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## Self-Management Support

### 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](#)<sup>1</sup> 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](#)<sup>2</sup> and [Screening for Obesity in Adults](#)<sup>3</sup>.

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

[Handbook 1101 - Managing Overweight and/or Obesity for Veterans Everywhere \(MOVE!\) Program](#)<sup>4</sup>

[Joint Veterans Affairs \(VA\)/Department of Defense \(DoD\) Clinical Practice Guideline for Screening and Management of Overweight and Obesity \(CPG\) \(2006\)](#)<sup>5</sup>

The MOVE! Reference Manual addresses the full spectrum of weight management. The Manual consists of topic specific chapters, and each topic should be considered in relation to others.

### General Information

Over 70 percent of Veterans are overweight or obese,<sup>6</sup> and weight-related disorders such as diabetes are common. The MOVE! Weight Management Program for Veterans was implemented nationally in 2006 to address this epidemic. MOVE! is fundamentally a self-management program that provides a comprehensive, evidence-based system of weight management.

Multiple factors contribute to the epidemic levels of overweight and obesity, including easy access to inexpensive, calorie-dense foods, a shift away from physical labor, suburban lifestyles in which we tend to drive or ride to work with little physical exertion, and an increase in sedentary leisure time activities like surfing the web or playing video games. These factors exist outside of the clinical environment, where clinicians have little impact. Also, lecturing and advice giving have been found to be largely ineffective

in facilitating weight management. Few individuals would choose to be overweight or obese. Likewise, no one wants to suffer from weight-related health risks such as diabetes, hypertension, or premature death. Furthermore, Veterans who have not tried to manage their weight on their own are rare exceptions. A history of prior failures to manage weight may set up the expectation of repeated failure. Thus, it is counterproductive to refer to overweight Veterans as either “unmotivated” or “non-compliant.” What does work is providing support and guidance to Veterans, especially around defining personal health goals, developing realistic plans, building self-management skills, and solving problems.<sup>1</sup>

To achieve success with weight management, a patient must develop and utilize self-management skills related to eating, physical activity, and weight-related behavior. Even in the case of bariatric surgery, short-term success and long-term maintenance are the result of the ability to maintain healthy eating habits and at least moderate levels of physical activity. Thus, self-management of weight-related behavior is critical, even when the most intensive medical interventions are utilized. For this reason, a key role for health care providers is to support the Veteran in self-management. Other chapters of the MOVE! manual address best practices in patient communication and self-management. The frequency of clinician contact is predictive of success in weight loss and weight maintenance.<sup>5</sup> The MOVE! Handbook (1101.1)<sup>4</sup> established required elements of weight management care in the VHA. It recommends a base level of self-management support to be carried out over the telephone, via group sessions, or in consultation with specialists. This chapter will build on previous recommendations and also discuss the use of advanced technologies for supporting patient self-management.

## **Change in the Description of MOVE! Treatment Options**

When MOVE! was first described, the term “Level” was utilized (e.g., Level 1, telephone-based care versus Level 2, groups). This has proven confusing, as care was assumed to be hierarchical. Because of the confusion about Levels 1 and 2, the MOVE! program treatment options were combined and renamed “self-management support” or “supported self-management.” These terms are interchangeable.<sup>7</sup>

## **Patient Self-Management Defined**

The core of any successful weight management program is to give motivated patients effective tools to manage their weight and reduce the risk for weight-related illness. This is referred to as self-management support. In MOVE!, self-management support is the foundation for all other MOVE!-related care. Self-management support empowers

Veterans and equips them for managing their health and weight. The key features of self-management support are:

- Emphasis on the Veteran's central role in managing his or her own health, with the clinician acting as a "coach."
- Use of effective strategies, including assessment, goal-setting, action planning, problem-solving, and follow-up.
- Connecting Veterans with VA and community resources that can provide ongoing self-management support.

## **Self-Management from the Clinician's Perspective**

Self-management enables the patient to partner in an ongoing, trusting relationship with the health care team to:

- Understand and take responsibility for his or her weight-related conditions.
- Actively participate in health behavior planning and changes.
- Design an individualized treatment plan in partnership with the provider, taking into account the identified needs and goals, limitations, and preferences of the patient, caregiver, family, and health care team.
- Develop and enhance skills and use resources that support adapting to and living with acute and chronic problems, as well as protecting and promoting health and quality of life.

From a motivational perspective, clinicians are relieved of the unrealistic goal of convincing patients to make change. Rather, clinicians use motivational skills to support patients in their readiness for change.

Tools to assist clinicians in supporting patient self-management include the MOVE!23 Patient Questionnaire (multi-factorial patient assessment) and its resulting patient and staff reports; patient handouts in the areas of behavior, physical activity, and nutrition; systematic staff follow-up procedures; and collaboration with other VA and community resources.<sup>8</sup>

## **Self Management from the Patient's Perspective**

Self management allows the Veteran, caregiver, family, and health care team to:

- Learn about weight-related conditions.
- Develop an action plan for self and family.
- Identify needed skills.
- Identify necessary and available resources.
- Be an active participant in the health care process.
- Communicate effectively.

- Make viable lifestyle choices that meet personal needs.

## **Key Components of Self-Management Support**

Key components for self-management support include:

- Developing an alliance between the Veteran and the health care team.
- Assisting Veterans in establishing realistic goals.
- Encouraging and supporting self-monitoring of weight, physical activity, and diet.
- Solving problems (comparing success with goals and working out solutions to barriers using a “listen-guide-listen” model)

## **The Self-Management Support Process**

Self-management care is the foundation for all levels of MOVE!

The central features of self-management support include:

- Use of patient assessment results to guide goal-setting and action planning.
- Emphasis on the Veteran’s central role in treatment.
- Regular follow-up.
- Connecting Veterans to VA and community resources that can support self management.

