Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1120.01
Transmittal Sheet
May 25, 2022

CORE REQUIREMENTS FOR MOVE!® WEIGHT MANAGEMENT PROGRAM FOR VETERANS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP) as the VHA office responsible for guidance and coordination of weight management services for Veterans within VHA. In 2006, NCP established MOVE! Weight Management Program for Veterans (MOVE!) programming and specified core requirements. This directive provides core program implementation and reporting requirements for evidence-based, population-focused, interdisciplinary MOVE! programs available at each Department of Veterans Affairs (VA) medical facility for Veterans receiving care at VA medical facilities including outpatient sites of care such as Community Based Outpatient Clinics (CBOCs).

2. SUMMARY OF MAJOR CHANGES: This revised VHA directive:

a. Incorporates the 2020 update to the VA/Department of Defense (DoD) Clinical Practice Guideline for the Management of Adult Overweight and Obesity (VA/DoD CPG) (see paragraph 2.d.).

b. Incorporates addressing weight bias and stigma, including the use of people-first language, as a program requirement (see paragraph 6.a.).

3. RELATED ISSUES: VHA Directive 1120.02(01), Health Promotion and Disease Prevention Core Program Requirements, dated February 5, 2018; VHA Directive 1120.04, Veterans Health Education and Information Core Program Requirements, dated February 4, 2020 and VHA Directive 1120.05, The National Center for Health Promotion and Disease Prevention and the Coordination and Development of Clinical Preventive Services Guidance, dated July 31, 2020.

4. RESPONSIBLE OFFICE: The National Center for Health Promotion and Disease Prevention (12POP4), Office of Patient Care Services, is responsible for the content of this directive. Questions may be addressed to the Executive Director for Preventive Medicine at vha12pop4ncpaction@va.gov.

5. RESCISSIONS: VHA Directive 1120.01(1), Core Requirements for MOVE! Weight Management Program for Veterans, dated June 5, 2017, is rescinded.

6. RECERTIFICATION: This directive is scheduled for recertification on or before the last working day of May 31, 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Beth A. Taylor DHA, RN, FAAN, NEA-BC
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on May 26, 2022.

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CORE REQUIREMENTS FOR MOVE!® WEIGHT MANAGEMENT PROGRAM FOR VETERANS

1. PURPOSE

This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (PCS), as the VHA office responsible for guidance and coordination of weight management services for Veterans within VHA. It also specifies the core program implementation and reporting requirements for the MOVE! Weight Management Program for Veterans (MOVE!), VHA's evidence-based, interdisciplinary behavioral weight management programming available for Veterans receiving care at Department of Veterans Affairs (VA) medical facilities, including outpatient sites of care such as Community Based Outpatient Clinics (CBOCs). **AUTHORITY:** 38 U.S.C. §§ 7301(b), 7318.

2. BACKGROUND

a. Many diseases that cause disability and death among Veterans can be prevented, mitigated or delayed. Preventive services can lead to longer and healthier lives, reduce hospitalizations, preserve functioning and enhance patient satisfaction and quality of life. Effective preventive services are available for the leading causes of death and morbidity. The main behavioral factors contributing to preventable diseases are tobacco use, physical inactivity, unhealthy diet and unhealthy alcohol use. Unhealthy eating practices and physical inactivity contribute significantly to overweight and obesity. Key interventions to reduce health risks include system-, provider- and patient-level strategies that assist patients to change unhealthy behaviors and adopt healthier ones.

b. The prevalence of overweight and obesity in the Veteran population, as in the general population, has continued to increase over the past several decades. The prevalence of lifestyle-associated diseases, such as diabetes, heart disease and sleep apnea, also continues to rise. In fiscal year (FY) 2020, an estimated 80% of Veterans receiving VA care for whom weight data was available had a body mass index (BMI) in the overweight or obese category, including 45% with obesity. In response to the high prevalence among Veterans, VHA and NCP identified weight management as a national priority and developed and implemented MOVE! in 2006.

c. MOVE! empowers, equips and encourages Veterans to take charge of their well-being. It is a clinical preventive service that promotes whole health by providing health behavior change counseling, health education and self-management support to Veterans. The overarching goal of MOVE! is to help Veterans reduce their risk for and better manage chronic conditions and to improve their overall health, through healthy behavior changes and clinically meaningful weight loss.

