that are tailored to the individual.

- The MOVE!23 questionnaire generates a 4- to 6-page report that is individualized and includes a list of recommended MOVE!® handouts on nutrition, physical activity, and healthy behavior change. The MOVE!23 questionnaire also produces a report that can be shared with non-VA health care providers.

  - The MOVE!23 is available through the Internet and Intranet.

    - **Internet MOVE!23:** Since many facilities lack computer resources for patients to complete the MOVE!23, Veterans can complete the MOVE!23 from home or other Internet locations (i.e., local library). The Internet version of the MOVE!23 is anonymous. Only the year of birth is queried; name, Social Security number, and location of the individual completing the MOVE!23 are not requested. Once the MOVE!23 is completed the patient can print an individualized patient report and a staff report to share with the health care team. The patient and staff reports provide a **retrieval code** to be used by a VA staff member to transfer the MOVE!23 responses into CPRS. In many VA facilities, MyHealth***e***Vet computers have become more available to Veterans. The Internet version of the MOVE!23 also allows Veterans who are not currently enrolled in VA or their family members to complete the questionnaire.

      - There is a pen/pencil version of the MOVE!23 located in the Patient Assessment and Medical Evaluation Chapter, Appendix 4-3 (not recommended).

    - **Intranet MOVE!23:** Accessible from any VA networked computer, the Intranet version of the MOVE!23 is designed to produce a patient and staff report for integration into CPRS. Instructions are provided for linking MOVE!23 with CPRS in the Administrative section of this chapter.

Upon completion of the MOVE!23, clinical staff will:

→ **Print a copy of the Patient Report for the Veteran and review this with them.**

→ **Use the report to guide the discussion.**

→ **Select relevant patient handouts that may address individual needs identified by the MOVE!23 and the discussion.**

After reviewing the Patient Report with the Veteran:

→ **Assist the Veteran with establishing long-term weight loss goals as well as intermediate goals (e.g., weekly weight loss goals between 0.5 and 2 pounds) using Motivational Interviewing (MI) techniques. To achieve the weight loss**

goals, goals should then be established for nutrition, physical activity, and behavior change.

→ **Set SMART Goals:**
Specific – concrete actions that will take place; what you will do
Measurable – how much will be done, and how you will know when the goal has been achieved
Action-Oriented – committing to take action to achieve your goal(s)
Realistic – practical, given available resources and time
Time-based – within a specified time frame
(A good plan will also include personal rewards for achieving goals; see the Self-Management Support chapter for more information.)

→ **Give the Veteran the MOVE!® Veteran Folder.** Clinical staff may choose to make additional copies of the Daily Food and Physical Activity Log (Diary) to include in the Veteran Folder.

→ **Present self-management and additional treatment options and help the Veteran choose their desired option** (Options of care are listed on page 12)**.**

→ **Consider additional treatment options (weight loss medications, MOVE!® Intensive, Bariatric Surgery) if BMI is >40, >35 with weight-related disorder, or >30 with diabetes.**

Additional Resources:
- MOVE!23 can be accessed via: http://www.move.va.gov/move23.asp
- MyHealth***e***Vet: www.myhealth.va.gov, and the VA Intranet
- Patient Assessment and Medical Evaluation Chapter

Self-Management and Additional Treatment Options

During the self-management phase, clinicians will:

→ **Assist the Veteran in problem solving, reviewing, and revising goals as needed.** MOVE!® Outcome Evaluation® findings have indicated that intense (8 sessions or more) and sustained (distributed over time) care is associated with better outcomes. [7]

→ **Document progress in CPRS:**
- In the Vital Signs Package, record height at initial visit and weights at every visit (or at least monthly)
- In the Progress Notes, include goal and plan of care status

→ **Use MI techniques (see Techniques for Motivational Counseling in the Facilitating Healthy Behavior Chapter).**

→ **Be an active listener, do not lecture, and help Veterans identify their own issues and solutions.**

→ **Tailor communication to the Veteran.**

→ **Provide ongoing guidance and support for Veteran's weight loss, weight plateaus, and weight gain.**

→ **Check with the Veteran periodically to consider need/preference for another self-management option.**

→ **Discuss additional treatment options (e.g., medications) if weight loss goals remain unmet.**

→ **Consult with other health care team members as indicated or as requested by Veteran.**

→ **Invite family to attend sessions if involved in weight management plan.**

→ **Arrange consistent follow-up:**
- Within 1-2 weeks of initial contact
- Every 2-4 weeks thereafter, adjusting intervals as needed and until Veteran's goals are achieved

→ **When weight loss goals are met, assist Veteran with transition to maintenance.**

Additional Resources:
- Self-Management Support Chapter
- Facilitating Healthy Behavior Chapter

Maintenance

Veterans who participate in MOVE!® and achieve their goals may require ongoing support from a member of the MOVE!® team. At a minimum, the primary care team should provide this support. Obesity, like other chronic diseases, should continue to be monitored regularly.

Patients who sustain weight loss are typically those who maintain an ongoing relationship with their health care team. Clinicians should:

→ **Discuss follow-up treatment with the Veteran.**
- Maintain contact every 3-6 months (based on Veteran preference), but encourage the Veteran to call the team when needed
- Assess and document weight and address problems on every contact

→ **Review patient progress, discuss and set maintenance goals.**

→ **Review any new medications the Veteran may be taking with regard to weight changes, and alert their health care team of concerns. Inform patients when the medication may cause weight gain.**

→ **Establish clear cues, or "red flags," to indicate the need for additional intervention.** These may include a weight gain of greater than 5 pounds or failing to be physically active for more than a week.

→ **Help Veteran get back into active MOVE!® care if they are losing ground.**

→ **Remind the Veteran that the pedometer can be a helpful tool for monitoring physical activity.** (See additional information located in the Facilitating Physical Activity Chapter).

→ **Connect Veteran with available VA and community resources as needed.**

→ **Remember that weight management is difficult. Acknowledge and praise patients for their efforts and successes.**

Additional Resources:

- Weight Loss Maintenance Chapter.
- Facilitating Physical Activity Chapter

Other Clinical Considerations

Described below are several additional clinical considerations for working with Veterans in MOVE!®.

Group Session Facilitation Skills

Effective group facilitation is critical to MOVE!® success and requires that clinicians do the following:

- **Facilitate open enrollment into MOVE!® Groups**

The preferred approach is "open enrollment," allowing new patients to join the group at any time. Open enrollment can allow more patients to participate each year. By offering open enrollment, Veterans may begin when ready. Open enrollment will mean that participants are likely to be at different stages of weight loss. This can be both beneficial and challenging, and clinicians will need to address these issues. Some Veterans may repeat some or all of the group sessions, based on individualized needs, which might facilitate greater success in achieving weight loss goals. Also, open enrollment tends to maintain level group sizes, so dropout is less noticeable.

Alternatively, group sessions may be implemented with a set schedule and a pre-determined number of possible participants. This type of group treatment, with fixed progression and patient numbers, is often referred to as “closed enrollment.” The ease of having a set schedule, logistics, and speaker scheduling may be an advantage to staff. For patients, a set schedule provides a clear beginning, middle, and end to care, and all participants are at the same stage of care. Drawbacks to this approach include that 1) groups may dwindle from beginning to end, and 2) some patients who are ready to initiate a change may have to wait for a new group to start and may lose interest during this wait.

Session plans for health care staff to facilitate MOVE!® Group Sessions are available on the MOVE!® Web site. Twelve session plans have been developed, including an orientation session designed to facilitate rolling admission in the group process. An introduction to facilitating groups is also available. The following is a list of available group session plans:

Modules for Group Sessions

GS00 - Introduction To Group Session For Leaders ver. 3.5

GS01 - Orientation Session ver. 3.5

GS02 - Stepping Out With My Pedometer Session ver. 2.0

GS03 - What's In Your Food Session ver. 2.0

GS04 - Fit For Life Session ver. 2.0

GS05 - Trim The Fat Session ver. 2.0

GS06 - Play It Safe Session ver. 2.0

GS07 - Tip The Balance Session ver. 2.0

GS08 - If At First You Don't Succeed Plan Session ver. 2.0

GS09 - You Are The Boss Session ver. 2.0

GS10 - Oops I Did It Again Session ver. 2.0

GS11 - Keep It Going Session ver. 2.0

GS12 - Moving Forward Session ver. 2.0

- **Be a Good Facilitator**

The group leader's role is primarily to facilitate discussion, not to lecture. For example, try asking the group to discuss why they have had difficulty maintaining physical activity instead of listing the known barriers to physical activity. Solutions and ideas that come from the group are much more powerful than those that are taught. In addition to this primary role as facilitator, some group modules require the knowledge and expertise of the leader to help the group learn and develop new skills.

The MOVE!® Group Sessions are designed to facilitate guided discussions but do not need to be rigidly followed. Groups are like individuals; they often will present with unique concerns. Be prepared to "go with the flow" and address their unique concerns rather than insisting on a fixed format. Rarely do all participants attend every session; thus, consider scheduling 18-20 participants to ensure a group size of 12-15 for each session.

Have the group establish some ground rules at the onset by discussing how everyone should participate, how confidentiality should be handled, and how everyone needs to be treated with respect. Remember that MOVE!® Group Sessions are not meant to be a therapy group. Getting into personal issues that are not related to weight management should be avoided unless it seems appropriate at the moment. If a participant appears to need special attention for a non-weight-related personal issue, suggest that they speak with you outside of the group format.

A Food and Physical Activity Diary has been developed as a self-management tool for use with the group sessions. This diary is a 12-week log in which the Veteran can record weekly food intake and physical activity. There are obvious space limitations to this diary format. For those who would like to provide a detailed daily diary, consider http://www.shapeup.org/resources/suafad.pdf or use one of your own.