Once a Veteran has been screened and has indicated interest in MOVE!, the following sequence of events takes place regardless of which treatment modality is selected:

- The Veteran completes the MOVE!23 or other multi-factorial, facility developed questionnaire.
- Staff and patient reports are generated.
- A member of the MOVE! team or primary care team discusses the MOVE!23 report findings, works with the Veteran to create initial goals (weight loss per week, minutes per week of physical activity, diet/daily calorie deficit, and behaviors targeted for change), and provides the Veteran with the MOVE! Patient Folder (the 10 standard handouts) and the additional handouts identified in the report. If several handouts are identified, select those related to initial goals, in order not to overwhelm the Veteran with more information than initially needed.
- Referrals (e.g., to a dietitian or primary care provider) are made if deemed necessary.
- The Veteran is provided with information about the different treatment modalities available (i.e., telephone-based care, Technology-Linked Care options, group sessions, and/or individual consultation) and a decision is made as to the best treatment option.

- Staff follow up with the veteran on a regular basis to track progress, facilitate problem solving, provide encouragement and support, and reassess goals.
- If goals are not being achieved despite repeated attempts to problem solve, alternative treatments should be explored.
- Once weight loss goals are achieved, maintenance is offered. Active participation in MOVE! may shift to follow-up via primary care visits or support groups.

## Four Brief Interventions to Promote Confidence with Weight Management

These brief interventions will be useful in supporting the self-management process and can be utilized initially and throughout the treatment phase.

- Help the Veteran identify prior successes in managing any issues, concerns, or challenges.
- Help the Veteran identify others who have been successful in following a diet, exercise, or medication regimen, managing stress, or monitoring blood sugar. What strategies did they use?
- Use encouraging and affirming words like, “You can do this!” Affirmation is a powerful way to boost a person’s self-perception that he/she can achieve a goal. Change takes place over time; it is a process that requires practice to make progress. You and your patient are in this effort together. Celebrate successes and problem-solve to address any setbacks.
- Encourage the Veteran to continue communicating with you by:
  - Asking them to make a list of health questions and concerns.
  - Sharing the list of concerns with you at each visit.
  - Suggesting the use of [My HealthVet](#) to track health.
  - Reminding the Veteran to keep a list of his/her medications nearby.<sup>9</sup>

## Challenges around Promoting Self Management

Since the implementation of MOVE! in 2006, feedback from the field has indicated that effective telephone follow-up has been difficult to perform. Clinicians have reported significant difficulty conducting telephone calls in the midst of their other activities.<sup>10</sup> They often have to make several attempts to reach Veterans due to problems with contact telephone numbers, patient availability, and lack of answering machines. For these reasons, many patients are lost to follow-up. Data from the fiscal year (FY) '07 MOVE! Evaluation Report indicated that implementation of self-management support

remained at a national median rating of only 6 (rating scale: 0 = not at all implemented, 5 = about halfway implemented, 9 = fully implemented) for both FY '06 and '07, whereas implementation of group-based care rose from 8 to 9 between FY '06 and '07. Additionally, 50 percent of facilities indicated a “fair” or “large” amount of difficulty implementing self-management support. By contrast, this same degree of difficulty with implementation was indicated by only 35 percent of programs implementing group specialty treatment and 32 percent of those implementing individual specialty treatment. The FY '07 MOVE! Evaluation Report revealed that self-management support is the least utilized and most difficult component of MOVE! to implement, and FY '08 data show that these trends are persisting.<sup>10</sup> In summary, facilities have had significant challenges providing adequate telephone-based self-management support with existing primary care staff. To address these challenges, MOVE! created Technology-Linked Care, an umbrella term used to describe various technologies to provide alternative MOVE! care.

## **Self-Management Support Strategies**

The Veteran is provided with information about the different treatment strategies available, namely:

- Telephone-based care (one-to-one telephone counseling)
- Technology-linked care (technology for provision of self-management support for MOVE!)
  - MOVE! Hotline – integration of voicemail technology to facilitate communication
  - TeleMOVE!/CCHT-WM (Care Coordination Home Telehealth – Weight Management)
  - MOVE! TLC (telephone lifestyle coaching) – national program in development
  - eMOVE! (web-based support) – in development
  - VTel (one-to-one or group care via video teleconference technology)
- Group sessions (support provided in a group setting)
- Individual consultation (one-to-one care by either a member of the MOVE! Team or a specialist, as needed)

The Veteran then works with his or her clinician to identify the most appropriate treatment option. In this section, we describe these strategies in detail.

### **Telephone-Based Care (One-to-One Telephone Counseling)**

#### **What Is Telephone-Based Care?**

Telephone-based self-management support for weight management has been shown in research studies to be effective. Schedule the telephone visit as a face-to-face



appointment (just like a regular clinic visit), and encourage the Veteran to initiate the scheduled call. This will foster self-responsibility and prevent missed opportunities.

### **Why Use Telephone-Based Care?**

Veterans may prefer telephone-based care to the other available treatment options. They may not need or want face-to-face time with a clinician. Likewise, they may not want to participate in group sessions. Telephone-based care may be preferable for reasons such as work schedules, distance from facility, or personal preference.

### **How Should We Implement and Maintain Telephone-Based Care?**

In a MOVE! Team/primary care planning meeting, address the tasks below:

- Determine needs for telephone-based care (staff, space, equipment, etc.).
- Create a telephone clinic profile (setting up the administrative elements allowing for appointment scheduling, etc.) via assistance with your Medical Administration Service
- Establish a documentation plan and templates.
- Establish the call process:
  - Decide who will initiate the call (staff or Veteran).
  - Review the Veteran's chart prior to call.
  - Determine policy for addressing missed calls (including how no shows or cancellations will be recorded in charts).