d. Revisions to this VHA directive reflect updates to the VA/Department of Defense (DoD) Clinical Practice Guideline for the Management of Adult Overweight and Obesity (VA/DoD CPG), which is based on a systematic review of available evidence for weight

management interventions. ***NOTE:*** *For more information on this VA/DoD CPG, see http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp.*

3. DEFINITIONS

a. **Body Mass Index.** BMI is a measure of adiposity that adjusts weight for height using the following formula: Weight (in kilograms (kg)) divided by height (in meters squared [m^2]). BMI is used as one indicator of excess adipose tissue or body fat. Although there are normative BMI ranges for overweight and obesity, in some cases further evaluation may be warranted (e.g., measurement of waist circumference to determine if excess weight is due to lean muscle mass rather than excess adipose tissue). BMI is the most widely used and practical way to evaluate the degree of an individual's overweight or obesity.

b. **Clinically Meaningful Weight Loss.** Clinically meaningful weight loss is achieving a 5-to-10 % weight loss. It can produce clinically significant benefits for health, especially for patients with obesity-associated conditions and is a reasonable initial treatment goal. Setting appropriate, specific, realistic and sustainable weight loss goals is crucial to successful weight management.

c. **Comprehensive Lifestyle Intervention.** Comprehensive lifestyle intervention is defined by VA/DoD CPG as an intervention that combines three critical lifestyle components (i.e., behavioral, nutrition and physical activity components) that aim to produce a negative energy balance.

d. **Energy Balance.** Energy balance is the relation between the balance of energy intake, expenditure and storage that is considered positive when the body stores energy and negative when the body draws on stored energy.

e. **Health Behavior Change.** Health behavior change is the process of considering, initiating, achieving and maintaining change in behavior affecting health (e.g., tobacco use, risky alcohol use, unhealthy diet, physical inactivity). It involves health behavior change counseling, also known as health coaching, which is a highly collaborative method for working with patients to enhance their well-being and achieve their health-related goals.

f. **Metabolic/Bariatric Surgeries.** Metabolic/bariatric surgeries are surgeries for weight loss that involve restriction or diversion of part of the gastrointestinal system. These procedures contribute to neurohormonal effects that impact regulation of energy balance and hunger control.

g. **Obesity.** Obesity is the condition of having an excessive amount of body fat relative to lean body mass. Individuals with a BMI of 30 or more are considered to have obesity.

h. **Overweight.** Overweight is the condition of having increased body weight in relation to height. A BMI between 25 and 29.9 is classified as overweight, unless further

evaluation indicates that the excess weight is due to lean body mass rather than adipose tissue.

i. **Self-Management.** Self-management is what a patient does to manage a health condition, including self-monitoring, engaging in physical activity and healthy eating, managing medications, problem-solving, managing stress and emotions and communicating and collaborating with their health care team.

4. POLICY

It is VHA policy that MOVE! is available through each VA medical facility to Veterans receiving care at VA medical facilities, including outpatient sites of care and includes core program implementation and reporting requirements.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting NCP with implementation and oversight of this directive across VHA.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director for Preventive Medicine, National Center for Health Promotion and Disease Prevention.** The Executive Director for Preventive Medicine, NCP is responsible for:

(1) Advising the Under Secretary for Health on evidence-based and Veteran-centered weight management policies and services.

(2) Creating and maintaining national policy for weight management programs.

(3) Providing oversight of the National Program Director, Weight Management responsibilities.

e. **National Program Director, Weight Management.** The National Program Director, Weight Management is responsible for:

(1) Monitoring evidence-based practices, including relevant published literature and clinical practice guidelines and as new evidence-based options are identified, refining national weight management policy, clinical tools and processes that may be implemented into weight management care for Veterans across VHA as appropriate.

