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Good afternoon and welcome everyone to our webinar about our Integrative Health Care and Wellness Program, or IHW program for short. Thank you for your attendance. I’m Cory Jecmen. I was an acupuncturist, Yoga Nidra instructor and a researcher there at the War Related Illness and Injury Study Center during the inception of the IHW program, although I’m currently working at an integrative medical center in the private sector. I will be presenting today along with Dr. Amanda Hull a WRIISC Neuropsychologist. We have both worked to develop this combination research and outpatient program and Dr. Hull continues to manage its operations.

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During the webinar today I will give a brief outline of the WRIISC and its mission along with some history and development of the IHW program and the services that are offered. After that I’m going to turn the mic over to Dr. Hull and will let her tell you about some of the specifics of the IHW research, and what we have seen so far in its first 12 months. Then we’ll finish up with some possible directions for the future and we will leave some room for questions at the end of the presentation.

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The WRIISC or is a National VA Post-Deployment Health Resource which focuses on the post deployment health concerns of Veterans and their unique health care needs. We are one of three national WRIISC sites in the country with one at the East Orange New Jersey VA, one at the Palo Alto VA, and ours here at the Washington DC VA Medical center. The WRIISCs mission is to develop and provide post-deployment health expertise to Veterans and their health care providers through clinical programs, research, education, and risk communication.

One of our central programs here at the WRIISC, which I would like to mention briefly, is the National Referral Program. This program serves as a second-opinion clinical resource for VA providers around the country to refer Veterans for a week-long, inpatient evaluation. This comprehensive evaluation integrates conventional approaches to care, including occupational medicine for environmental exposure assessments, neurology, pharmacology, neuropsychology, social work, and any other additional specialties as needed, along with complementary modalities like acupuncture and meditation. This program focuses on placing the Veteran and their needs at the focal point of the evaluation and is our model of patient centered care in the VA. This program helps inform our research interests and also how we provide our outpatient care.

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Research has increasingly shown us that many Veterans have very complex symptomatology involving physical, cognitive, psychological and behavioral disturbances, such as difficult to diagnose pain patterns, irritable bowel syndrome, chronic fatigue, anxiety, depression, sleep disturbance, or neurocognitive dysfunction, to name a few.2-5 It’s essential that these Veterans receive the highest quality traditional western medical care available, which they are able to here at the VA. As we also know, standard medical treatments can often target isolated disease states such as headaches, insomnia or back pain individually, and at times may not focus on the complex, multi-system dysfunction that has been documented in the Veteran population. Just like other forms of treatment, standard medical treatments may not yield completely satisfactory outcomes every time, and for every case. Side effects of treatment and medications may become too great, or leave some residual pain or suffering that has not been addressed. This is when Veterans, their families, and their healthcare providers have sought to find additional safe and effective treatments that are not generally considered part of the conventional western medicine paradigm. The emerging literature has indicated that CIM or complementary and integrative medicine style approaches can augment standard medical treatments and enhance positive outcomes for Veterans with chronic disease, mental health disorders, and these multi-symptom illnesses. 31-51, 54, 55-61

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Being so involved in the care of Veterans with complex multi-symptom illnesses with our referral program we saw the need for a more coordinated and expanded treatment view in the hopes addressing these sort of concerns. Our former director Bonnie Benetato initiated the development of these modalities into our outpatient program, and since then, we have blended our outpatient complementary clinical programs with our research interests to create the IHW Program.

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A little History about our program: We began offering CIM treatments of acupuncture and iRest Yoga nidra in 2007. Acupuncture has been offered here at the WRIISC-DC as either an auricular or ear style group treatment, or as an individual hour long appointment, or both if the Veteran is interested. The acupuncturists here have all been trained primarily in the five-element style of treatment and are licensed acupuncturists. The iRest Yoga Nidra is an instructor led, guided style meditation, which we offer in a group setting. This style of meditation was chosen because it is a style that is geared towards individuals that have suffered trauma and is easy for someone with no experience to participate. Research of this yoga nidra protocol we use has been found to help Veterans recover from military traumas. Our iRest instructors been trained by the iRest Institute. We also offer an 8 week health education course that covers topics such as coping with chronic illness, nutrition for cognition, coping with chronic pain along with other topics. This group is led by my co-presenter here Dr. Hull. Meditation and acupuncture are each broad-spectrum style treatments designed to target multiple biological systems simultaneously, and therefore, may be well suited for these complex chronic illnesses that we see in Veterans.

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So we began offering these treatments in our outpatient clinic and we have seen an enormous demand develop. We currently have one Yoga Nidra instructor, Karen Soltez. And two acupuncture providers, Dr. Akhter and Alaine Duncan, who work hard to keep up with the demand that we have seen. Through “word of mouth” recruitment alone, the WRIISC-DC has successfully attracted Veterans to these CIM treatments, with a total of 2,857 iRest® and acupuncture patient encounters in 2010, and 3077 encounters in 2011. Clinicians in the medical center have grown accustomed to referring to our CIM interventions, particularly for Veterans with chronic, difficult to treat conditions. Our clinics have received ongoing referrals without solicitation from multiple services around the medical center, including – the Pain Clinic, Neurology, Mental Health Service, Trauma Services, Social Work, Primary Care, Hematology, Rehab Medicine, Geriatric, and the Women’s Clinic. Veterans have demonstrated a high level of acceptability for both acupuncture and iRest® Yoga Nidra interventions that we offer.