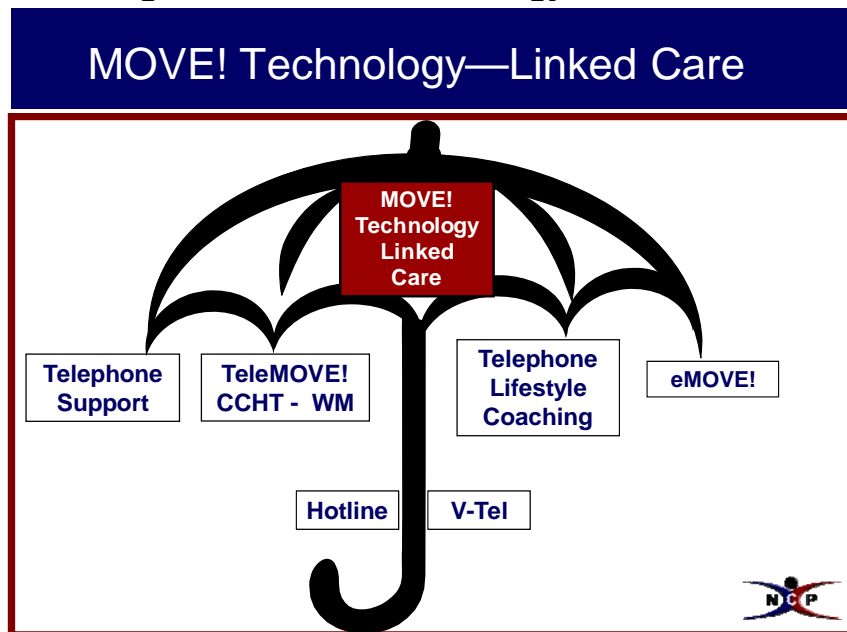
## **Technology-Linked Care (Technology for the Provision of Self-Management Support for MOVE!)**

There are new Technology-Linked Care strategies to assist in providing MOVE! self-management support. All five strategies are neither fully developed nor available at all facilities at the current time. Facilities can implement the following strategies based on their resources, capabilities and needs of Veterans. Based on Veteran's progress, or lack thereof, different strategies may be explored.

In this section, we present in detail the five Technology-Linked Care strategies, which are:

1. MOVE! Hotline
2. TeleMOVE!/Care Coordination Home Telehealth-Weight Management
3. MOVE! Telephone Lifestyle Coaching (in development)
4. eMOVE! (in development)
5. Video Teleconferencing (V-Tel)

Figure 5-1 MOVE! Technology-Linked Care



## MOVE! Hotline (Integration of Voicemail Technology to Facilitate Communication)

### What Is the MOVE! Hotline?

The MOVE! Hotline is a strategy that uses voicemail technology to facilitate communication. The Veteran calls into a 24/7 voicemail to report his/her weight and progress toward goals, and this information is entered by staff into the Veteran's health record.

### Why Use a MOVE! Hotline?

This strategy has worked well in several VISNs and facilities and has eliminated many of the issues/problems related to the Veteran not being available when staff attempt to call, thus improving follow-up. It allows the Veteran to call in any day, any time, with subsequent clinician follow-up. The MOVE! Hotline is a flexible, convenient way for Veterans to receive services. This method of care has been demonstrated to reduce wait-times and attrition. The MOVE! Hotline creates efficient and timely communication between Veterans and clinicians. It also provides an effective way to give Veterans monthly or seasonal weight management tips.

### How Is a MOVE! Hotline Implemented and Maintained?

In a MOVE! team planning meeting, address the tasks below:

- Create a MOVE! Hotline:
  - Establish a toll free call-in number or dedicate an extension with voice mail functions.

- Develop a call-in template to guide Veterans when calling in (See Appendix 5-1).
  - Develop a voice message script (See Appendix 5-2).
- Establish procedures:
  - Determine how often you will ask Veterans to call in (weekly, bimonthly, monthly).
  - Determine if you will ask Veterans to keep a food/physical activity diary, and for how long (i.e., 4-6 weeks)
    - Decide how diary entries will be shared with the clinician (via e-mail, regular mail, fax, during a regular appointment?)
  - Determine criteria for follow-up for those who do not call in.
    - Determine method for tracking and reconnecting with Veterans who do not call in as agreed (see Appendix 5-3 for example of reminder letter or postcard).
- Determine staffing needs for the Hotline.
- Establish a documentation plan and develop templates.
- Develop mail-outs that can support the program, such as newsletters, notes to the Veteran (form or handwritten), certificates celebrating success, and postcards to prompt re-entry into the program (see Appendix 5-4).
- Review all MOVE! Hotline procedures periodically to identify strengths and weaknesses and implement improvements.

## **TeleMOVE!/Care Coordination Home Telehealth-Weight Management (CCHT-WM)**

### **What Is TeleMOVE!/CCHT-WM?**

CCHT-WM is a strategy offered in conjunction with the VHA Office of Telehealth Services which uses in-home telephone messaging devices (home telehealth communication devices). These devices use a conventional telephone line and provide a simple screen display, response buttons, and ports for medical devices such as electronic scales. The device interacts with the Veteran on a daily basis, providing information, posing questions, and prompting the patient to refer to the MOVE! Handout Booklet provided as part of treatment.

Here are a couple of excerpts of a daily dialogue:

#### **Example Day 16: Your Healthy Lifestyle**

##### **Are you aware of the different kinds of fats in foods?**

**If Veteran answers no:** “Please refer to your handout ‘What Are the Types of Fat?’ A diet high in saturated fats can put you at a higher risk for heart disease.”