- **Develop a Facilitator's Qualities and Skills**

Some of the qualities of good facilitators are innate personality traits such as being able to recognize one's own biases while remaining neutral, enjoying interaction with diverse groups, and inspiring trust. Although some people possess a natural talent for facilitation, most develop the skills through experience and guidance from experienced facilitators. Skills include

  - Creating an environment in which everyone feels comfortable and valued
  - Encouraging participation
  - Preventing and managing conflict
  - Listening and observing

- **Create a Positive Environment for the Group**

Most people will not participate fully in a meeting unless they feel comfortable with other members and believe their opinions will be heard. With members' support, you can

create an environment in which contributions of those with different perspectives are valued.

- **Use body language:** You send messages with your movements as well as your voice, so be aware of what your body language is saying. By using body language to show warmth and acceptance, you encourage others to relax and respond in kind.
- **Welcome participants:** Take a few moments to welcome participants. Full participation is vital, for each person brings a different perspective that can contribute to the group's success.
- **Introduce participants and yourself:** Introductions help participants feel welcome and remind them who their team members are. Introductions also give you an opportunity to clarify your role as facilitator. Ask everyone to say a few words, even if only, "My name is …." Once people have heard their voices in a large group, they feel more inclined to speak up again later. If you have limited time or numerous attendees, find ways to ensure that introductions are brief.
- **Consider an ice-breaker:** You may ask people to share their favorite sports team, first pet's name, or anything else light, personal, and non-threatening as they introduce themselves.
- **Thank participants:** By thanking participants, you validate and legitimize their comments and contributions.

- **Encourage Participation**

Some Veterans are outspoken and energetic; others are quiet and reserved. As facilitator, you should balance these extremes so that everyone has an equal opportunity to participate.

- **Encourage silent Veterans:** If Veterans are quiet or disengaged, catch their eye or ask them to share their experience.
- **Use open-ended questions:** Ask questions people can't answer with a "yes" or "no". Questions beginning with **when, what, or how** usually encourage Veterans to provide detailed answers, and can spark additional ideas from other Veterans.
- **Consult the group:** When a participant addresses a question to you, prompt participation from others by consulting the group. This is also an effective technique for shifting the focus of discussion.
- **Use visual aids:** Most people process information better if they see it, so write it on newsprint, an overhead, handouts, etc.
- **Be careful when using "why?":** This word can imply judgment and cause some participants to become defensive. Instead of saying "why," say, "What are some of the reasons …?"

- **Prevent and Manage Conflict**

One of the best ways to deal with conflict is to prevent it, but some conflict is inevitable and even helpful to the process. Use it to develop options the group would not have considered otherwise.

- **Use team-building activities:** Help Veterans get to know each other better.

- **Set ground rules:** Members' agreement on these makes your job easier when conflict arises. Basic ground rules may be that the group will hear all views and no one will make personal attacks.
- **Search for agreement:** Drawing attention to points that participants agree upon helps create an atmosphere of positive collaboration and forward momentum.
- **Agree to disagree:** You may not be able to resolve all conflicts. Urge the group to treat each other with respect even when they disagree.

- **Listen and Observe**

Throughout a meeting keep your eyes and ears open and stay attuned to the group. Pay attention not only to the group as a whole, but also to individuals.

- **Listen actively:** Apply the basic skills of one-on-one conversation and truly listen before speaking.
- **Scan the room:** While maintaining eye contact with the speaker, note how other members are responding to that person.
- **Find the model patient:** In every group, there is almost always a model patient who "gets it" and can be called on to prime the group if the group is getting stuck. Model for the group how to praise folks who have had success (initiate clapping) and also prompt group members to assist those who are getting stuck.

Sensitivity When Working With Obese Patients

Because weight is a sensitive topic for many people, inadequate furniture/equipment and insensitive remarks by staff may contribute to an unwelcoming environment. It is important to be sensitive when discussing issues of weight with patients. When discussing obesity, patients most prefer the terms "Weight" followed by "Excess Weight" and "BMI." [8,9] The terms "Weight Problem" and "Unhealthy Body Weight" are perceived as neutral. The terms "Fatness," "Obesity," "Excess Fat," "Large Size," "Heaviness," and "Unhealthy BMI" are rated least desirable. For this reason, MOVE!® was renamed from an acronym that included "Obesity" to the "MOVE!® Weight Management Program for Veterans."

Weight is not always addressed with patients by health care professionals for a variety of reasons:

- There is often a lack of time within the office visit.
- Many health care professionals lack confidence in their health behavioral counseling skills and therefore avoid the conversation.
- The tools and infrastructure to support treatment of Veterans who are identified as overweight or obese may not be readily available.
- Overweight or obese clinicians are often uncomfortable discussing weight with Veterans.

MOVE!® can help overcome some of these barriers by providing a structured framework and tools to introduce the discussion of overweight and obesity with Veterans. It is

understandable that some overweight/obese VA clinicians may feel that discussing weight management with patients is hypocritical; however, it can be useful for them to openly acknowledge their struggle with weight.

Clinicians must treat overweight and obesity topics with dignity and respect by:

- Avoiding derogatory terms to describe obesity
- Understanding that obesity is a multi-factorial, chronic disease
- Understanding that obesity is not a result of laziness, poor willpower, or other character traits

Clinicians should create a “weight-friendly" clinic atmosphere in which:

- Patients are weighed in private.
- Staff members avoid the use of insensitive remarks to refer to overweight/obese patients.
- Adequate furniture and equipment are available to accommodate larger sizes.

Clinical Reminders

Clinical reminders can be useful for facilitating quality patient care and for evaluating care delivery. Many facilities have developed clinical reminders to assist with screening for obesity. Others have integrated this with existing reminders. Some facilities have developed a two-stage reminder with separate nurse and provider sections.

There is not one “ideal” reminder dialog and definition that will meet the needs of every facility; however, there are critical elements that should be included in clinical reminders:

- BMI display and classification (normal weight, overweight, obese)
- A prompt to the clinician to consider:
  - Weight-related illnesses: diabetes, hypertension, dyslipidemia, metabolic syndrome, obstructive sleep apnea, degenerative joint disease
  - Contraindications to treatment, and
  - A place for the clinician to document if treatment is not indicated
- Information for clinician to provide patient about the health risks of overweight and obesity, and if patient is likely to benefit from treatment
- A prompt to the clinician to offer the Veteran MOVE!® care
- A place to document whether the Veteran accepts or declines treatment

Progress Note Documentation

Creating CPRS Note Templates
Templates can be created to streamline follow-up and documentation. When launched directly from the CPRS toolbar, the MOVE!23 Staff Report is automatically imported into CPRS and can serve as a template for documenting the initial MOVE!® visit. A variety of templates may be created, including those for telephone follow-up and specialty consultation. MOVE!® clinicians are often willing to share these resources, and inquiries can be made through the VISN Coordinators' e-mail group.

Suggested MOVE!® Progress Note Titles

1. **Weight Management/MOVE!® Initial Evaluation Note** is used for the Veteran's initial MOVE!® visit, and needs to include the MOVE!23 patient questionnaire or other designated assessments (such as the provider's narrative assessment); notation of discussion of the patient questionnaire with the patient; setting of initial weight management goal(s); and how follow-up will be conducted.

2. **Weight Management/MOVE!® Group Note** to document group sessions.

3. **Weight Management/MOVE!® Individual Note** to document an individual office visit.

4. **Weight Management/MOVE!® Telephone Note** to document telephone follow-up.

Documentation of Weights in the CPRS Vital Signs Package

In attempting to evaluate MOVE!®, an ongoing problem has been the absence of recorded weights in the CPRS Vital Signs Package. Since excess weight is the biological issue targeted for treatment, weight should be measured and recorded as frequently as possible—**at every encounter as feasible, but minimally, weight should be entered into the vitals package at the onset of care and at least monthly thereafter.**

Minimum documentation requirement:
- Initial weight, and then ongoing weights (at least monthly)
- Weight at completion of any element of MOVE!® Care (e.g., MOVE!® Groups, TeleMOVE!)
- Weight on Primary Care encounters (at least once annually)

Note: If a weight is recorded in a progress note, it is not "findable" or a part of computable databases such as the corporate data warehouse, the VSSC MOVE!® data cube, or local data marts. Weights entered in the Vital Signs Package are "findable and computable." With telephone care, clinicians can enter patient-reported weights and enter the weight as "patient self-reported." As long as self-

reported weights are documented as such, entering these weights in CPRS is consistent with VA policy.

Health Indicators, Other Measures of Performance, and Best Practices

VHA continues to establish and revise goals for screening and intervention. The facility MOVE!® Coordinator and Physician Champion are regularly briefed by the National MOVE!® Team on current measures, monitors, and strategic goals. These local MOVE!® leaders also collaborate with the Quality Management staff to monitor performance. Each clinician who contributes to MOVE!® should regularly communicate with local MOVE!® leaders so that all have a clear understanding of medical center strategic goals. Performance data and identified best practices (discussed below) are incorporated in the MOVE!® Annual Evaluation available on the MOVE!® Intranet site.

MOVE!® Best Practices Identified in Recent Studies

Since national implementation in 2006, the VHA has sought to understand what organizational policies, processes, or structures at facilities lead to better patient weight loss outcomes. To determine these "best practices," VHA evaluated 22 VHA facilities (including CBOCs) throughout the country using a qualitative comparative analysis.

Two conditions were identified as necessary for larger weight-loss outcomes:

- Use of a standard curriculum and
- MOVE!® with a group component (either alone or in combination with individual visits or contacts).

In other words, facilities that did not use a standard curriculum, or that offered MOVE!® only via individual visits or contacts, were guaranteed to be lower-performing sites.

In addition to these two necessary requirements to produce higher weight loss, at least one of the following practices or combination of practices was required:

- High program complexity and high level of staff involvement
- An active physician champion
- Quality improvement strategies and no waiting list for care

We recommend that programs examine local practices, ensure that the two necessary elements are present, and consider which additional practices will be used to enhance outcomes.