(2) Developing programming that provides Veterans with multiple options to participate in evidence-based clinical weight management. ***NOTE:*** *For examples of comprehensive lifestyle interventions and common behavioral strategies, see paragraph 7.*

(3) Providing guidance and technical assistance to all weight management programs (predominately MOVE!) regarding strategies and programming that support an evidence-based approach to weight management through communications with VISN MOVE! Coordinators, VA medical facility MOVE! Coordinators and VA medical facility MOVE! Provider Champions. ***NOTE:*** *These functions occur through regular national meetings of team leaders, conference calls, individual program consultation as requested by VA medical facility staff, national training programs, web resources, clinical tools and other means.*

(4) Monitoring compliance with this policy and progress toward achievement of MOVE! program goals using applicable national electronic health record (EHR) data and VISN and VA medical facility reports. For example, the National Program Director tracks and reports participation in MOVE! and weight management outcomes. Information about relevant data sources and performance measures may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/Data-&-Performance.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Evaluating VHA national programs for weight management (e.g., MOVE!) to continually refine and improve programming based on accumulated clinical data, VA medical facility feedback and the most current science.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that the VISN MOVE! Coordinator has sufficient time allocated to perform responsibilities.

(3) Designating a VISN MOVE! Program Coordinator and informing NCP of the Coordinator's name, job title, work address, phone number and email. ***NOTE:*** *The VISN MOVE! Coordinator may be one of the VA medical facility MOVE! Coordinators within the VISN.*

(4) Ensuring that all VA medical facility MOVE! core program components described in this directive are met and sustained (see paragraph 6).

(5) Ensuring that MOVE! is provided with the necessary resources (e.g., fiscal, space, equipment, personnel, travel) to deliver appropriate services to Veterans.

(6) Ensuring that Veterans have access to VA medical facility MOVE! programs and services across the VISN.

(7) Reviewing and evaluating reports received from the VA medical facility Director and taking appropriate action.

(8) Providing feedback and reports on MOVE! implementation as needed or requested by NCP or other VHA program offices.

g. **Veterans Integrated Services Network MOVE! Coordinator.** The VISN MOVE! Coordinator serves as the primary point of contact for MOVE! in the VISN and as the liaison to VA medical facility MOVE! Coordinators, teams and NCP. The VISN MOVE! Coordinator is responsible for facilitating and supporting the activities of VA medical facility MOVE! programs within the VISN through regular contact with VA medical facility MOVE! Coordinators. ***NOTE:*** *Additional information about the VISN MOVE! Coordinator role may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/MOVE!-Weight-Managment-Program-for-Veterans.aspx. This is an internal VA website that is not available to the public.*

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Providing oversight to ensure VA medical facility compliance with this directive and that it meets the core program requirements for MOVE! (see paragraph 6).

(2) Designating and funding VA medical facility MOVE! Coordinator and MOVE! Provider Champion positions from the existing VA medical facility budget and reporting information to NCP regarding:

(a) The name, job title, work address, phone number, email address and other contact information of the MOVE! Coordinator and Provider Champion.

(b) Any changes in the MOVE! Coordinator and MOVE! Provider Champion assignments.

(3) Ensuring that MOVE! Has the necessary resources (e.g., fiscal, space, equipment, personnel and travel) to deliver appropriate services to Veterans.

(4) Ensuring that the MOVE! Coordinator, with input and support from the MOVE! Provider Champion establishes an interdisciplinary MOVE! team (see paragraph 6).

(5) Ensuring that the VA medical facility MOVE! Coordinator and MOVE! Provider Champion have sufficient time allocated for administrative, clinical, program development and staff training responsibilities. ***NOTE:*** *It is recommended that VA medical facilities serving more than 25,000 unique patients annually dedicate a minimum of 1.0 Full Time Equivalent Employee without collateral assignments to the MOVE! Coordinator role to meet the responsibilities specified in paragraph 5.i.*

(6) Providing feedback regarding MOVE! challenges and successes to the National Program Director, Weight Management and the VISN Director.

(7) Responding to requests for information about their MOVE! Program from NCP and VHA program offices. ***NOTE:*** *Information may be requested through formal (e.g., evaluation surveys) or informal (e.g., conference call, email) mechanisms.*

i. **VA Medical Facility MOVE! Coordinator.** The VA medical facility MOVE! Coordinator must have sufficient time allocated for administrative, clinical, program development and staff training responsibilities. The MOVE! Coordinator has a key role in integrating MOVE! with other VA medical facility Health Promotion and Disease Prevention programs, including programs at satellite facilities such as CBOCs. ***NOTE*****:** *Additional information about the VA medical facility MOVE! Coordinator role may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/MOVE!-Weight-Managment-Program-for-Veterans.aspx. This is an internal VA website that is not available to the public.* The VA medical facility MOVE! Coordinator is responsible for:

(1) Establishing, maintaining and leading the VA medical facility MOVE! team. See paragraph 6 for more information regarding this team.