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Over the last few years we have surveyed participants in our program with satisfaction questionnaires that also included general questions on symptom improvement. Participants in our program filled them out voluntarily. There are obviously many limitations to this informal style of survey, with a chance that Veterans may have filled it out more than once or that those who filled it out were ones who were motivated by a positive response. However, through our clinical experience and the findings from this program evaluation it is suggested that Veterans are finding tremendous benefit from our CIM treatments for both physical and mental health disorders and have been thoroughly satisfied with the care they have received.

Veterans in the acupuncture clinic, with 130 survey respondents, endorsed complete or partial improvement in symptoms at a 96% rate, good to excellent quality of care was endorsed in 99% of those surveyed, and 99% of Veterans would recommend this acupuncture to another Veteran.

Veterans in the iRest® Yoga Nidra clinic, had 184 respondents, and reported complete or partial improvement in symptoms at 95%, they endorsed very good to excellent quality of care at 96%, and 100% of those who filled out our survey would recommend iRest® Yoga Nidra treatment to another Veteran.

Additionally, we saw that the demand was steadily and… steadily increasing…

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Here are some of the comments that we received from Veterans about our program…

And so we found the need for a more rigorous research protocol to accurately monitor our clinic and to merge our programs into a more established medical center offering and the IHW program was born. Now I will turn it over to Dr. Amanda Hull to discuss the specifics of our current research protocol and program and to tell you about what we have been seeing in its first 10 months. Amanda.

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Great- thanks Cory.

So the question is – how was the IHW Program born? When I came on board here at WRIISC for my neuropsychology fellowship in the fall of 2011, we had this intriguing satisfaction data, lots of clinical experience with CIM modalities, and a high demand for our CIM treatments. And WRIISC-DC as a whole had desire and motivation to further research our CIM services. So as part of my fellowship research project, I started to conceptualize how to systematically assess our CIM services.

(AUDIO STARTS)

As I met with providers and other WRIISC personnel, I realized that we were going to have to rework the CIM clinics in order to assess them. Instead of having a number of drop in groups throughout the hospital for each CIM service, we needed to have all our CIM treatments under 1 roof so to speak. Clinically speaking, this would allow Veterans to have a better understanding of what services we offer (for example - some veterans knew about acupuncture groups but had no idea there were also yoga nidra groups and vice versa) and also this would raise our CIM services up to a consult service which would lead to more visibility in the hospital and more providers would be aware of the services. Additionally, having all CIM treatments under 1 roof would allow us to track who was in our program and better systematically assess baseline symptoms, symptoms at follow up time points, as well as reasons veterans were dropping out. So after many meetings with our CIM providers and the WRIISC director – we coined the name Integrative Healthcare and Wellness Program – or the IHW Program.

Our services included the ones we already offered, acupuncture and iRest yoga nidra, with the addition of the health education group. This was a group I was developing through WRIISC which takes a more integrative/holistic approach to providing health management techniques. Modules include nutritional psychology, cognition and nutrition/cognitive health, pain management, fatigue management, sleep strategies, relaxation techniques and coping with chronic illness. More recently, we added qigong and chair yoga. Qigong Guided is movement meditation that involves breathing, awareness, and slow movement and is the basis of most martial arts. Chair yoga is a modified movement yoga using the chair as a prop.

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So what is the structure of the program?

As I mentioned, the IHW Program is now a consult service. This means that everyone that is interested in our services must have a consult from another provider in the hospital. Once the consult is submitted, our front desk calls them and schedules the veteran for an orientation session.

The orientation session is offered 1x a week and lasts about an hour. About 6 months into running the program, we switched the orientation time to align with when our services are offered. That way, a veteran can come for orientation and stay for our group acupuncture and group yoga nidra. And test out our services. During the orientation, we describe all the different treatments we offer and explain how to get involved in each one. Then it is the Veterans’ choice as to which services he/she wants – in this way, we following the patient centered model – really allowing the veteran to chose services aligned with their health goals. The second half of orientation is used for veterans to fill out clinical questionnaires.

* Slide 12

The clinical questionnaires assess a number of different mental and physical health symptoms. These questionnaires are used for clinical purposes, but if they consent to research, we are able to use these clinical questionnaires for research purposes. They are filled out at baseline (orientation session), 4, 8, 12 weeks from baseline, and 6, 9, 12 months from baseline. We are really trying to follow people throughout their involvement in the program. If they chose to stop participating in our services, we call them and see if they would be willing to fill out a discontinue questionnaire.

