# Clinical Care Work Group

# Policy, Practice, and Research Recommendations

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#### **Key Themes/Priorities**

- Make it meaningful to patients, providers, and the system
- Intentionally gather the voice of the Veteran and their care partners
- Shifting the culture of VA care towards promoting and supporting Veteran wellbeing
- Support human-centered design to incorporate the Veterans voice





- Key Priority: Measuring what matters most to Veterans emphasizes the importance of making it meaningful to the patient, provider, and systems. Veteran voice is critical at every stage of the process.
- Recommendation: Both Veterans and providers need to understand why we are using a whole person measure, what the value is in a clinical setting, and how the information will be used (actionable).





- Key Priority: Incorporating whole person measurement should be valued, prioritized, and incentivized by the VA system.
  - Current clinical practice and accompanying burden has not left space or time for patient centered, individualized high-quality care.

 Recommendation: Evaluate the balance of what is being valued/incentivized in clinical care to support clinicians engaging in whole person measurement.





• Key Priority: The measurement and promotion of whole person outcomes is the shared responsibility of the entire enterprise.

• Recommendation: Engage stakeholders and partners across the system (e.g. VBA, DoD), not just those in VA Healthcare.





 Key Priority: Substantial energy and efforts need to be invested into the implementation and infrastructure to support whole person measurement.

• Recommendation: VA must invest in human, technology, and financial resources to support implementation of whole person measurement.





#### Research Gaps and Priorities

 Gap: Lack of Veteran voice in the process of developing and implementing whole person measures.

 Priority: Determine what do Veterans want and value in whole person measurement.





# **Research Gaps and Priorities**

 Gap: More information is needed regarding how to implement whole person measures across the system given the needs of diverse populations and settings.

 Priority: Examine potential considerations and differences in implementing whole health measures across various clinical populations and settings.





# **Research Gaps and Priorities**

 Gap: Lack of optimal translation of information gleaned from measurement in clinical care.

• Priority: Identify strategies at the patient/provider level to enhance integration of whole health measure outcomes into communication and plan of care.