(2) Ensuring that clinicians who deliver MOVE! use NCP-supported standardized program materials.

(3) Collaborating with the VA medical facility MOVE! Provider Champion to coordinate and engage teams to improve the quality of MOVE!

(4) Collaborating with the VA medical facility MOVE! Provider Champion to plan, develop, implement, monitor and evaluate VA medical facility MOVE! programs, including review of relevant program data. Information about relevant program data may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/Data-&-Performance.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Serving as the liaison between VISN MOVE! Coordinators, National Program Director, Weight Management, NCP and the VA medical facility MOVE! team, including team members assigned to CBOCs.

(6) Serving, in collaboration with the VA medical facility MOVE! Provider Champion and other clinical content experts, as a subject matter expert to provide education on evidence-based weight management services and interventions, including pharmacotherapy and metabolic/bariatric procedures.

(7) Actively participating in the VA medical facility Health Promotion and Disease Prevention Program Committee.

j. **VA Medical Facility MOVE! Provider Champion.** The VA medical facility MOVE! Provider Champion may be a physician, certified nurse practitioner, clinical pharmacist or physician assistant. The VA medical facility MOVE! Provider Champion is responsible for:

(1) Serving as an advocate for weight management and as a liaison to clinical services and stakeholders at all points of care within the VA medical facility Director's jurisdiction, including CBOCs.

(2) Offering clinical expertise in weight management interventions including weight management pharmacotherapy and metabolic/bariatric procedures.

(3) Supporting the VA medical facility MOVE! Coordinator in establishing an interdisciplinary MOVE! team (see paragraph 6).

(4) Collaborating with the VA medical facility MOVE! Program Coordinator to review workload, program status, quality and identify resource needs. ***NOTE:*** *Additional information about the VA medical facility MOVE! Provider Champion role may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/MOVE!-Weight-Managment-Program-for-Veterans.aspx.This is an internal VA website that is not available to the public.*

6. CORE PROGRAM REQUIREMENTS FOR MOVE!

The following are core requirements for implementation of MOVE!

a. **Address Weight Bias and Stigma.** To combat bias and commonly experienced stigma, people-first language and bias-free communication should be used so that individuals are not labelled by their condition or disease. Examples of people-first language include: The Veteran was affected by obesity (instead of the Veteran was obese); Veterans with higher body weights (instead of obese Veterans). ***NOTE:*** *More information about MOVE!'s approach to addressing weight bias and stigma is available at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/MOVE!-Weight-Managment-Program-for-Veterans.aspx. This is an internal VA website that is not available to the public. Additional information about addressing weight bias and stigma is available at https://stopweightbias.com/ and https://uconnruddcenter.org/research/weight-bias-stigma/#.*

b. **Population Screening for Overweight and Obesity.** This directive endorses the screening recommendations set forth in VA/DoD CPG and establishes these recommendations as official program requirements for screening. This screening typically occurs in primary care or specialty clinics. These recommendations may be revised periodically based on review of available evidence. The current screening recommendations are available at: http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp. These

screening recommendations are also aligned with the VHA Clinical Preventive Services guidance statement on screening for overweight and obesity, available at http://vaww.prevention.va.gov/Screening_for_Overweight_Obesity.asp. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(1) The VA/DoD CPG algorithm suggests screening for overweight and obesity by obtaining height and weight and calculating BMI. BMI is used to identify Veterans who meet criteria for 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 obesity (30 kg/m^2 or more). BMI is available in the EHR after staff input height and weight. BMI is the most widely used and practical way to evaluate the degree of an individual's overweight or obesity, although in some cases further evaluation may be warranted (e.g., measurement of waist circumference to determine if excess weight is due to lean muscle mass rather than excess adipose tissue).