And again, Veterans have the option to sign a consent during orientation so that we can use the clinical questionnaires and satisfaction surveys as well as data from CPRS for research purposes.

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So what are these research purposes I speak of? Basically, we have an IRB/R&D pilot study to assess physical and mental health outcomes and satisfaction for those participating in our program.

* Our main goal is to better understand patient outcomes, satisfaction, and attrition for Veterans in the IHW Program
* And our secondary goal is to better understand the feasibility of this type of clinic at a VA and to assess healthcare utilization
* We also hope to use the results to develop future research projects, including RCT’s for CIM interventions
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This slide outlines the clinical questionnaires that we are using. We are assessing general health with the SF-36, stress with the Percieved Stress Scale, depression with the BDI-II, pain with the Pain Disability Questionnaire and DoD/VA Pain scale, sleep with the ISI and the we are looking at satisfaction with a program specific satisfaction questionnaire.

I also want to point out the MYMOP-2 or the Measure Yourself Medical Outcome Profile. This is a great patient centered questionnaire that I found while researching different validated scales – the patient gets to pick his/her top 2 symptoms that they want help with the most and then rate it on a 6-point likert-type scale. This is the measure we are using for our primary analysis and we have found it useful clinically thus far.

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In terms of the relevance of our research, we hope that it will help us better understand the potential for our CIM modalities for Veterans

1. *In terms of clinicalcare.* Results will provide information that will help guide clinical practice for CIM providers and VA providers as a whole.
2. These data will also allow researchers to better understand outcomes related to CIM treatment utilization as well as the optimal delivery mechanisms of CIM services.
3. The study also promotes patient-centered care that is cost effective, sustainable, and encourages the patient to take an active role in his/her care.
4. *In terms of Scientific knowledge.* Findings will hopefully provide preliminary data that help guide future RCTs examining the effectiveness of CIM interventions.

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So we are now about 1 year in and the big question is – how are things going??

So far we have received 740 total consults which include our previous waitlist for acupuncture

And for those we have recorded information on – we have consults from…

|  |  |
| --- | --- |
| Neurology/Pain Clinic | 187 |
| Psychology | 216 |
| Primary Care | 185 |
| Women’s Clinic/GYN | 37 |
| CBOC | 15 |
| Hematology | 5 |
| Geriatric | 14 |
| Other | 64 |
| Total | 723 |

Note: Other= Social Work, Polytrauma, Rehab, ENT, Oncology, Ortho, and Walk-In’s

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* Of our 66 orientations held over the past year:
  + 328 participants enrolled in the IHW program
  + 226 of those have consented (69% Initial Consent Rate)
* In terms of what the providers are recommending compared to what services Veterans are interested in – you can see the contrast here
  + Similar – with an increase interest in all services. Likely their provider was familiar with one or two of our services, but once they were introduced to our other services, they expressed interest in more than the one their provider suggested.
  + Likely increase interest in group acupuncture due to the waitlist we are quite candid about during orientation
    - We currently have a supply and demand issue – many veterans interested in individual acupuncture with only 2 acupuncturists (1 full time and 1 part time) – in fact, in June, we had to close the waitlist for acupuncture due to the length of the waitlist. Hopefully, we can reopen this option for veterans that are new to the clinic in the near future.
    - Due to this issue, we highly encourage group acupuncture during orientation
* Slide 18

In terms of sample characteristics:

* Brief Demographics:
  + 68% Males, 32% females
  + Average age = 51.62 years (age range 23-81 years)
* Baseline Data (N =226)

|  |  |  |
| --- | --- | --- |
| **Questionnaires** | **Score** | **%ile/Range** |
| SF-36 |  |  |
| Transformed Mental | t = 38.5 | ~1 SD 12th %ile |
| Transformed Physical | t = 33.9 | ~1.5 SD 5th %ile |
| ISI | 18.7 | 0-28, clinical insomnia of moderate severity |
| PDQ | 88.26 | 0-150, severe range |
| VA/DoD Pain | 24.8 | 0-40 |
| BDI-II | 25.47 | 0-63, moderate depression |
| PSS | 22.2 | 0-40, z = -1.6, ~1.5 SD |

On MYMOP-2, 100% of sample reported pain or mental health symptoms as #1 symptom of concern

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Where are we heading?

* Expand services in the IHW Program
  + Acupuncture groups (tailored)
  + Nutritional psychology interventions
  + Massage
  + Increase behavioral health interventions
  + Integrative medicine physician consultation (for both IHW Program and WRIISC National Referral Program)
* Use data to formulate an RCT
  + In fact, we recently were recommended for funding by ORD CSRD for a MERIT grant for 1.5 million dollars to study acupuncture and iRest yoga nidra in Gulf War Veterans
* Slide 18

What have some of our barriers been?

* Clinical barriers
  + Supply and Demand Issue
  + Occupational Codes (in the works)
  + Attaining functional labs
  + Prescribing supplement protocols
* Research Barriers
  + Formulating RCT’s and research protocols that include controls without taking away the patient-centered quality of CIM modalities