The full report is available to VA staff at the MOVE!® Intranet Web site.

Administrative Program Elements

The key staff, roles, resources, and education required for an effective MOVE!® program are described below.

Team Elements (Roles, Resources, and Education)

Interdisciplinary Weight Management Team

The MOVE!® Weight Management Program Coordinator, in conjunction with the MOVE!® Physician Champion, will oversee the activities of the team. The Coordinator will also help organize staff training (see earlier section on Required Core Elements for VHA Weight Management Programs – Interdisciplinary Teach Approach) and marketing of the program to staff and Veterans (using the materials discussed later in this chapter). The MOVE!® Coordinator should also be a member of the HPDP Committee, and MOVE!® care should be integrated with the overall HPDP Strategic Plan.

Administrative Staff and Roles

Clinicians and administrative staff should work together as a team to provide MOVE!® to Veterans in the following ways:

Administrative Staff

- Set up MOVE!® clinic/s by creating clinic profiles for MOVE!®-related appointments, and seeking approval through appropriate channels
- Set up MOVE!® Stop Codes

Clerical Staff

- Check patients in/out for clinic visits, groups, and other related activities
- Ensure use of stop codes
- Provide directions to group rooms, etc.
- Assist with group classes, if requested. This may include sign-in, scheduling, weigh-in, and welcome/dismiss group.
- Assist patients with access to the MOVE!23

IT Staff

- Assist with MOVE!23 installation on CPRS toolbar
- Assist with creation of local/VISN clinical reminder
- Assist with progress note templates and help add MOVE!®-related progress note titles to the menu of available titles

- Troubleshoot issues
- Enable queries of the local VistA for all patients enrolled in MOVE!® for tracking purposes (help facilitate data queries)
- Resolve other IT-related issues

Resources for MOVE!® Coordinators and Physician Champions

Implementation Guidelines and Checklists

Successful strategies have been incorporated into concise and organized guidelines, checklists, and resources to aid staff in the initiation of new programs and to refine and/or enhance weight loss programs already in existence. Please refer to the following documents listed below and located in the Appendix:

- MOVE!® Facility Coordinator, Physician Champion, and MOVE!® VISN Coordinator Role Guidelines (Appendix 2-1)
- MOVE!® Facility Coordinator Guidance (Appendix 2-2)
- The "Top 10" Success Strategies for New Facility MOVE!® Coordinators (Appendix 2-3)
- Summary of Nutrition and Physical Activity Breakout Sessions: 2009 MOVE!® Forward Together Conferences (Appendix 2-4)

Staff Education

Core Program Resources

The following resources developed for the MOVE!® Program may be available on either the MOVE!® VA Intranet and/or the MOVE!® Internet Web sites.

1. MOVE!® Web sites (Internet and Intranet)
Both Web sites provide numerous weight management educational tools and resources.

- www.MOVE.va.gov – for Veterans, families, VA employees and general public
- A separate VA Intranet Web site is available for VHA Staff.

2. MOVE!® Online Reference Manual
This resource manual serves as the primary guide for MOVE!®.

- www.MOVE.va.gov
- VA Intranet Web site

3. MOVE!® Web-based Training
This online training is intended for physicians, nurses, behavioral health specialists, dietitians, and physical activity specialists. It is available through Employee Education Services for VHA employees and contractors.

4. MOVE!® SharePoint
This online Intranet Web site is designed to allow information-sharing among VA employees, and is available only to VHA employees.

5. MOVE!23 Questionnaire
The questionnaire is called the MOVE!23 because it has 23 questions collecting medical history, eating patterns, physical activity, and barriers to weight management. A paper and pencil version is located in the Patient Assessment and Medical Evaluation Chapter.

- http://www.move.va.gov/Move23.asp

6. Handouts
Standard, Behavioral Health, Nutrition, Physical Activity, and Miscellaneous handouts support MOVE!® and correlate to MOVE!23 questionnaire responses.

- http://www.MOVE.va.gov/Handouts.asp
- VA Intranet Web site

7. Group Sessions
Ten core group session plans are available for health care professionals leading MOVE!® groups and cover a variety of nutrition, physical activity, and behavior change topics. General guidance on conducting groups, an orientation session, and maintenance support group materials are also available.

- http://www.MOVE.va.gov/GrpSessions.asp
- VA Intranet Web site

8. FAQs
Commonly asked questions are answered in this section. Topics are listed by main headings for easy searching.

- http://www.MOVE.va.gov/QandA.asp

9. Additional Weight Management Resources
A comprehensive list of overweight, obesity, nutrition, physical activity, behavioral health, and other resources are included in the Appendix to this chapter.

MOVE!® Orientation for New Coordinators

The NCP SharePoint site contains a MOVE!® orientation module called MOVE!® Weight Management Program for Veterans). This module is critical for new coordinators and is summarized in Appendix 2-5.

Coordinators who are new to their role may gain knowledge of the MOVE!® Program Objectives so that they can

- Identify major MOVE!® program components
- Understand staff's role in screening, goal setting, treatment, and maintenance
- Identify key MOVE!® resources
- Identify successful communication and program strategies employed by MOVE!®
- Describe how MOVE!® integrates with other prevention and health education programs and committees

Ongoing Training

One of the major responsibilities of the MOVE!® Coordinators is to provide education/training for MOVE!® clinical and administrative staff whether in a medical center, CBOC, or other outpatient setting. Remember that each clinician involved in coaching MOVE!® patients will need training specific to MOVE!® and the modality of care (e.g., TeleMOVE!, MOVE!® TLC, CVT). Core MOVE!® team members and other clinicians, such as Care Coordinators who will assist patients with TeleMOVE! or other forms of virtual support, will need this training.

Training in weight management principles and techniques needs to be offered prior to new program implementation, and periodically thereafter to provide updates and train new staff. Education may be provided via many different venues, and will be facilitated by having an **organized training plan/process.** Listed below are the actions staff members may take to aid in the development of such a plan:

- Complete Web-based training. Although not mandatory, it is strongly recommended that all new and existing staff complete the MOVE!® Web-based training annually. The information included in this training is fundamental for any clinician providing MOVE!® care. Presently, this training is available on TMS. The MOVE!® team strives to make this available on an ongoing basis. When the Web-based training is temporarily unavailable, NCP will provide an overview of MOVE!® in PowerPoint or other formats.
- Educate yourself - review the New MOVE!® Coordinator Orientation Module located on the SharePoint.
- Become familiar with both MOVE!® Web sites.
- Participate in your VISN MOVE!® conference calls.
- Participate in quarterly National MOVE!® Team calls (January, April, July, and October).
- Educate your interdisciplinary MOVE!® Team jointly with the HPDP Committee, HPDP Program Manager, and/or the HBC.
- Establish and maintain a staff training log to readily identify staff members who have been trained/not trained.
- Consider having an annual mini-training session for new and seasoned staff to share program changes, allay potential fears, review processes and role responsibilities, and answer questions.

- Have staff self-assess their competence to work with Veterans in MOVE!® and develop individualized plans to enhance competence. Re-evaluating competence after training sessions may be worthwhile.
- Arrange for new MOVE!® team members and other clinicians who need a working knowledge of MOVE!® to spend a day with a MOVE!® team member.
- Include MOVE!® in grand rounds sessions annually.
- Plan "lunch and learn" or early morning training sessions designed to address identified needs of the staff (e.g., competency verification, problems/gaps in services provided).
- Evaluate your program, identify deficits and needed improvements, and offer training opportunities accordingly.

Educational Resources

The following resources are also available for MOVE!® staff members:

- MOVE!® Presentation Overview 1 and 2 on VA Intranet
- New Coordinator Orientation (See Appendix)
- MOVE!® Pocket Guides
  - Medical Care Provider
  - Primary Care Nurse
  - Behavioral Health Specialists
  - Dietitians
  - Physical Activity Specialists
- Summary of Nutrition and Physical Activity Breakout Sessions:
- 2009 MOVE!® Forward Together Conference (See Appendix 2-4)
- Additional Web site Resources in Appendix
- *Patient Education: TEACH for Success* – a course on enhancing patient communication
- MI courses available online and through consultation with facility HBC
- MOVE!® EES Conferences and MOVE!® presentations in other Conferences (e.g., PACT)
- Monthly NCP Educational Conference Call
- Health*POWER!* – NCP's quarterly periodical

Program Elements (Space and Work Processes)

Outlined below are the space and work processes that are critical to MOVE!® success.

Space, Furniture, and Equipment

Clinic space is often at a premium. When setting up a new clinic and identifying equipment and furniture needs, consider these actions:

- Identify exam rooms for MOVE!®-related appointments
- Designate and reserve conference rooms with appropriate seating for overweight individuals
- Ensure there are private areas for weighing patients
- Obtain and maintain appropriate furniture and equipment for overweight Veterans
  - Scales
  - Chairs
  - Exam tables
  - Waiting room furniture
- Locate computers/space for MOVE!23 access and printers for patient reports and handouts
- Identify MyHealth***e***Vet computers for use by MOVE!® patients.
- Discuss space, furniture, and equipment needs with administrative staff and request redistribution of existing space, furniture, and equipment, when feasible.

Establishing MOVE!® Clinic Profiles in VistA Scheduling Package

New MOVE!® clinics are established in the VistA Schedule package by an Administrative Package Administrative Coordinator (ADPAC). Typically, ADPACs require completion of a Clinic Profile form, which contains all the required information for a clinic. To complete this form, determine scheduling times for follow-up individual visits, group sessions, telephone sessions, CVT clinics, and any other regular MOVE!® clinics. A sample Clinic Profile form is provided on the next page to facilitate the establishment of MOVE!®; check with your ADPAC to obtain local Clinic Profile forms.

MOVE!® Clinics are required to be set up as “count” clinics: see guidance on page 8. ADPACs should refer to page 26 for suggested Progress Note titles.