(2) Assessment of Veterans with BMI in the overweight or obese categories should include factors contributing to weight status, including obesogenic medications, comorbid medical and psychiatric conditions (e.g. hypothyroidism, polycystic ovary syndrome, depression, eating disorders), nutrition and physical activity behaviors, previous experience with weight management (including self-management and clinical interventions) and the Veteran's desire and readiness to commit to a weight management intervention.

c. **Multifactorial Patient Assessment.** This may include an inventory of food and beverage intake, physical activity habits, personal and family history and interest regarding health behavior change. Experience with weight management, barriers and facilitators to changing behaviors should be assessed. The assessment should be conducted by a member of the VA medical facility MOVE! team in collaboration with other VA clinical staff. ***NOTE:*** *The MOVE!11, an 11-item multifactorial patient questionnaire, may be used. Information about MOVE! resources may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/Clinical-Tools.aspx. This is an internal VA website that is not available to the public.*

d. **Shared Decision Making.** Veterans who would benefit from weight management should be engaged in a process of shared decision-making. This includes a discussion of the risks of overweight and obesity as well as the potential benefits of participating in an effective weight management intervention. Discussion should also include relative harms and risks of participation in a weight management program, taking into consideration an individual's preference, values, health behavior change goals and coexistent medical conditions.

e. **Clinical Weight Management Programs.**

(1) MOVE! supports successful goal attainment by featuring core elements of self-management and self-management support.

(2) Clinical weight management programs are focused on assisting Veterans to achieve health behavior change and clinically meaningful weight loss (i.e., 5-to-10% to reduce morbidity and mortality).

(3) Clinical weight management programs must include a comprehensive lifestyle intervention and therefore must include behavioral, nutrition and physical activity components. These three key clinical components must be emphasized across all options of MOVE! care with a focus on creating negative energy balance. Behavioral strategies include goal setting, self-monitoring, problem solving and establishing personal rewards. Other common behavioral strategies include, stimulus control, stress management and cognitive restructuring.

(4) Comprehensive lifestyle interventions may be delivered in individual or group formats in-person, by telephone or video and must combine:

(a) The three critical lifestyle components (behavioral, nutrition and physical activity).

(b) The opportunity to participate in at least 12 intervention sessions over a 12-month period.

(5) Offering interventions that aim to enhance motivation and commitment to weight management is appropriate for those not ready to commit to a comprehensive lifestyle intervention (e.g., Annie text messaging weight management protocol, self-guided MOVE! Coach or other application).

(6) Offering a selection of treatment options is important to achieve patient-centered care. At a minimum, comprehensive lifestyle intervention in an individual or group format must be available.

(7) In-person and virtual clinical care delivery methods (e.g., in-person, telephone, video) should be available.

(8) Interventions that support maintenance of weight loss should be offered to Veterans who have completed comprehensive lifestyle intervention.

(9) Consistent with VA/DoD CPG, when clinically appropriate, other options for weight loss should be offered in conjunction with comprehensive lifestyle interventions. These options include United States Food and Drug Administration (FDA)-approved pharmacologic agents, metabolic/bariatric surgery or other weight management interventions that require medical monitoring.

(a) For pharmacologic agents, criteria for use have been developed by VHA Pharmacy Benefits Management Service to specify the requirements for their use in conjunction with comprehensive lifestyle interventions for weight management. Criteria for use are available at https://www.pbm.va.gov/apps/VANationalFormulary/. ***NOTE:*** *As of the publication of this directive, FDA-approved medications for chronic weight management and listed on the VA National Formulary including, orlistat (Xenical),*

phentermine/topiramate (Qsymia) and naltrexone/bupropion (Contrave). Liraglutide (Saxenda) and semaglutide (Wegovy) are available non-formulary.

(b) As described in VA/DoD CPG, metabolic/bariatric procedures should be considered for those Veterans who meet criteria as a surgical candidate. VA medical facility MOVE! teams are encouraged to coordinate and collaborate with Surgical Services. A current listing of VA medical facilities where metabolic/bariatric surgery services are available may be found at http://vaww.dushom.va.gov/DUSHOM/surgery/NSOMaps.asp. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(c) Other interventions for weight loss that require medical monitoring (e.g., very low-calorie diet, inpatient residential treatment) and FDA-approved endoscopic weight loss therapies may be used in conjunction with comprehensive lifestyle interventions. The VA/DoD CPG offers recommendations and guidance that address medically monitored weight loss interventions.