**If Veteran answers yes:** “That’s good information to have, a diet high in saturated fats can put you at a higher risk for health disease. Please refer to your handout ‘What Are the Types of Fat?’ for more information.”

**Have you decreased the calories you eat from fat?**

**If Veteran answers no:** “Replacing high fat foods with low calorie ones can help you lose weight. Refer to your handout ‘Fat Out.... Flavor In’ for some helpful tips on how to reduce your fat intake.

**If Veteran answers yes:** Replacing high fat foods with low calorie ones can help you lose weight.

**Example Day 17: Health Tips & Trivia**

“Physical activity can be fun! It can be even more fun with entertainment or friends. Try to listen to your favorite music while walking, or watch the news while using an exercise bike. You could work out with a friend or join a walking club. The time will fly by while giving you the benefits of physical activity. Consider activities such as aerobic classes, swimming, biking clubs, dancing, nature walks, walk-a-thons, water aerobics and mall walking.”

**Why Use TeleMOVE!/CCHT-WM?**

Home messaging technology is effective in supporting patient self-management of many chronic conditions. This simple format of care is highly desired by most Veterans, and provides clinician monitoring in a very efficient manner. It also helps Veterans stay focused on their goals through daily interaction with the messaging technology. If a Veteran needs or requests additional assistance, the care coordinator can call.

**How Should We Implement and Maintain TeleMOVE!/CCHT-WM?**

An implementation plan is provided in the Office of Telehealth Services (OTS) Care Coordination/Home Telehealth Operations Manual, published in May 2009. The implementation plan and numerous resources (functional statements, screening consults, process for ordering TeleMOVE! Handout Booklets, marketing samples, training sessions, etc.) are located on the OTS SharePoint. Additional implementation resources include the TeleMOVE! Live Meeting Call and the TeleMOVE! email group.

**MOVE! TLC (Telephone Lifestyle Coaching Delivered From a Centralized Location)****What Is MOVE! TLC?**

MOVE! TLC is a treatment strategy that allows the Veteran to receive guidance via telephone from a lifestyle coach. This is distinct from telephone-based care in that the coach is not necessarily a clinician, but is trained in providing lifestyle coaching services over the telephone. There is growing evidence that centralized coaching is an effective way to support self-management, whether during the initial weight loss<sup>11</sup> or the maintenance phase.<sup>12</sup> A VISN 2 pilot of MOVE! TLC demonstrated the highest levels of weight loss seen with MOVE! to date.

## **Why Use MOVE! TLC?**

Many Veterans prefer telephone support. MOVE! TLC was developed to assist clinicians in providing telephone follow-up, and prevent Veteran loss to follow-up. TLC is a solution that has been found to be both efficient and effective, since it provides telephone-based follow-up conducted by staff that are specifically trained and designated to provide healthy lifestyle coaching.

## **How Should We Implement and Maintain MOVE! TLC?**

MOVE! TLC Implementation Guidance is available on the MOVE! SharePoint site.

## **eMOVE! (Web-Based Support)**

### **What Is eMOVE!?**

eMOVE! will be a strategy to provide support for weight self-management via the World Wide Web. eMOVE! extends care beyond face-to-face and telephone devices to include the Internet, through a secure web portal. Through eMOVE!, the Veteran can conveniently obtain weight-management tools, information, and e-counseling.

### **Why Use eMOVE!?**

Many Veterans are using the internet to find health information. A web-based version of MOVE! will be a useful addition. This format of care allows Veterans to monitor, track, and receive tailored feedback regarding their progress with weight goals, exercise goals, and diet adherence, while controlling relapse triggers and forming coping plans. eMOVE! meets the need for an intensive weight management program utilizing technological resources such as the Internet, secure messaging, and other technologies, as they become available. Additionally, eMOVE! allows Veterans who prefer less contact to reduce the amount of face-to-face time they have with clinic staff.

### **How Should We Implement and Maintain eMOVE!?**

NCP/MOVE! is currently developing this information.

## **Video Teleconferencing (V-Tel—One-to-One or Group Care via Video Teleconference Technology)**

### **What Is V-Tel?**

V-Tel uses video teleconferencing technology to connect a clinician with a Veteran or a group of Veterans. This technology can be used to connect a VA facility to another or directly to an individual Veteran's home. The technology may make use of a combination of video and telephone systems to communicate with Veterans. For most efficient use of V-Tel, it is helpful to have a staff member on hand at the receiving site for group sessions, to manage the logistics of the technology and welcome the participants, orient them to the environment, and have them complete on-site

documentation. If possible, having a staff member available throughout the broadcast to assist with the technology or answer questions is also helpful.

### **Why Use V-Tel?**

An increasing number of Veterans live in rural areas or at a considerable distance from a medical center, making V-Tel an importance strategy for providing MOVE! care. V-Tel broadcasts may be individual, where the Veteran has a unit in his/her home, or in a group format, where the session is conducted from a parent facility to a community-based outpatient clinic. This format may help decrease costs associated with either Veteran or staff travel as well as prevent cancellations due to inclement weather or illness. V-Tel may also increased the number of Veterans that can be served, by freeing up clinician time otherwise spent traveling. Possible options for V-Tel are to use it for group orientation to MOVE! (including provision of instructions and guidance for completing the MOVE!23 questionnaire), as well as one-to-one or group weight management counseling. V-Tel is also an excellent strategy for providing education and care from a specialist that may be otherwise unavailable to the Veteran at his/her local Community Based Outpatient Clinic (CBOC).