Sample Clinic Profiles

1. **Name of Clinic: MOVE!® Group Session**

Description: Interdisciplinary weight management/physical activity session conducted in group format

Location: _____
Station Clinic Area Bldg Room No.

Day of Week: _____
Monday, Tuesday, Wednesday, Thursday, Friday

Frequency: _____
Daily, Weekly, Every Other Week, Monthly, Other

Typical Duration: One Hour

Note Title(s): Group

Provider(s): _____

DSS Identifier/Stop Code: 373 (can add discipline specific secondary codes – See DSS Web site for further information)

2. **Name of Clinic: MOVE!® Individual (face-to-face) Follow-up**

Description: Individual Weight Management/Physical Activity Counseling (more than just a weigh-in)

Location: _____
Station Clinic Area Bldg Room No.

Day of Week: _____
Monday, Tuesday, Wednesday, Thursday, Friday

Frequency: _____
Daily, Weekly, Every Other Week, Monthly, Other

Typical Duration: 30 Minutes

Note Title(s): Individual

Provider(s): _____

DSS Identifier/Stop Code: 372 (can add discipline specific secondary codes – See DSS Web site for further information)

3. **Name of Clinic: MOVE!® Telephone Follow-up**

Description: Individual Weight Management/Physical Activity Counseling by Phone

Location: Telephone

Day of Week: Monday, Tuesday, Wednesday, Thursday, Friday

Frequency: Daily, Weekly, Every Other Week, Monthly, Other

Typical Duration: 10 Minutes

Note Title(s): Telephone

Provider(s):

DSS Identifier/Stop Code: 338 (discipline-specific codes are also available)/secondary 372

Decision Support Service (DSS) Identifiers - Stop Codes

Clinical staff must use the following DSS Identifiers to code MOVE!®-related follow-up encounters, in either the primary or secondary (credit stop) DSS Identifier position:

- 372 – MOVE!® Individual Patient Visit
- 373 – MOVE!® Group Session
- 324 (physician) and 372, or 147 (nurses or ancillary staff) and 372 are the codes to capture weight management-related telephone activities (other discipline or service-specific stop codes are available). Effective October 1, 2011, stop code 338 may be used with 372 when Primary Care team members are providing MOVE!® care.
- The DSS Handbook and Alpha Code Guidance provide additional DSS Identifiers and Alpha Codes to use with 372 and 373 to capture workload specific to discipline, clinical program, or setting.

Co-Payment Exemption

MOVE!® Care is exempt from co-payment charges (38 U.S.C. 38 CFR Part 17.108). To trigger this exemption, MOVE!® clinics must be coded with the 372 or 373 MOVE!® DSS Identifiers.

MOVE!23 Installation to CPRS Toolbar

The MOVE!23 can be linked on the CPRS Toolbar, which then automatically ports the MOVE!® Patient Report and the MOVE!® Staff Report into CPRS as an unsigned progress note. This system uses VistAWeb. The first time a user uses the link, the user will be automatically taken to a VistAWeb registration page to re-enter their Access and Verify Code. They will also be asked for the Clinic Location, Clinic Title, and Progress Note Title for the automatic note generation. After this first registration, the VistAWeb link occurs behind the scenes, and this page is not seen again. After installation, the MOVE!23 is accessed via the Tools drop-down menu. Clinical Application Coordinators can refer to specific instructions located on the MOVE!® Intranet Web site under "Administrative Materials→Tools and IT→Instructions For MOVE! CPRS Integration."

Resetting Registration

On the first use of the CPRS toolbar launch of the MOVE!23, the software prompts users to provide clinic locations, clinic names, and progress note titles. These are stored in a "behind-the-scenes" registration table. If a clinician who is registered in the table has a name change or there are changes in the clinic location, clinic name, or progress note title, the registration should be reset. Information on how to reset registration is available on the MOVE!® Intranet site under "Administrative Materials→Tools and IT→-How to Reset Registration."

VISN Service Support Center (VSSC) MOVE!® Data Cube using Proclarity Software

The VSSC provides reporting services for MOVE!® and other clinical programs. At the present time, MOVE!® workload data are available in this system. NCP works with VSSC on an ongoing basis to add to this resource. TeleMOVE! workload also is being integrated with data that previously reflected traditional MOVE!® visits. Additional reports are being added which will provide facility-specific MOVE!® weight loss outcomes and VISN-specific general overweight/obesity prevalence data.

MOVE!® Data Cube

While an Excel file can enable one to look at data across two dimensions (e.g., date, facility), a cube allows one to view data with additional dimensions or "slicers" (e.g., date, facility, gender). These cubes:

- Organize and optimize data
- Query efficiently and quickly
- Aggregate and detail data
- Provide numerical analysis
- Provide graphical interface
- Are easy to use

VA has a license to use the software package *ProClarity* for these multi-dimensional data views. ProClarity is available as either Web-based or desktop software (see your IRM staff to install this software).

ProClarity computes qualities we can count/measure, is date- and facility-specific, and details level of dimension (VISN, VA Medical Center, etc.). ProClarity offers several "canned reports" or common data abstractions including Special Visits, Patients Seen by Month and To Date, Visits by Month and To Date, Metrics by VISN, Patient Gender, and Patient Marital Status.

It is important to consider the following information when working with the MOVE!® Visits Cube:

MOVE!® Visits Cube

- Data sources include
  - Outpatient Workload (NPCD)
  - Health Eligibility Center (HEC)
- What gets in
  - Patients and visits with primary or secondary MOVE!® DSS identifiers (372, 373)
  - OTS TeleMOVE! care is anticipated to be added to these workload estimates by October 2011.
- Frequency of update is every two weeks

MOVE!® Visits Cube and Briefing Book Measures (subject to revision)

- Unique patients = unique patients
- Outpatient Visits = visits, individual visits, group visit, telephone visits, estimated co-payment
- Averages = individual visits/unique patient, group visits/unique patient, telephone visits/unique patients

MOVE!® Visits Cube and Briefing Book Dimensions

- Patient Demographics: age, gender, home county, marital status, priority, Service Connect (SC) percent, Primary Care Provider (PCP) assignment
- Visit Detail: facility, visit date, visit type, visit type co-payment, primary and secondary stop code

MOVE!® Visits Cube Can Help

- Track program growth and progress
- Manage and monitor visits and patients
- Ensure that MOVE!® visits are credited appropriately
- Compare facilities
- Troubleshoot problems
- Bridge VistA record with national databases
- Help tailor programs locally
- Encourage sharing of ideas
- Motivate leadership and coordinators

MOVE!® workload that may not be captured in the VSSC MOVE!® Visit Data Cube.

There are many reasons why MOVE!® workload recorded in your local VistA is not also recorded in the national workload files and thus is not in the MOVE!® cube. These may include:

- Timing – the national workload data are about two weeks behind VistA (these data are manually abstracted by VSSC staff)
- DSS Identifiers/Stop Codes 372 and 373 not used – each MOVE!® clinic setup in a local hospital location file must have either 372 (individual) or 373 (group) in the primary or credit stop location
- Non-count – each MOVE!® clinic must also be set-up as a count clinic (non-count='N') in the hospital location file.

- Checkout status – each encounter must have a status of *Checked Out* for the encounter to be transmitted to the national workload files
- Event capture – if workload is captured through event capture, the parameter to transfer encounters from Event Capture to Patient Care Encounter (PCE) must be set
- Historical notes – historical notes are not transmitted to the national workload files

MOVE!® Implementation at the Community-Based Outpatient Clinic (CBOC)

MOVE!® is required to be available to Veterans receiving care at CBOCs, which should use the same resources and information provided in this MOVE!® Reference Manual. Although mandatory program elements for MOVE!® must be met, creative solutions to local needs are encouraged. Note that MOVE!® individual and group session materials are designed for a general clinician to deliver MOVE!® care; specialists can add to the value of MOVE!® care if they are available.

Implementing MOVE!® at the CBOC requires that all of the following steps are taken, although not necessarily in the sequence listed below:

- Seek assistance from the parent facility MOVE!® Coordinator and establish a communication system with your respective medical center. The individual who coordinates MOVE!® at the CBOC should be involved with Medical Center MOVE!® meetings (via V-tel, phone, or in person). The MOVE!® Coordinator should also visit the CBOC on a regular basis to share ideas/suggestions/lessons learned.
- Provide consistent services across CBOCs.
- Designate a leader (a provider who will assist with the program) and identify all additional key players.
- Form an interdisciplinary team. Team members should participate in the planning process, meet on an ongoing basis to solve problems, and evaluate program effectiveness.
- Include the following planning activities: assigning staff roles and responsibilities, making lists of tasks, and identifying issues to be resolved including tracking processes, workload capture, space, computer access, and equipment issues.
- Complete MOVE!® Web-based Training.
- Become familiar with MOVE!® Inter- and Intranet Web sites and other MOVE!® resources (Handbook, Reference Manual, Group Sessions, Handouts, etc.).
- Determine patient flow (clinic entry, screening, treatment, and follow-up processes).
- Have an administrative person guide CBOC clinical staff in setting up clinics for appointment scheduling and establishing correct stop codes.

- Request that the medical center Office of Information and Technology (OI&T) and/or Clinical Application Coordinators:
  - Assist with MOVE!23 Installation to CPRS Toolbar (see above)
  - Assist with progress note templates
  - Help add MOVE!®-related progress note titles to the menu of titles already available
  - Troubleshoot issues
- Use program materials from the MOVE!® Web site to promote the program.
- Develop quality improvement strategies for MOVE!® care.
- Frequently solicit feedback from MOVE!® participants on an ongoing basis. Feedback should also be solicited when patients complete different options of care.
- Share best practices with others in the field (e.g., via e-mail, at meetings).

When possible have a physical activity specialist (PT, OT, KT) dietitian, pharmacist, podiatrist, etc., visit the CBOC on a regular basis to help MOVE!® participants. If the specialist cannot visit the CBOC, determine ways to meet individual specialty consultation needs, such as through CVT services.