(d) Maintenance and relapse prevention strategies are essential for achieving long-term benefits of weight management programs. Maintenance sessions may be offered to Veterans who wish to continue to address weight management.

f. **MOVE! Coordinator.** Each VA medical facility or health care system must designate at least one MOVE! Coordinator to facilitate coordination, communication and consistent implementation of MOVE! programming at the VA medical facility level. ***NOTE:*** *See paragraph 5.i. for responsibilities of the VA medical facility MOVE! Coordinator.*

g. **MOVE! Provider Champion.** Each VA medical facility or health care system must designate at least one MOVE! Provider Champion to participate in MOVE! programming at the VA medical facility level. ***NOTE:*** *See paragraph 5.j. for responsibilities of the VA medical facility MOVE! Provider Champion*.

h. **Interdisciplinary MOVE! Team.**

(1) To ensure the adequacy of the interdisciplinary approach to MOVE! care and resources, the VA medical facility MOVE! Coordinator must establish a team to support MOVE! Programming, to ensure access, quality and care coordination and to promote whole health patient-centered care practices and self-management support for weight management. The designated VA medical facility MOVE! Coordinator is responsible for coordinating the activities of the team.

(2) Teams should include participation from core members of the VA medical facility MOVE! team: MOVE! Coordinator, MOVE! Provider Champion, MOVE! clinicians, Health Behavior Coordinator, Health Promotion and Disease Prevention Program Manager, Veterans Health Education Coordinator, Whole Health Coordinator.

(3) Collaboration with relevant VA medical facility programs and services is necessary to ensure quality and comprehensiveness of MOVE! programming. These

programs and services may include, Nutrition and Food Services, Primary Care, Specialty Care, Physical Medicine and Rehabilitation, Pharmacy, Social Work, Surgical Service, Prosthetics and Sensory Aids Service, Mental Health and Primary Care-Mental Health Integration and Patient-Centered Care/Whole Health.

(4) Regular meetings must be convened for planning and monitoring of MOVE! programming, program quality and to engage in related evaluation and quality improvement activities. MOVE! meetings may be carried out in conjunction with other relevant VA medical facility committees (e.g., Health Promotion and Disease Prevention Committee, Veterans Health Education Committee).

i. **Program Evaluation and Improvement.** MOVE! programs, including components found in preceding subparagraphs, are evaluated on an ongoing basis and improvements implemented as indicated using VHA-approved process improvement methodologies (e.g., Lean methodology; see VHA Directive 1026.01, VHA Systems Redesign and Improvement Program, dated December 12, 2019) to support VHA's commitment as a High Reliability Organization. Information about relevant data sources and performance measures may be at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/Data-&-Performance.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

j. **Consistent Use of Documentation and Workload Strategies.** To ensure consistency, monitor VA medical facility clinical workload and identify MOVE! encounters as exempt from outpatient co-payments, clinical staff must use MOVE! Weight Management coding and documentation strategies. ***NOTE:*** *Information about documentation and workload strategies is available from VHA's Managerial Cost Accounting Office at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp and NCP at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/Administration.aspx. These are internal VA websites that are not available to the public.*

k. **Copayment Exemption.** 38 C.F.R. § 17.108(e)(12) exempts weight management counseling (individual and group) from copayments under that section. This includes weight management counseling provided as part of inpatient hospital care, outpatient medical care or urgent care.

7. MOVE! PROGRAMMING

MOVE! programming includes protocols, tools and resources to support implementation of evidence-based weight management by VA medical facility-based MOVE! teams. NCP-supported MOVE! programming includes the following:

a. **Comprehensive Lifestyle Intervention.** Comprehensive lifestyle intervention delivered in individual or group formats in-person, by telephone, or clinical video telehealth technologies, is the foundation of all treatment for overweight and obesity.

(1) The overall goal of the intervention is to assist Veterans to achieve clinically meaningful weight loss. Changes in dietary intake and physical activity should create a negative energy balance targeting weight loss of 0.5 to 2 lbs. per week.

