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Final Results We interviewed 17 clinicians in Primary Care, Mental Health, and Primary Care-Mental Health Integration services across 4 VAMCs about their views on integrating a Whole Health approach into practice. Most participants were female, White, and experienced in clinical practice. Generally, the vast majority of our clinicians affirmed the value of Whole Health. However, the integration of Whole Health into routine clinical practice appears to be hampered by two types of challenges: (1) *conceptual* – tensions and misunderstandings around what Whole Health is both across and within individuals; and (2) *practical* – organizational and logistical barriers. There is a complex interplay between these two types of barriers, with different understandings of Whole Health resulting in variation in practice and local differences in implementation of Whole Health giving rise to divergent conceptualizations of Whole Health.

Conceptual: Clinician accounts point to several prominent tensions, including whether Whole Health is a full-system transformation, a program to refer to, or an approach to be used selectively; whether Whole Health is truly Veteran-driven or provider-driven; the meaning of "holistic"; the relationship between Whole Health and evidence-based practice; and whether Whole Health is suspect in Veterans' eyes.

Practical: There were three factors that were brought up as affecting the feasibility of using a Whole Health approach in clinical care: (a) competing priorities; (b) limited use of a team approach, such as not understanding how a team could be used and not having team members to facilitate a Whole Health approach; and (c) limited integration/localization – for example, lack of integration with existing workflows, and unrealistic expectations to develop localized tools.

We recommend that the implementation of Whole Health in VA keep track and address confused and/or problematic understandings of Whole Health. Encouraging providers to personalize Whole Health to their needs and style is beneficial. However, this may result in concept creep when providers start to think about Whole Health in ways that are no longer authentically Whole Health. In addition, Whole Health implementation should continue to acknowledge and address organizational constraints under which clinicians are working, engage with the tension clinicians perceive between being Veteran-driven and meeting clinical benchmarks, address confusion about how a Whole Health approach can work within the context of evidence-based practice, and incorporate existing Whole Health-aligned practices into implementation plans. Finally, Whole Health implementation should continue efforts to incorporate information about social determinants of health into Whole Health education and clinical practice support.