MOVE!® Annual Report and Evaluations

MOVE!® Coordinators are required to submit an annual report as requested by NCP. NCP will announce the specifics on annual report completion in September of each year. Summary information across all VA facilities is provided with outcome data in an annual MOVE!® Evaluation Report. Refer to the MOVE!® Intranet site for the most recent report. NCP conducts national evaluations of MOVE!® and other reports are available.

Marketing MOVE!®

Every facility should develop a MOVE!® marketing plan and set program goals and timelines. Staff members may encourage Veteran interest by using MOVE!® promotional items. Materials have been developed by the National MOVE!® Team and may be available on the MOVE!® Web sites and the MOVE!® SharePoint site. Veteran program materials also can be ordered from Hines Depot. Instructions for the ordering process can be found on the MOVE!® Intranet and SharePoint sites.

Examples of marketing materials include MOVE!®:

- Brochures displayed in waiting rooms and exam rooms
- Posters prominently displayed in clinic areas or hallways
- Lapel pins worn on clinician lab coats
- Public service announcements played on VATV

- Announcements used in “Hold” messages of clinic phone lines
- Announcements included in appointment reminder letters or cards
- Web site links displayed on VISN and/or Medical Center Web pages
- Information displayed on electronic bulletin boards (see the Web site for text)

Marketing MOVE!® to Veterans by VA Staff

Every VA employee has a role in marketing VA and MOVE!®—each encounter with a Veteran is important! Here are some key thoughts about interacting with Veterans:

- All members of the health care team contribute to health outcomes. Each staff member that a Veteran encounters will contribute to a Veteran’s excellent, average, or poor care experience.
- The first contact the Veteran has with VA staff sets the tone for the visit. Clerical staff and other non-clinicians have key roles in the patient’s experience.
- Key elements of good customer service include a smile, a friendly and helpful manner, and total interest in meeting or exceeding the Veteran’s expectations.
- Bottom line: treat the Veteran with respect and dignity, listen first, and communicate effectively.

Marketing MOVE!® to Veterans and Leadership by the MOVE!® Team

The MOVE!® team should use MOVE!® Successes and Best Practices to

- Celebrate accomplishments and reward staff who champion success and contribute to best practices.
- Write articles for facility newsletter and/or submit to NCP Health*POWER!.*
- Give short presentations at a morning meeting or during a lunch and learn session.
- Develop a one-page, Veteran-focused flyer sharing pounds lost by participants.
- Participate in periodic NCP-sponsored national MOVE!® conference calls.
- Share best practices with NCP and on national calls.
- Share success stories:
  - **For Staff Submitting Veteran Stories**: Submit MOVE!® Success Stories to NCP by using the guidance posted on the MOVE!® Intranet Web site.
  - **For Staff Guiding Veterans:** Please refer Veterans to the MOVE!® Internet Web site to find instructions on how to submit their own success stories. The website prompts patient to contact the national MOVE!® team on the MOVE!® Hotline (1-866-979-MOVE), leaving their name, mailing address, and phone number.

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Appendix

Appendix 2-1

MOVE!® Facility Coordinator, Physician Champion, and MOVE!® VISN Coordinator Role Guidelines

Facility MOVE!® Coordinator: The designated advocate for coordinating and promoting the MOVE!® Program at the local facility level.

Key Actions: Initiate, Communicate, Coordinate, Manage, Evaluate, and Champion

- Oversee the MOVE!® Program at the facility
- Communicate MOVE!® Program elements and program updates to appropriate and "need-to-know" parties in the medical center and CBOC
- Lead the interdisciplinary MOVE!® team to do great things for the program
- Be a role model and encourage healthy eating, physical activity, and a healthy lifestyle
- Participate on monthly VISN calls and quarterly MOVE!® Conference Calls
- Become a weight management expert by reading, staying updated, participating on conference calls, and seeking educational opportunities
- Know the Clinical Practice Guidelines
- Know the MOVE!® Visits Cube
- Provide input and feedback on how the medical center or CBOC can improve delivery of MOVE!® services
- Champion MOVE!® at medical center and CBOC health promotion events
- Seek ways to become involved in health promotion activities outside your medical center/CBOC and in your community
- Exchange successes/failures/best practices with others via MOVE!® conference calls, e-mail, newsletters, MOVE!® Web site, etc.
- Inform VISN coordinator of facility coordinator changes so national database and e-mail groups can be updated
- Keep current by checking the MOVE!® Web sites on a regular basis
- Participate in and complete the annual report

Physician Champion: An advocate for promoting the MOVE!® Program to physician colleagues and senior leadership.

Key Actions: Initiate, Communicate, Coordinate, Manage, Evaluate, and Champion

- Be a role model and encourage healthy eating, physical activity, and a healthy lifestyle

- Be an active participant on the interdisciplinary MOVE!® team
- Be an active participant on quarterly national MOVE!® conference calls and VISN calls, if requested
- Know the Clinical Practice Guidelines
- Champion MOVE!® to medical service, physician colleagues, and senior leadership
- Provide input and feedback on how the medical center or CBOC can improve delivery of MOVE!® services
- Keep current by checking the MOVE!® Web sites on a regular basis
- Learn as much as you can about weight management – become an expert

VISN MOVE!® Coordinator: The designated advocate for coordinating and promoting the MOVE!® Program at the VISN level.

Key Actions: Initiate, Communicate, Coordinate, Manage, Evaluate, and Champion

- Oversee the MOVE!® Program at the VISN
- Communicate MOVE!® Program elements and program updates to appropriate and "need-to-know" parties throughout the VISN
- Lead the MOVE!® Coordinators and Physician Champions in your VISN
- Be a role model and encourage healthy eating, physical activity, and a healthy lifestyle
- Participate on monthly national calls and coordinate monthly/quarterly VISN calls
- Become a weight management expert by reading, staying updated, participating on conference calls, and seeking educational opportunities
- Know the Clinical Practice Guidelines
- Know the MOVE!® Visits Cube
- Provide input and feedback on how the respective medical centers and CBOCs can improve delivery of MOVE!® services
- Champion MOVE!® at VISN-level health promotion events
- Seek ways to become involved in health promotion activities outside your VISN/ medical center and in your community.
- Exchange successes/failures/best practices with others via MOVE!® conference calls, e-mail, newsletters, MOVE!® Web site, etc.
- Inform the national MOVE!® team of coordinator changes so national database and e-mail groups can be updated
- Keep current by checking the MOVE!® Web sites on a regular basis
- Assist with the annual report

Appendix 2-2

MOVE!® Facility Coordinator Guidance

Review "Top 10" Success Strategies for New Facility MOVE!® Coordinators (see Appendix 2-3)

Assemble an Interdisciplinary Team: Teams should be interdisciplinary and should include:

- MOVE!® Coordinator
- Physician Champion
- HPDP Program Manager
- Health Behavior Coordinator
- Behavioral health clinicians (psychologist, social worker, psychiatrist, mental health professional)
- Dietitian
- Physical Activity Specialists (PT, KT, OT, RT)
- Veterans Health Education Coordinator (VHEC)
- CBOC representation
- Services to be represented:
  - Nursing
  - Pharmacy
  - Quality Improvement
  - Information Technology
  - Administration
  - Employee Wellness
  - Social Work
  - Other stakeholders

Refer to the VHA Handbook 1120.01 (March 31, 2011; p. 5, Sect. 8 b.1 and b.2) for more information on ensuring an interdisciplinary approach in the MOVE!® program

Create a MOVE!® Staff Education Plan

- Have staff complete Web-based training
- Maintain a system to track which staff members need initial program training, program updates, annual refresher training, etc.
- For CBOCs with contract staff, please contact the National MOVE!® office for guidance

Review Administrative Components

- Determine patient flow
- Comply with clinical practice guidelines
- Look at clinic and classroom space and furniture, scales, computers, other necessary items, and equipment
- Establish CPRS note template(s)

- Define roles and responsibilities (phone calls, screening, assistance with MOVE!23, setting goals, group session facilitators, etc.)
- Establish MOVE!® clinic profile using appropriate stop codes
- Become familiar with MOVE!® Visits Cube
- Understand MOVE!® co-payment exemption
- Install MOVE!23 on CPRS toolbar
- Consider use of a clinical reminder
- Offer MOVE!® in the CBOC setting
- Participate in annual program evaluation

Provide MOVE!® Self-Management Care (formerly "Level 1 and 2") Services to All Appropriate/Referred Veterans through Primary Care

- Screen all Veterans for overweight/obesity
- Identify at-risk Veterans
- Discuss risks of overweight/obesity and assess Veteran interest – offer participation in MOVE!®
- Arrange for Veteran to complete the MOVE!23 questionnaire
- Review MOVE!23 reports with Veteran, assist with goal setting, arrange follow-up, and tailor services and options to meet the Veteran's needs
- Establish a maintenance component

Develop a MOVE!® Marketing Plan

- Make MOVE!® brochures available in patient waiting areas, exam rooms, and other areas as appropriate
- Display MOVE!® poster(s) prominently in waiting areas and exam room
- Include MOVE!® announcements in "Hold" message of clinic or medical center phone lines
- Include MOVE!® announcement and/or information in appointment reminder letters/cards
- Link to the MOVE!® Internet Web site on VISN and Facility Web sites
- Share program and Veteran success stories and challenges within the medical center, CBOC, VISN, and national level via newsletters articles, Web site postings, etc.
- Review marketing materials on the MOVE!® Web sites
  - http://www.MOVE.va.gov/
  - VA Intranet site

Review "MOVE!® Facility Coordinator, Physician Champion, and MOVE!® VISN Role Guidelines"

Appendix 2-3

The "Top 10" Success Strategies for New Facility MOVE!® Coordinators

1. Read information on both the Intranet and Internet MOVE!® Web sites: http://www.MOVE.va.gov/

2. Identify your support:
   - The previous MOVE!® Coordinator
   - The facility MOVE!® Coordinators in your VISN
   - The VISN MOVE!® Coordinator
   - The National MOVE!® Team at NCP – MOVE!® Hotline #1-866-979-MOVE (1-866-979-6683) or e-mail MOVE@va.gov

3. Meet with leadership and discuss the vision, goals, and expectations for MOVE!®.

4. Find out what resources you have:
   - Designated staff
   - Space and equipment (larger chairs, loveseats, scales, etc.)
   - Computer (for MOVE!23) and IT support
   - Medical media support
   - Budget

5. Establish, refresh, or reunite the interdisciplinary MOVE!® Team. Make sure you have willing and engaged members on your team. Advise leadership of needs.