(2) The following behavioral and self-management strategies are common to successful comprehensive lifestyle interventions: setting weight loss, nutrition and physical activity goals, addressing barriers to change, self-monitoring and problem-solving how to maintain lifestyle changes. Other common behavioral strategies include stimulus control, positive reinforcement, stress management and cognitive restructuring.

(3) NCP has established a 16-session comprehensive lifestyle intervention curriculum (including a Veteran Workbook and Facilitator Guide) that should be used for individual or group sessions delivered in person, by telephone or through clinical video telehealth technologies. ***NOTE:*** *Information about MOVE! resources may be found at https://dvagov.sharepoint.com/sites/vhancp/move/SitePages/Clinical-Tools.aspx. This is an internal VA website that is not available to the public.*

b. **Be Active and MOVE!.** Be Active and MOVE! is the physical activity complement to the program which is typically undertaken in collaboration with Physical Medicine and Rehabilitation Services and Recreation Therapy. This may be delivered in person or via clinical video telehealth technologies.

c. **TeleMOVE! Home Telehealth and Low Acuity, Low Intensity.** As part of VHA's Home Telehealth Program, both TeleMOVE! Home Telehealth and Low Acuity, Low Intensity deliver a 90-session disease management protocol for weight management. This may be delivered in three different ways: an in-home messaging device that uses the Veteran's cellular modem service; interactive voice response technology that uses either the Veteran's landline telephone or cell phone; web browser-based or app technology that uses the Veteran's personal computer, tablet or smartphone.

d. **MOVE! Coach Mobile App (MOVE! Coach).** MOVE! Coach is a self-guided program which includes 16 self-management modules, MOVE! Coach with Care incorporates brief check-ins with a MOVE! clinician throughout the 16-week, self-guided program.

e. **Annie SMS Messaging.** Annie is an automated texting program that supports Veteran self-management by providing motivational and educational messages along with capability for Veterans to self-report weight, daily calorie intake and minutes of physical activity. Annie may be used with or without clinician contact and monitoring.

f. **Telephone Lifestyle Coaching.** Telephone Lifestyle Coaching (TLC) is a 10-session telephone-delivered health coaching intervention that offers a choice of multiple health behavior targets, including weight management. The TLC weight management curriculum is derived from the MOVE! curriculum and is offered at select VA medical facilities that meet criteria for rurality to improve access to evidence-based weight management programming.

g. As technology progresses, additional modalities for safe, effective, patient-centered health care delivery may be developed. Continuous improvement activities may be used to explore, innovate and as permitted by VA, use new modalities of care.

8. TRAINING

a. The following training is ***recommended*** for VA clinicians delivering or coordinating MOVE! or other weight management interventions: MOVE! Weight Management Program Overview, which is available through the VA Talent Management System (TMS) training number 29244. It is recommended that MOVE! staff complete this training annually.

b. VA medical facility training in Veteran-centered communication skills (e.g., TEACH for Success, Motivational Interviewing, Clinician Coaching) and whole health approaches are strongly encouraged to enhance patient-centered communication skills.

9. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

10. REFERENCES

a. 38 U.S.C. §§ 7301(b), 7318.

b. 38 C.F.R. § 17.108(e)(12).

c. VHA Directive 1026.01, Systems Redesign and Improvement Program, dated December 12, 2019.

d. VHA Handbook 1101.10(1), Patient Aligned Care Team Handbook, dated February 5, 2014.

e. Management of Adult Overweight and Obesity Work Group. VA/DoD Clinical Practice Guideline for the Management of Adult Overweight and Obesity. Washington (DC): Department of Veterans Affairs, Department of Defense; 2020: http://www.healthquality.va.gov/Obesity_Clinical_Practice_Guideline.asp.

f. VHA Clinical Preventive Services guidance statement on screening for overweight and obesity: http://vaww.prevention.va.gov/Screening_for_Overweight_Obesity.asp. ***NOTE:*** *This is an internal VA website that is not available to the public.*

g. Stop Weight Bias Campaign. Obesity Action Coalition. https://stopweightbias.com.

h. University of Connecticut. UConn Rudd Center for Food Policy and Health. https://uconnruddcenter.org/research/weight-bias-stigma/#.