### **How Should We Implement and Maintain V-Tel Care?**

In a MOVE! Team/primary care planning meeting, complete the following tasks:

- Determine availability of rooms, telephone lines, video equipment, and scheduling capabilities.
- Decide whether sessions will be individual or group format.
- Identify specific equipment and technology needs at each participating site.
- Establish documentation templates and coding protocols.
- Determine resources (number of staff needed, equipment, training, etc.).
- Create a V-Tel clinic profile at the Veteran side and at the provider side.

Note that the following responsibilities are to be carried out by the provider location (parent) MOVE! team:

- Develop the class materials.
- Set up the class schedule.
- Reserve V-Tel lines.
- Reserve conference rooms.
- Maintain clinic roster.
- Manage appointments.
- Teach the MOVE! classes and document participation in each Veteran's record.
- Communicate clearly with CBOC staff.

Additionally, staff should ensure that needed materials are available at the CBOC (e.g., printed patient materials, pedometers, calorie books, measuring cups, food journals, or activity journals).

CBOC MOVE! team tasks include the following:

- Make initial MOVE! appointment with Veteran.
- Weigh in each Veteran and enter into Computerized Patient Record System (CPRS).
- Provide each Veteran with handouts for the appropriate MOVE! class.
- Make sure V-Tel equipment is functioning at the start of each class.
- Communicate any issues/concerns with VA MOVE! staff.

Some helpful tips:

- Contact your local IT staff to determine local and VISN videoconferencing capabilities.
- Determine the location for your communication bridge to secure technical support.
- Contact V-VICS (the V-Tel scheduler) to confirm teleconference slots.
- Communicate ground rules (including use of the MUTE button).
- Teach one CBOC at a time (has been found to be more effective).
- Have contact information for each CBOC and the V-VICS scheduler on hand, in case of disconnection.
- Ensure the equipment is functioning properly at the start of session, especially if CBOC staff must leave the session.

## **Group Sessions (Support Provided in a Group Setting)**

### **What Are Group Sessions?**

Group sessions provide self-management support in a group setting. Benefits of group care relative to individual care include peer support, social facilitation, peer problem solving, and relatable examples of success in weight self-management.

### **When Are Group Sessions Appropriate?**

Some Veterans desire group care. Research comparing individual and group weight management interventions have tended to find that group care is at least as beneficial as individual care. With regard to MOVE!, evaluations have generally found that group participants show greater weight loss. However, a study which has randomly assigned Veterans to group or individual MOVE! care has not been conducted. Thus, some of these differences may be due to motivational factors influencing whether Veterans select group over individual care. It is fair to say, however, that our experience suggests that group care may result in greater success.

### **How Should We Implement and Maintain Group Sessions?**

In a MOVE! team meeting, decide the best way for your facility to conduct multidisciplinary group sessions. Issues to determine include:

- [Session topics](#) and facilitators
- Space requirements (available room, size, location, furniture)
- Facilitator schedule
- Whether entry into groups will be open/revolving
- Start date
- Marketing plan
- Appointment scheduling strategies

Group session plans are available for health care professionals leading MOVE! weight management groups. The plans cover orientation sessions, which set the scene for group sessions and facilitate rolling admission into groups, ten core sessions covering a variety of nutrition, physical activity, and behavior change topics, and a general group format for maintenance sessions. A document entitled Introduction to Group Sessions is available on the MOVE! web site to provide further guidance to session leaders. See [detailed guidance](#) on implementation of group sessions.<sup>13</sup>

## **Individual Consultation (One-to-One Care by Either a Member of the MOVE! Team or a Specialist)**

### **What Is Individual Consultation?**

Individual consultation involves a visit with a MOVE! team member or a referral to an individual specialty provider. Examples of specialty providers include: dietitians, behavioral health professionals (psychologists, psychiatrists, advance practice nurses, etc.), physical activity specialists (PT, OT, KT, RT, etc.), and medical specialists (cardiologists, physiatrists, endocrinologists, etc.).

### **Why Use Individual Consultation?**

Some Veterans may have greater success with individual guidance, support, or treatment. Individual consultation provides an opportunity to address unique medical conditions, medications, cultural factors, and personal preferences.

### **How Should I Implement and Maintain Individual Consultation?**

Typically, these special services are initiated by a consultation process. Services will continue until the patient's unique needs are met.



# Key Components of an Evidence-Based Clinical Weight Management Program

Research has shown that several key elements enhance weight management outcomes, namely, goal-setting, self-monitoring, dietary planning, follow-up and problem solving, and a plan for weight maintenance. Regardless of the format of care (e.g., telephone or group care), these elements should be included in a weight-management program.

## Goal Setting

Veterans are unlikely to make lifestyle changes that improve weight management without establishing specific goals. Success with goals is most likely to be achieved if the following guidelines are used:

- Set SMART goals. (Specific, Measurable, Achievable, Realistic, Time-framed) (Specific examples are included under the SMARTeR Goal Setting section below.)
- Reassess goals frequently (at least monthly).
- Develop new goals or modify existing goals if you achieve them or they prove to be unrealistic, too difficult, no longer helpful, and so forth.<sup>14</sup>

## Goals to Include in a Plan:

### Total Weight Loss (Long-Term Goal) and Weight Loss per Week (Short-Term Goal)

The Veteran should work with the health care team to set reasonable and time-framed goals for total weight loss and weekly weight loss. Over the course of care, success with weight loss can be gauged by monitoring the weekly weight-loss goal. Although patients may desire to lose weight more rapidly, weekly weight loss goals should range from ½ pound to 2 pounds. Note that the first two weeks of dietary change may result in rapid weight loss. Subsequent weight loss may take more time.