6. Understand and facilitate communication:
   - **Facility/CBOC:** MOVE!® team members, physician champion(s), administrative key players, team meetings, and e-mails
   - **VISN:** VISN MOVE!® Coordinator, MOVE!® colleagues within your VISN and at CBOCs, VISN conference calls, meetings, and e-mails
   - **National:** MOVE!® Team at NCP, quarterly conference calls, conferences, hotline, and e-mails

7. Determine initial and ongoing educational needs.

8. Review existing administrative processes to determine if they are working well or need some tweaking (clinic setup, clinical reminders, MOVE!23 process, etc.).

9. Know what is expected of you in this role.

10. Identify MOVE!® marketing resources:
    - What materials does your facility have?
    - What materials do you need?
    - Look at the marketing link on the MOVE!® Intranet Web site.

Appendix 2-4

Summary of Nutrition and Physical Activity Breakout Sessions: 2009 MOVE!® Forward Together Conferences

The following list is a compilation of participant-generated feedback from the Nutrition and Physical Activity breakout sessions of the 2009 MOVE!® Forward Together Conferences. Items from each session that had the greatest number of votes are included in this list. Each item is followed by three to five tips, tools, and/or strategies for use in the clinic. Most were generated by the participants, with a few additions by the editors. Note that there are hyperlinks to MOVE!® handouts and other helpful resources. What started as a "Top Ten" List has grown to 12, which are not listed here in any particular order, but grouped by category: Physical Activity and Nutrition. We hope that this list will be a useful clinical tool.

1. **How can Nutrition and Physical Activity improve health?**
   - Provide pertinent laboratory results to explain the benefits
   - Discuss and teach about positive physiological changes
   - Take advantage of "teachable" moments (CPRS reports)
   - Explain the Dietary guidelines
   - Explain the Physical Activity guidelines

2. **What are proper serving sizes?**
   - Teach and reinforce use of nutrition facts and food labels
   - Encourage peer group problem solving
   - Decrease current portions by one-third
   - Plan ahead for social events
   - Use visual aids or models (e.g., real life objects, measuring cups, spoons, scale, Healthy plate, Platemethod.com)

3. **How many calories need to be eliminated to lose weight?**
   - Refer to My Pyramid (MyPyramid.gov)
   - Decrease total intake by a minimum of 500 calories
   - Encourage use of a food and/or physical activity diary
   - Explain the basics of weight control

4. **What impact does healthy eating have on our overall health?**
   - Explain and discuss evidence-based recommendations
   - Educate patients about the benefits of therapeutic lifestyle changes
   - Tailor education to each individual

5. **What is the best way to manage fast food?**
   - Look at available nutrition information before choosing
   - Ask the fast food establishment questions about nutrition evaluations of their products
   - Avoid buffet-style setup
   - Take one-half of the meal home; consider alternative options (e.g., grocery)

6. **How to know what to eat and what not to eat?**
   - Educational resources

- Fruits and vegetables daily
- Shopping tips (e.g., know the layout of the store)
- Elicit Veteran feedback and engage Veteran in finding healthy food alternatives

7. How to get updated food/drug interaction information?

- Check/sign up for notifications/alerts from the U.S. Dept of Health and Human Services
- FDA
- Attend available clinical conferences
- Consult with co-workers

8. What are some suggestions for when a patient has pain?

- While pain is often reported as a reason for avoiding exercise, daily exercise can actually help manage pain and weight
- Aquatic/Pool Therapy
- Gentle stretching, meditation, deep breathing, and relaxation techniques
- Hydrate!
- Evaluate and manage the pain (including a medication evaluation)
- Find out what Veterans can do and enjoy doing

9. How to maintain motivation for physical activity?

- Suggest that Veteran get an "activity-buddy"
- Find fun, social, enjoyable physical activities that can be done with family and others
- Develop a physical activity routine and then stick with it
- Remember your motivation years ago during military boot camp

10. What to do if "unable" to perform physical activity?

- Focus on what the Veteran can do; consider chair/seated activities
- Consult MOVE!® Physical Activity specialist
- Focus on diet and decreasing calories
- Use Rate of Perceived Exertion scales

11. How much physical activity is needed?

- Review Physical Activity Guidelines with patient
- Explain the F.I.T.T. concept to patients
- Encourage the patient to simply **start** something and do whatever s/he can
- Use walking as exercise

12. Can physical activity be risky?

- Review Physical Activity Guidelines and research
- Help Veteran understand his/her body and when to limit or stop activity
- Explain the basics of safety during physical activity

Appendix 2-5

NCP SharePoint Orientation for MOVE!®

Staff who complete the orientation include MOVE!® Coordinators, clinicians who will contribute to MOVE!® care, MOVE!® Physician Champions, VISN MOVE!® Coordinators, TeleMOVE! Staff, Health Promotion/Disease Prevention (HPDP) Program Coordinators, Health Behavior Coordinators (HBCs), VISN HPDP Program Managers, Veterans Health Education Coordinators (VHECs), and others.

Items indicated with an asterisk (*) are the minimal training requirements for clinicians who will contribute to MOVE!® but will not function as the MOVE!® Coordinator.

Learning Objectives:

- Identify major MOVE!® program components*
- Understand staff roles in screening, goal setting, treatment, and maintenance*
- Identify key MOVE!® resources*
- Identify successful communication and program strategies employed by MOVE!®
- Describe how MOVE!® integrates with other prevention and health education programs and committees

Tasks:

- Complete the MOVE!® Web-based Training through TMS.*
  - To access the MOVE!® Web-based Training, follow these steps:
    - Link to the TMS site: www.tms.va.gov.
    - Once logged into the TMS system, type keywords **"MOVE! Web"** into the **Search Catalog** box and click on **Go**.
    - When the course title is displayed on the next page, click on the **Go to Content** button at the right to begin the course.
    - You will be asked to enter your discipline prior to beginning the course.
- Review the MOVE!® VHA Handbook 1120.01*
- Learn about the following MOVE!® resources:*
  - Internet: www.MOVE.va.gov
  - Intranet:
    - Locate and review the MOVE!® Reference Manual
    - Locate and review the MOVE!® Group Modules
    - Locate and review the MOVE!® Handouts
- Identify and schedule an introductory meeting with your facility's MOVE!® Coordinator and Physician Champion
- Identify your VISN MOVE!® Coordinator and introduce yourself via phone, in-person, or e-mail

- Examine structure and communication strategies used by MOVE!®
  - Locate the MOVE!® sub-site on the NCP SharePoint to become familiar with this resource
  - Know about the three MOVE!® national E-mail Groups: VHAPRV MOVE!® Leaders, VHAPRV MOVE!® Champions, VHA NCP VISN MOVE!® Coordinators
  - Be aware of the National MOVE!® Calls: Monthly (for VISN MOVE!® Coordinators) and Quarterly (for Facility MOVE!® Coordinators and Physician Champions)
  - Participate in one quarterly MOVE!® conference call (for Facility MOVE!® Coordinators and Physician Champions)
  - Review marketing materials on the Intranet Web site
  - Locate your VISN's strategic plan for MOVE!® on the MOVE!® sub-site on the NCP SharePoint
- View the following orientation resource tools available for New MOVE!® Coordinators on the MOVE!® sub-site of the NCP SharePoint:
  - MOVE!® Facility Coordinator Guidance
  - "Top 10" Success Strategies for New Facility MOVE!® Coordinators
  - MOVE!® Role Guidelines
  - Summary of Nutrition and Physical Activity Breakout Sessions 2009 MOVE!® Forward Together Conference*
- Complete the general Prevention Staff Orientation on the NCP SharePoint Site (many items have been completed in the orientation items listed above)
- Learn about TeleMOVE!*
- Optional: Review these presentations (located on the MOVE!® SharePoint):
  - MOVE!® 101 PowerPoint presentation
  - MOVE!® 101 DVD July 2009 (Available for Facility MOVE!® Coordinator)
- Optional: Access the MOVE!® VSSC Data Cube if pertinent and available

Applying what you've learned (for HPDP Program Managers and HBCs):

- List three things about MOVE!® that you learned after meeting with the Facility MOVE!® Coordinator

- Prepare a response to the question, "How does the MOVE!® Coordinator 'fit' into the overall prevention program at your facility?"

- Prepare a 10-minute PowerPoint presentation (with assistance of the MOVE!® Coordinator if needed) to share your medical center's MOVE!® Program highlights with the HPDP Committee

Appendix 2-6

Additional Web Site Resources

Links provided will launch new browser windows. You will leave VA's Web site. VA does not endorse, and is not responsible for, the content of the linked Web sites.

Click on one of the following categories to find related resources:

Overweight/Obesity Resources
Nutrition Resources
Physical Activity Resources
Nutrition and Physical Activity Resources
Other Resources

Overweight/Obesity Resources

Let's MOVE

The *Let's Move* campaign was launched in February 2010 by our First Lady, Michelle Obama. It is a comprehensive initiative with a goal of overcoming childhood obesity using effective strategies and mobilizing public and private sector resources. There are 4 primary objectives of Let's Move:

1. To help parents make healthy family choices
2. To provide healthy food in schools
3. To improve access to healthy, affordable food
4. To increase Americans' physical activity levels

http://www.letsmove.gov/

Aim for a Healthy Weight

This 38-page booklet for adults contains practical, easy-to-use information for losing and maintaining weight - including tips on healthy eating and physical activity: setting weight loss goals, portion and serving-size information, sample reduced calorie menus, guidance on dining out, a sample walking program, weekly food and activity diary, and rewarding success.
http://www.nhlbi.nih.gov/health/public/heart/obesity/aim_hwt.pdf

Choosing a Safe and Successful Weight-Loss Program

This short fact sheet that guides the reader through a number of questions to ask their health care provider and additional steps to identify an appropriate weight loss plan.
http://win.niddk.nih.gov/publications/PDFs/Choosingprogram0208.pdf

Do You Know the Health Risks of Being Overweight?

This six -page fact sheet provides general information about the health risks of overweight/obesity and suggests additional resources.
http://win.niddk.nih.gov/publications/PDFs/hlthrisks1104.pdf

Overweight and Obesity
This site defines overweight and obesity and presents information on prevalence, contributing factors, health and economic consequences, frequently asked questions, recommendations, state programs, and other resources.
http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm

Understanding Adult Obesity Fact Sheet
This fact sheet covers how obesity is measured, Body Mass Index (BMI), causes of obesity, body fat distribution, risks of obesity, and its psycho-social effects. Also provides information on additional resources.
http://www.win.niddk.nih.gov/publications/PDFs/understandingobesityrev.pdf

Weight Loss for Life
This 14-page color brochure for adults provides information on the reasons to lose weight and how to do so.
http://win.niddk.nih.gov/publications/PDFs/WeightLossforLife_04.pdf

Weight-loss and Nutrition Myths: How Much Do You Really Know
This six-page fact sheet explains diet myths.
http://win.niddk.nih.gov/publications/PDFs/Myths.pdf

Nutrition Resources

Dietary Guidelines for Americans 2010
The Dietary Guidelines for Americans are the cornerstone of Federal nutrition policy and nutrition education activities. These guidelines are jointly issued and updated every 5 years by the Departments of Agriculture (USDA) and Health and Human Services (HHS). They provide authoritative advice for Americans ages 2 years and older about consuming fewer calories, making informed food choices, and being physically active to attain and maintain a healthy weight, reduce risk of chronic disease, and promote overall health. For more information please visit the USDA Web site:
http://www.cnpp.usda.gov/dietaryguidelines.htm

You may also download the 112-page pdf version of the 2010 Dietary Guidelines for Americans at this site:
http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf

Health.gov
Health.gov is a Web site that is coordinated by the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, and the Office of the Secretary, HHS. It serves as a source of credible, accurate information to help Americans choose to live healthier lives.
http://health.gov/dietaryguidelines/2010.asp

Fruits & Veggies - More Matters™
Fruits & Veggies - More Matters™ is a dynamic health initiative that consumers may see in stores, online, at home and on packaging. It replaces the 5-A-Day awareness program and aims to inspire consumers to eat an abundant variety of vegetables and fruits (fresh, frozen, canned, dried, and/or 100% juice). It also builds upon the body of science that indicates that increased daily consumption of vegetables and fruits may help prevent many chronic diseases.

The Centers for Disease Control and Prevention (CDC) and Produce for Better Health Foundation (PBH) are leading this initiative and are in partnership with other health organizations.

For more information on the Fruits & Veggies - More Matters™ health initiative, brand and logo, please visit PBH at www.fruitsandveggiesmorematters.org.

For more information on The National Fruit and Vegetable Program and its members, see About the National Fruit & Vegetable Program.

The Dietary Approaches to Stop Hypertension (DASH) Eating Plan
This Web site contains the DASH Eating Plan and includes information on the research that demonstrates its health benefits. The Web site describes the Eating Plan and provides sample 7-day menus and several recipes. It also gives helpful tips on how to get started, use the DASH Eating Plan if trying to lose weight, reduce sodium intake, and read and interpret the Nutrition Facts label.
http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/

Facts About the DASH Eating Plan
This full-color glossy brochure provides information on hypertension, the DASH Eating Plan, and strategies to reduce sodium intake. It also offers a number of recipes.
http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf

Food and Nutrition Information Center Interactive Toolbox
The Interactive Toolbox contains links to Web sites that allow consumers and professionals to input information and receive individual feedback to help with dietary assessment and planning, checking personal health risks, testing knowledge, and evaluating needs.
http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=256&topic_id=1459

How to Understand and Use the Nutrition Facts Label
This useful site offers easy-to-understand information on Nutrition Facts labels.
http://www.fda.gov/Food/ResourcesForYou/Consumers/NFLPM/ucm274593.htm

Interactive Menu Planner
This site provides an online tool that calculates the servings and calories of your selections from a list of available foods and beverages to make up a meal of specified

calories. It also has a link to a BMI calculator and an explanation of Portion Distortion.
http://hin.nhlbi.nih.gov/menuplanner/menu.cgi

Keep the Beat Heart Healthy Recipes
This 145-page collection of recipes includes information on planning a nutritious day, reducing heart disease risks, and reading food labels.
http://www.nhlbi.nih.gov/health/public/heart/other/ktb_recipebk/ktb_recipebk.pdf

USDA MyPlate & Food Pyramid Resources
USDA's new food guidance icon, MyPlate, replaces MyPyramid as the government's primary food group symbol. MyPlate is an easy-to-understand visual cue to help consumers adopt healthy eating habits by encouraging them to build a healthy plate, consistent with the 2010 Dietary Guidelines for Americans.
http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=256&topic_id=1348&level3_id=5715

Materiales de MiPlato en español. (MyPlate materials in Spanish.)
http://www.choosemyplate.gov/en-espanol.html

Nutrition for Everyone
This Web site helps everyone in developing healthier eating habits. Key areas of focus include: healthy weight, fruits and vegetables, bone health, and iron deficiency. There is also a section of quick tips, resources for health professionals, and several other nutrition-related topics.
http://www.cdc.gov/nccdphp/dnpa/nutrition/nutrition_for_everyone/index.htm

Nutrition.gov
Nutrition.gov is a great resource for up-to-date food and nutrition information. It serves as a gateway to reliable information on nutrition, healthy eating, and food safety for consumers, educators, and health professionals. The site offers current food and nutrition news and publications, information on weight management, information on food assistance programs, and grocery-shopping tips.
http://www.nutrition.gov

USDA Agricultural Research Service - USDA National Nutrient Database for Standard Reference
This Web site provides a resource to help understand the nutritional composition of food products. The Nutrient Data Laboratory (NDL) develops USDA's National Nutrient Database for Standard Reference, the foundation of most food and nutrition databases used in food policy, research, and nutrition monitoring. Their database products are available to the public and scientific community.
http://www.nal.usda.gov/fnic/foodcomp/search/

American Dietetic Association (ADA)
For the public, ADA members, students and health professionals, the ADA is a leading source for trustworthy, science-based food and nutrition information. As the world's largest organization of food and nutrition professionals, ADA is committed to improving

the nation's health and advancing the profession of dietetics through research, education, and advocacy.
http://www.eatright.org

Healthfinder®
Healthfinder.gov is a Web site provided by the HHS. This Web site has a wide range of health topics selected from over 1,600 government and non-profit organizations to bring you the best, most reliable health information on the Internet.
www.healthfinder.gov/
Specific information related to nutrition can be found here:
http://www.healthfinder.gov/scripts/SearchContext.asp?topic=591

Physical Activity Resources

2008 Physical Activity Guidelines for Americans
In 2008, the Federal Government issued its first-ever Physical Activity Guidelines for Americans. This link provides a description of the types and amounts of physical activity that offer substantial health benefits to Americans.
www.health.gov/paguidelines

Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging (NIA)
This is an update of the guide that was first published in 1998 titled, *Exercise: A Guide from the National Institute on Aging*. The benefits of exercise for older people and the things that motivate people to become more active are discussed in the guide.
http://www.niapublications.org/exercisebook/ExerciseGuideComplete.pdf

Ejercicio y actividad física: su guía diaria del Instituto Nacional Sobre el Envejecimiento (Spanish version of Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging)
http://www.nia.nih.gov/espanol/publicaciones/ejercicio-y-actividad-fisica-su-guia-diaria-del-instituto-nacional-sobre-el-2

Physical Activity for Everyone
This site provides visitors with an overview of the importance of physical activity and resources to encourage physical activity. It features a Measuring Physical Activity Intensity section that includes the Talk Test, target heart rate and estimated maximum heart rate tests, a perceived exertion test, a metabolic equivalent level test, and lists of sample activities by intensity level. It also provides recommendations for physical activity, strength training for older adults, and links to additional resources.
http://www.cdc.gov/nccdphp/dnpa/physical/index.htm

President's Challenge - The nation's physical activity program
As a central component of the President's Council on Fitness, Sports, and Nutrition, the President's Challenge helps people get active, improve their fitness, and live happier, healthier lives. This Web site is the interactive component of the challenge and provides information on how to register, track progress, calculate fitness, and earn awards for

meeting goals.
http://www.presidentschallenge.org/

Take the President's Challenge: Stay Active and Be Fit!
This booklet gives an overview of the President's Challenge, including how to get started, information on using a pedometer, a typical workout, safety during physical activity, and information about shoes, clothes, and other activity tools.
https://www.presidentschallenge.org/index.shtml

The Presidential Active Lifestyle Award (PALA)
PALA makes fitness fun by helping participants choose all kinds of activities to meet the goal of a more active life. For more information visit the Web site at:
http://www.presidentschallenge.org/challenge/active/index.shtml

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Recreation.gov
This partnership among Federal land management agencies provides an easy-to-use Web site with information about all Federal recreation areas. The site allows you to search for recreation areas by state, recreational activity, agency, or map. It also provides links to recreation maps, weather advisories, and sites where visitors can make advanced reservations for camp sites and tours.
http://www.recreation.gov