Keeping in mind that weight-related health risks can be reduced with a sustained weight loss of 5-10 percent of initial weight, a reasonable total weight loss goal would range from 5-20 percent of initial weight.<sup>5</sup> Although the jury is still out on long-term outcomes for MOVE!, many weight-loss studies have found that patients tend to regain about half of the weight they initially lose. Thus, someone who loses 20 percent of their initial weight may only be able to maintain a 10 percent weight loss. This tendency must be considered when setting both long and short-term goals for weight loss, to ensure that total projected weight loss will lead to reduction of risk.<sup>15</sup>

Recognize that Veterans may also have unrealistic total weight loss goals. For example, who wouldn't like to weigh what they did at the age of 19? But is this an achievable goal for this person at this point? It is important to educate patients about the amount of weight loss that will improve their health and quality of life. Setting a weight loss goal that is too high can lead to a feeling of failure for the Veteran and the health care team. **To reiterate, setting a reasonable weight loss goal that will result in sustained weight loss of 5-10 percent is desirable.**

### **Dietary Change Goals**

From the literature, we know that patients who select and follow a dietary plan that creates a daily calorie deficit will lose weight.<sup>1, 5</sup> Although many popular diets are touted as “the best” program for weight loss and weight maintenance, the evidence does not support the notion that one particular diet is best. Creating a daily calorie deficit using a diet that is otherwise nutritionally sound is key to successful weight loss and maintenance. The diet should take individual characteristics into account. For example, a diet higher in fats would not make sense for a patient with coronary artery disease. **Guiding the person to select a diet that creates a daily calorie deficit will maximize potential for a successful weight loss and maintenance experience.**

Veterans may choose to make small dietary changes initially, rather than overhauling their entire diet at once. The MOVE!23 report can help identify some “low-hanging fruit,” or behaviors that should initially be targeted for change (e.g., discontinuing sugared drinks). Those who do not choose to start with a complete dietary plan should be encouraged to identify specific, achievable dietary behavior change goals.

### **Physical Activity Goals**

The current Physical Activity Guidelines for Americans recommend that every individual participate in at least 150 minutes of moderate-intensity physical activity per week ([2008 Physical Activity Guidelines for Americans](#)).<sup>16</sup>

Here is the guidance for healthy adults:

- All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.
- For substantial health benefits, adults should do at least 150 minutes a week of moderate-intensity, 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably, spread throughout the week.
- For additional and more extensive health benefits, adults should increase aerobic physical activity to 300 minutes a week of moderate-intensity, or 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination

of moderate- and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount.

- Adults should also do muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.

Veterans should be encouraged to establish achievable intermediate goals that build towards recommended levels of physical activity. For those Veterans who are extremely sedentary at entry into MOVE! an initial goal of 150 minutes of moderate-intensity physical activity may be unrealistic, and creating unrealistic goals may set the Veteran up for failure. **Remember, goals should be based on the Veteran's preferences, rather than on what we might think they need.**

## Self-Monitoring

In general, a basic required element in any behavioral health program is self-monitoring by the patient. In fact, self-monitoring using written logs can be an effective weight self-management tool.<sup>17, 18</sup> Self-monitoring serves a variety of purposes, including increasing awareness of behavior, discovering environmental and personal triggers for problematic behavior, and identifying targets for problem solving. Although goal setting is often identified as a first step in weight loss, it may be necessary for the patient to self-monitor for one or two weeks first to determine a baseline and then create realistic and appropriate goals. Each goal should be measurable and easy to monitor. It is reasonable to ask patients to track weight, dietary intake, physical activity, and any behavior for which goals are established. Self-monitoring is often associated with a reduction in problematic behaviors, as many will opt not to do the behavior if they have to log it. Many studies have shown that weekly assessment of weight during initial weight management is preferable to daily assessment, as daily fluctuations in weight can reduce motivation. However, daily weight measurement may be beneficial in the maintenance phase of weight loss: Patients who are successful in maintaining weight loss often weigh themselves daily.<sup>19</sup>

## Selecting and Sustaining a Dietary Plan

Establishing a dietary plan that creates a daily calorie deficit is a key element for success. Research has indicated that no one particular dietary plan is most successful in weight management.<sup>20</sup> What is clear is that the plan must produce a daily calorie deficit. The VA/DoD Clinical Practice Guideline reviews a number of diet plan options, but Veterans should be encouraged to select a diet that fits with their individual and cultural tastes. A dietitian may be helpful in identifying a diet plan which reduces calories and is compatible with a Veteran's medical issues and medications.

## Follow-Up and Problem Solving

Research findings clearly show that contact with a health care team is associated with patient success in weight management.<sup>5</sup> Follow-up contacts provide opportunities to assess progress towards goals and ensure that self-monitoring and an adequate dietary plan are in place. If the Veteran is achieving goals, the clinician can commend him or her and assist with establishing new goals. If goals are not being met, a follow-up contact provides an excellent opportunity to assist with problem solving. Determine whether the Veteran already has a solution in mind; if yes, it is important to take that solution into account when assisting the Veteran in weighing options and creating an action plan. Discuss what goal was not achieved, and why, then prompt the Veteran to consider viable solutions to resolve the problem. Here is a good way to prompt for solutions: “So, you know that you didn’t achieve your goal and you know what got in the way. What have you thought about as a possible solution to manage that problem in the future?”

## Maintenance

As noted elsewhere, maintaining weight at a healthy level can be a lifelong struggle, even for those who have been successful in losing excess weight. As with any chronic disease, follow-up care should continue throughout the maintenance phase. After all, clinicians would never consider dropping the follow-up care with a diabetic patient when their A1C comes under better control; this logic needs to be applied to weight loss maintenance as well.<sup>5</sup> MOVE! teams should determine the most effective and efficient options for providing support to MOVE! participants after the initial weight loss phase. Options include support groups, community groups, physical activity groups, peer groups, and so forth.