Your Guide to Physical Activity and Your Heart
This guide presents comprehensive, easy-to-understand information on the impact of physical activity on your heart and the power of physical activity to keep you healthy. The guide also addresses the many benefits of regular physical activity including burning extra calories, building stamina, improving balance, strengthening your lungs, and improving the way you feel. It includes sample walking and jogging programs, instructions for finding your target heart rate zone, ideas for making fitness a family affair, and an overview of the best physical activities for a healthy heart.
http://www.nhlbi.nih.gov/health/public/heart/obesity/phy_active.pdf

Nutrition and Physical Activity Resources

Better Health and You: Healthy Eating and Physical Activity Across Your Lifespan: Tips for Adults
This 26-page brochure on healthy eating and physical activity features an activity log

and food diary examples for readers.
http://win.niddk.nih.gov/publications/PDFs/tipsforadults804bw.pdf

Dietary Guidelines for Americans 2010
The Dietary Guidelines for Americans are the cornerstone of Federal nutrition policy and nutrition education activities. These guidelines are jointly issued and updated every 5 years by the Departments of Agriculture (USDA) and Health and Human Services (HHS). They provide authoritative advice for Americans ages 2 and older about consuming fewer calories, making informed food choices, and being physically active to attain and maintain a healthy weight, reduce risk of chronic disease, and promote overall health. For more information please visit the USDA Web site:
http://www.cnpp.usda.gov/dietaryguidelines.htm

You may also download the 112-page pdf version of the 2010 Dietary Guidelines for Americans at this site:
http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf

Health.gov
Health.gov is a Web site that is coordinated by the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, and the Office of the Secretary, HHS. It serves as a source of credible, accurate information to help Americans choose to live healthier lives.
http://health.gov/dietaryguidelines/2010.asp

Energize Yourself and Your Family
This 20-page brochure created for African American women and their families provides information on the benefits of exercise and integrating it into their lives. It offers guidance on keeping track of serving sizes and reading food labels, and offers free healthy cookbooks.
http://win.niddk.nih.gov/publications/PDFs/EnergizeYourself2004.pdf

USDA MyPlate & Food Pyramid Resources
USDA's new food guidance icon, MyPlate, replaces MyPyramid as the government's primary food group symbol. MyPlate is an easy-to-understand visual cue to help consumers adopt healthy eating habits by encouraging them to build a healthy plate, consistent with the 2010 Dietary Guidelines for Americans.
http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=256&topic_id=1348&level3_id=5715

Materiales de MiPlato en español. (MyPlate materials in Spanish.)
http://www.choosemyplate.gov/en-espanol.html

Physical Activity and Good Nutrition: Essential Elements to Preventing Chronic Disease and Obesity
This site provides evidence for and information on how physical activity and good nutrition can help to prevent chronic disease and obesity.
http://www.cdc.gov/nccdphp/publications/aag/dnpa.htm

SmallStep.gov
SmallStep.gov aims to prevent obesity by encouraging small dietary and physical activity changes in the form of 120 steps, such as, "Drink water before a meal," "Sit up straight at work," and "When eating out, ask your server to put half your entrée in a to-go-bag." The site includes the list of steps, as well as success stories and tips. Web site visitors can create an activity tracker to monitor their progress and sign up for a newsletter with tips and recipes. Information is also available in Spanish.
http://www.smallstep.gov

Let's Move! - America's Move to Raise a Healthier Generation of Kids
First Lady Michelle Obama's Let's Move! program is a comprehensive initiative that is dedicated to solving the problem of childhood obesity. Combining comprehensive strategies with common sense, Let's Move! is about putting children on the path to a healthy future starting early and continuing throughout their lives. This initiative gives parents helpful information to support healthy choices and fosters healthier foods in our schools. Let's Move! helps kids and their families become more physically active.
http://www.letsmove.gov

Other Resources

Healthfinder®
Healthfinder.gov is a Web site provided by the HHS. This Web site has a wide range of health topics selected from over 1,600 government and non-profit organizations to bring you the best, most reliable health information on the Internet.
www.healthfinder.gov/

Specific information related to nutrition can be found here:
http://www.healthfinder.gov/scripts/SearchContext.asp?topic=591

Centers for Disease Control and Prevention (CDC) Healthy Communities Program
CDC's Healthy Communities Program works with communities through state and national partnerships to improve community leaders' skills and commitments to establishing, advancing, and maintaining effective population-based strategies that reduce the burden of chronic disease and achieve health equity. Through this program, communities are able to implement policies that sustain environmental and system changes that address the major risk factors of tobacco, physical inactivity, and unhealthy eating.
http://www.cdc.gov/healthycommunitiesprogram/

My Health*e*Vet (MHV)
My Health***e***Vet (MHV) is the gateway to Veteran health benefits and services. It provides access to trusted health information, links to Federal and VA benefits and resources, the Personal Health Journal (click on Track Health to access journals for

blood pressure, blood sugar, cholesterol, weight, food intake, activity, etc.), and online VA prescription refill. My Health***e***Vet is a powerful tool to help Veterans better understand and manage your health.
http://www.myhealth.va.gov

Medline Plus
Medline Plus has extensive information on over 700 diseases and conditions as well as prescription and non-prescription drugs. There are lists of hospitals and physicians, a medical encyclopedia, a medical dictionary, health information from the media, and links to thousands of clinical trials.
http://medlineplus.gov/

Medline Plus - En Españeol
(Spanish version of Medline Plus)
http://medlineplus.gov/spanish/

Pick Your Path to Health
This site is dedicated to the health of women. It is a resource that provides information about the different types and importance of nutrients in food; the types of foods to eat to stay healthy; how to read a Nutrition Facts label; improving food choices at home and when eating out; vitamins and mineral supplements; and the types and importance of physical activity.
http://www.womenshealth.gov/fitnessnutrition/

US Army Public Health Command (Provisional)
The mission of the Army Public Health Command is to promote health and prevent disease, injury, and disability in soldiers and military retirees, their families, and Department of the Army civilian employees.
http://phc.amedd.army.mil/Pages/default.aspx

VA National Center for Health Promotion and Disease Prevention (NCP)
NCP is a field-based program office of the Office of Patient Care Services that advocates for health promotion, disease prevention, and patient health education for Veterans. NCP advises VHA leadership on evidence-based health promotion and disease prevention policy, and provides programs, education, resources, coordination, guidance, and oversight for clinical staff in VHA medical facilities to enhance the health, well-being, and quality of life of veterans.
http://www.prevention.va.gov

Management of Overweight and Obesity (OBE) VA/DOD Clinical Practice Guidelines These guidelines describe the critical decision points in managing obese/overweight patients, and provide clear and comprehensive evidence-based recommendations that incorporate current information and practices for clinicians throughout the DoD and VA Health Care systems.
http://www.oqp.med.va.gov/cpg/OBE/OBE_base.htm

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Links

VA National Center for Health Promotion and Disease Prevention
http://www.prevention.va.gov/

Veterans Health Administration Office of Patient Care Services
http://www.patientcare.va.gov/

Weight Management Program for Veterans (MOVE!®)
http://www.move.va.gov/

NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report (1998)
http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm

Screening and Interventions for Obesity in Adults: Summary of the Evidence for the US Preventive Services Task Force (2003)
http://www.annals.org/content/139/11/933.full.pdf+html

Screening for Obesity in Adults (2003)
http://www.annals.org/content/139/11/930.full

Joint Veterans Affairs/Department of Defense Clinical Practice Guideline for Screening and Management of Overweight and Obesity (2006)
http://www.healthquality.va.gov/obesity/obe06_final1.pdf

“Eat Wisely”
http://www.prevention.va.gov/eat_wisely.asp

“Be Physically Active”
http://www.prevention.va.gov/Be_Physically_Active.asp

“Strive for a Healthy Weight”
http://www.prevention.va.gov/Strive_for_a_Healthy_Weight.asp

MOVE!® Web site
http://www.move.va.gov/

VHA Handbook 1120.01: MOVE!® Weight Management Program For Veterans (MOVE!®), dated March 31, 2011
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2403

Current VA/DoD Screening Recommendations
http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp.

Bariatric Surgical Centers
http://www.patientcare.va.gov/20100518a1.asp

Module A: “Screening for Overweight and Obesity”, p. 12 (Module A, Screening, p.1)
http://www.healthquality.va.gov/obesity/obe06_final1.pdf

Module B: “Treatment for Weight Loss and Maintenance”, p. 23 (Module B, Treatment, p.12)
http://www.healthquality.va.gov/obesity/obe06_final1.pdf

MOVE!23
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2403
http://www.move.va.gov/move23.asp

Food and Activity Diary
http://www.move.va.gov/download/NewHandouts/Standard/S08_FoodAndPhysicalActivityLog.pdf

MyHealtheVet:
www.myhealth.va.gov

Introduction to Facilitating Groups
http://www.move.va.gov/download/GSessions/GS00_IntroductionToGroupSessionForLeaders.pdf

Food and Physical Activity Diary
http://www.move.va.gov/download/NewHandouts/Miscellaneous/M07_FoodAndPhysicalActivityDiary.pdf

Detailed Daily Diary
http://www.shapeup.org/resources/suafad.pdf

MOVE!® Handouts
http://www.MOVE.va.gov/Handouts.asp

MOVE!® Group Sessions
http://www.MOVE.va.gov/GrpSessions.asp

MOVE Questions and Answers
http://www.MOVE.va.gov/QandA.asp

VA Learning University - Talent Management System Web site
www.tms.va.gov

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3. Screening for obesity in adults: recommendations and rationale. *Ann Intern Med.* Dec 2 2003;139(11):930-932.
4. Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) Program. 2011; http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2403.
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6. Aug U.S. Preventive Services Task Force 2010.
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