In cases where contact with the clinician will be diminished after the weight loss phase, the Veteran should have a plan for maintenance that includes the following elements:

- Self-monitoring of weight; daily weight monitoring is most effective during maintenance.<sup>19</sup>
- Physical activity, which is second only to self-monitoring in supporting maintenance of weight loss. Often, halting physical activity is a trigger for weight regain.
- A dietary plan that produces a daily caloric deficit.<sup>5</sup>
- Awareness of and planning for relapse situations. Most patients have a history of weight loss and regain. Often, the weight regain does not just simply happen, but certain known events have occurred. Those who recognize and plan for relapse situations are more likely to maintain their weight when threats are encountered.<sup>21</sup>
- When to ask for more assistance. Veterans can benefit greatly from understanding when they need to ask for additional help. Examples of triggers

for seeking assistance include a five-pound weight regain or no physical activity for one week. If either of these occurred, the patient would know this is a sign that he/she should contact a team member for support or assistance.

## **Tools and Approaches for Self-Management Support**

### **MOVE!23 Patient Questionnaire and Report**

The MOVE!23 Patient Questionnaire (MOVE!23) assesses weight history, behavioral characteristics relating to weight management, current diet and physical activity behaviors, and potential barriers to change.<sup>8</sup>

After the Veteran completes the MOVE!23, clinicians can print the resulting report and review it with them. The MOVE!23 report summarizes the Veteran's strengths and barriers with respect to weight management and provides initial advice and information to get a Veteran started with weight control. The report also points the Veteran to specific handouts based on his or her responses in order to tailor weight management advice. Remember to use the counseling techniques described earlier in this module when discussing this report with the Veteran.

The review of the MOVE!23 Patient Report by the clinician with the Veteran should serve as a jumping-off point for goal setting. The report identifies individual barriers, which should be the target of problem solving, goal setting, and planning.

### **SMARTeR Goal Setting**

Changing behavior or assessing progress can be a challenge without clear goals. Assistance with goal-setting is a key technique for supporting weight self-management. After identifying strengths and weaknesses via the MOVE!23 report, help the Veteran create one to three short-term behavioral, nutrition, and/or physical activity goals. The goals need to be simple, achievable and specified for a short time period (1 day to 2 weeks).

In general, goals set should be "**SMARTeR**":

**SPECIFIC:** "I will take a 30 minute walk after dinner each night for the next week." (In contrast, the following goal is too general: "I will be more physically active.")

**MEASURABLE:** "I will eat one more fruit or vegetable each day this week." (In contrast, the following goal is not measurable: "I will think about eating more fruits and vegetables.")

**ATTAINABLE:** “I will use the stairs instead of the elevator whenever I’m going up two flights or less.” (In contrast, the following goal may not be attainable: “I will always use the stairs instead of the elevator, no matter how many flights.”)

**RELEVANT:** “I will drink diet instead of regular whenever I drink soda.” (In contrast, the following goal may be important, but is not relevant to weight loss efforts: “I will take my medication for blood pressure every day.”)

**TIME-BASED:** “I will find out more information about local walking trails within 7 days.” (In contrast, the following goal is not time-based: “I will find out more information about local walking trails.”)

**REWARD-BASED:** Self-management of weight requires a good deal of work and energy. The use of strategic rewards for the achievement of both short- and long-term goals can be effective in increasing motivation and celebrating success. As food often serves as a reward, simply going on a diet can create a reward deficit. Thus, replacing rewards strategically for complying with the self-management plan can address multiple needs. Here is a good way to prompt this discussion: “Losing weight is work. When you achieve this goal, what reward could you use to celebrate your success?” Bigger rewards should be reserved for achieving larger goals; smaller rewards are appropriate for day-to-day achievements. Encourage the Veteran to avoid food-based rewards.<sup>14</sup>

## **MOVE! Handouts**

Information provided on a handout to Veterans is rarely effective at promoting health behavior change unless the handout has been tailored to address specific needs. The MOVE!23 patient report identifies individual problems and handouts to address these specific needs. The Veteran handouts developed for MOVE! are written at a 6th-8th grade level and can serve as a stand-alone document for Veterans to take home and read; they may also serve as a tool to guide interaction with Veterans either over the phone, in person, or during a group session. Handouts can also be used to guide discussions with the Veteran, answer additional questions that the Veteran may not have raised during sessions, and reiterate discussion topics. Handouts can also help with goal-setting.

**MOVE! handouts can be categorized as follows:**<sup>22</sup>

**Standard** – Handouts that describe the basics of effective weight control and nutrition and physical activity logs.

**Behavioral** – Handouts that focus on behavioral aspects of weight management, including coping skills, impulse control, psychiatric conditions which may be barriers, and the effects of a good or bad attitude.

**Nutrition** – Handouts that focus on nutritional aspects of weight management, including guidelines for healthy eating, how to read food labels, and problematic eating behaviors, among others.

**Physical Activity** – Handouts that provide advice on aerobic, strength, and flexibility training, safety and injury prevention, dealing with barriers to becoming more physically active, and other physical activity-related advice.

**Miscellaneous** – Handouts that do not fall clearly into the categories above or that bridge multiple categories.

After the Veteran completes the MOVE!23 assessment and the resulting report is reviewed, Veterans can be given the standard 10 MOVE! handouts, including a nutrition and physical activity log. The MOVE!23 report will also identify additional handouts that are relevant for the Veteran based on his or her responses; however, it might be preferable to avoid giving out all of the additional handouts at once, as this may overwhelm the Veteran. Choose additional handouts based on the Veteran's initial goals. MOVE! includes many handouts that you may choose to give the Veteran at some later stage, even if they have not been recommended by the MOVE!23 report.

## Follow-up Appointments

A key element of supporting self-management of weight is to maintain regular follow-up with the Veteran. It is very important that every contact with a MOVE! Veteran end with specific arrangements for the next follow-up contact. When possible, give the Veteran a written reminder of the follow-up appointment, such as the MOVE! appointment card. (See Appendix 5-5) Frequency of contact is often predictive of weight management outcomes.<sup>5</sup>

Follow-up contact is recommended within one week after the initial contact and every two to four weeks thereafter. Follow-up intervals can be adjusted as clinically indicated. The purpose of these follow-up contacts is to monitor progress and provide support and assistance. Inquire about progress with goals and offer praise for accomplishments, however small. Ask about barriers to weight loss using techniques discussed earlier, and solicit the Veteran's ideas about possible solutions.

Follow-up with Veterans who are self managing weight can be accomplished by telephone or the newer approaches, such as the HomeTeleHealth TeleMOVE! devices, telephone coaching centers, or via the Internet. Basic self-management support can also be provided in person by a primary care nurse or medical provider.

## **Connecting Veterans with VA and Community Resources**

The last element of self-management support is to connect Veterans with internal (VA) and community resources that can provide ongoing self-management support. Numerous materials are available from the VA for use in MOVE!, including pedometers, nutrition and physical activity logs, and information handouts. Direct Veterans to existing programs and resources when available. The MOVE! website lists some additional resources for Veterans. Everyone on the MOVE! health care team should become familiar with available community weight-management resources, including local parks and recreation facilities such as the YMCA, local health department or cooperative extension services, and community and/or church organizations. Take time to learn about these external resources.

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# 5

## Appendix

### Appendix 5-1 Example of MOVE! Hotline “Call-In” Template

Each participating Veteran should receive this template to use as a guide when he/she calls in:

Call-In Number: (000) 000-0000 extension 0000 Or: 1-800-888-5555 extension 5555

#### **PLEASE LEAVE THE FOLLOWING INFORMATION IN YOUR MESSAGE:**

- 1) Your name and the last four digits of your Social Security number:
- 2) Your weight today:
- 3) Have you met your current goals?
  - a) Nutrition: ( ) yes ( ) no  
How? Or if no, why not?
  - b) Physical activity: ( ) yes ( ) no  
How? Or if no, why not?
- 4) What are your new or ongoing goals?
  - a) Nutrition:
  - b) Physical activity:
- 5) Would you like any specific information?
  - a) Topic:
- 6) Would you like a call back?
  - a) Best time and phone number to call:

NOTE: Please continue recording in your physical activity and food diary on a daily basis. Simply monitoring your food intake and physical activity has been proven to be one of the most powerful ways to manage your weight.

**Appendix 5-2**  
**Example of MOVE! Hotline “Voicemail” Script**

Hello!

You have reached the MOVE! Hotline. You have two options. First, if you would like to leave a status report, please leave your name and the last four digits of your Social Security number and tell us:

Whether you reached your current goals.  
Your weight today.  
Your new goals for healthier eating and physical activity

We will record the information from your message in your medical record.

Second, if you would like a coach to call, please leave your name, last four, and phone number. Someone will return your call by the next business day.

Thank you for calling. Have a good day becoming healthier and happier!

**Appendix 5-3**  
**Example of MOVE! Hotline “Reminder” Letter or Postcard**

Date:

Dear Mr./Ms.:

Thank you for participating in MOVE!. We hope it has been helpful to you. We are writing because we have not heard from you on the MOVE! Hotline and want to stay in touch.

If you are doing well toward your goals, congratulations! Please give us a call so that we know the good news. If things are not going the way you would like, or if you would like some support, give us a call. Losing weight can be tough, and we are here to help. On the other hand, if you have decided that MOVE! is not for you right now, please let us know. You are welcome to come back any time you want. We are here to help you achieve your healthy lifestyle goals.

Please take a moment and give us a call at \_\_\_\_\_(phone #). We look forward to hearing from you.

\_\_\_\_\_  
Signature of staff member/clinician/MOVE! Team

**Appendix 5-4**  
**Example of MOVE! Hotline “Good Job” Postcard**

Date:

Dear Mr./Ms.:

Thank you for participating in MOVE!. We are writing because we have been receiving periodic calls from you on the MOVE! Hotline and we want to congratulate you. You are doing well toward your goals, which is great news!

We are here to help you continue to lose weight, eat healthier, and be active. You are moving in the right direction to a new, healthier you. Keep up the good work and let us know if we can be of any assistance. We are here to help you achieve your healthy lifestyle goals.

Again, congratulations!!

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Signature of staff member/clinician/MOVE! Team

**Appendix 5-5**  
**Example of MOVE! Appointment Card**



**MOVE! Appointment Card**

Weight: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_  
Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Facility and Location: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

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## Links

For your convenience, the links from this chapter are listed below:

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/index.asp>

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](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: US Preventive Services Task Force Recommendations and Rationale (2003)  
<http://www.annals.org/content/139/11/930.full>

Handbook 1101: Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) Program  
[http://www.move.va.gov/download/Resources/1101.1HK3\\_27\\_06.pdf](http://www.move.va.gov/download/Resources/1101.1HK3_27_06.pdf)

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](http://www.healthquality.va.gov/obesity/obe06_final1.pdf)

Group Session Topics  
<http://www.move.va.gov/GrpSessions.asp>

Detailed Guidance for Group Sessions  
[http://www.move.va.gov/download/GSessions/GS00\\_IntroductionToGroupSessionsForLeaders.pdf](http://www.move.va.gov/download/GSessions/GS00_IntroductionToGroupSessionsForLeaders.pdf)

2008 Physical Activity Guidelines for Americans  
[www.health.gov/paguidelines](http://www.health.gov/paguidelines)

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