

## **Narrative for ORH Webinar on National Rural Health Day**

### **Slide 1 – Title Slide**

Good afternoon, my name is Dr. Mary Beth Skupien. I am the Director of the Veterans Health Administration's Office of Rural Health and I am honored to join you all in the celebration of National Rural Health Day. I am also pleased to help raise awareness about the health care needs of Veterans living in rural areas and the VA initiatives designed to serve this population.

### **Slide 2 – About Rural Veterans**

There are approximately 22 million Veterans living in the United States today; 30% of them reside in rural or highly rural areas of the country as defined by the US census. At the end of fiscal year 2011, more than 8.3 million Veterans were enrolled with the VA health care system. Rural Veterans account for 3.4 million or 41% of that total, which is a disproportionate number of Veteran enrollees. Veterans from rural areas of the country make up about 30% of our newest Veterans, those who served in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Many of these men and women are returning to their rural communities upon discharge.

### **Slide 3 – More About Rural Veterans**

Since 2006, the VA has seen rural Veteran enrollment increase by 15%. The largest rural Veteran enrollee populations are from the South and the Upper Midwest. Rural Veterans are, on the average, older than their urban counterparts. Almost half of rural Veterans are between the ages of 55 and 74 and approximately 26% are over the age of 75. While women make up a relatively small number of enrolled rural Veterans, there has been a 31% increase since 2006.

### **Slide 4 – Rural Veterans Health Care Needs**

Past studies and analyses indicate that rural Veterans have greater health needs than their urban counterparts. Specifically they have lower health-related quality of life scores and they have a higher prevalence of physical ailments. While the prevalence of mental health issues is no greater among rural Veterans than those from urban areas, they are less likely to receive adequate treatment due to lack of mental health providers and perceived stigma associated with mental health problems. In addition, rural veterans have unique challenges in accessing health care due to medical conditions arising from their exposure to combat, such as mild traumatic brain injury, PTSD and amputation. The most common conditions seen in rural Veterans seeking treatment on an outpatient basis include hypertension, Type 2 Diabetes, high cholesterol, PTSD and Depressive Disorder.

### **Slide 5 – Rural Veterans Health Care Challenges**

The health care challenges rural Veterans face are not very different than those faced by all rural Americans. Distance from health care facilities, transportation issues, lack of specialty care, and difficulty in recruiting providers are important issues in rural health care. However, the unique health care needs

of Veterans, such as mild TBI, amputation, PTSD and other mental health issues, require innovative solutions.

#### **Slide 6 – VA Office of Rural Health**

The Office of Rural Health, which is headquartered in Washington DC, was created by Congress in 2007. The mission of ORH is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support their unique health care needs. Our ORH Team in Washington – myself, my Deputy Director, and staff – are responsible for directing National ORH activities and communications, as well as providing oversight, analysis and reporting for the budget and performance of all ORH-funded programs. ORH has three resource centers: one in Gainesville, Florida, one in Iowa City, Iowa, and one in Salt Lake City, Utah. Each center has a unique focus, but they all serve as field based laboratories designing, implementing and evaluating innovative models of care delivery. The VA health care system is divided into 21 semi autonomous networks, and each has an assigned rural consultant that oversees rural health programs locally and reports back to ORH headquarters.

#### **Slide 7 – Veterans Rural Health Resource Centers**

The main focus of the Eastern Region Veterans Rural Health Resource Center is to develop models of specialty care delivery using telehealth technologies as well as to develop training and educational programs designed for rural health care delivery in the VA system. A few selected initiatives include in-home tele-video assessment and management of highly rural Veterans who are at risk for reduction in functional independence; a new psychiatry fellowship program designed for those who have completed an accredited psychiatric and family medicine residency program and who plan to devote their careers to working with high risk populations in rural areas, and a geospatial outcomes division which uses Graphic Information System (GIS) software to translate tremendous amounts of data into easily interpreted maps that help identify potential access gaps in primary, acute, and tertiary care in rural and highly rural areas.

The main focus of the Resource Center in the Central Region is to assess the clinical needs of rural Veterans, as well as barriers to care. In addition, the Central Region Resource Center implements and evaluates the effectiveness of innovative models of care delivery. One new initiative involves the development and feasibility testing of cardiac rehabilitation services delivered remotely. Veterans with acute myocardial infarction/acute coronary syndrome; post coronary artery bypass surgery or percutaneous coronary angioplasty are enrolled in a rehabilitation disease management program that utilizes home telehealth messaging devices to enable monitoring of key vital signs and deliver educational content on a daily basis. They are also evaluating an initiative to increase colorectal cancer screening rates among diabetic and average risk rural Veterans by using a mail-in fecal immunochemical test.

And finally, the main focus of the Western Region Veterans Rural Health Resource Center is on Geriatrics, Native Veteran health care and Rural Veteran Outreach. Selected initiatives include the Rural Native Veteran Telehealth Collaborative Education and Consultation Services which provides ongoing

training, and consultation to other entities that would like to establish telemental health clinics for Native Veterans diagnosed with PTSD, and, a rural veteran outreach initiative that enlists existing rural community agencies and leaders to provide information on VA health care and referral services for VA benefits to rural Veterans.

### **Slide 8 – ORH Initiatives**

Since 2009, ORH has funded well over 500 programs and initiatives to increase access to and quality of health care for rural and highly rural Veterans. Based on geographic needs assessments, clinical needs assessments, and recommendations from the Rural Veterans Health Advisory Committee, ORH has focused its initiatives in the areas of telehealth and health information technology, mental health and homelessness, new rural clinics, rural veteran outreach, geriatrics, rural provider training, and transportation. In addition, ORH has launched a new pilot program, Project ARCH, which will provide non-VA contract care to eligible Veterans residing in 5 selected rural areas.

### **Slide 9 – Telehealth and Health Information Technology**

In fiscal year 2009, ORH funded a demonstration project to securely exchange Veteran patient data between the VA and a private rural health care provider through the nationwide health information network. As of July 2011, the Grand Junction Colorado VA Medical Center will securely exchange patient data with the Moab Utah Regional Hospital through the nationwide health information network, also known as the “NWHIN”. There are plans to measure health outcome improvements and cost savings resulting from these demonstration projects. This is the first demonstration of the VA’s virtual lifetime electronic record to concentrate on coordinating care in a rural region.

In fiscal years 2009 through 2011, ORH dedicated over \$95 Million dollars to support telehealth expansion to rural and highly rural areas. A majority of these funds were used to support and expand the VA Office of Telehealth Services’ existing programs such as store and forward, clinical video telehealth and care coordination home telehealth. However, some of this funding went to support field initiated telehealth projects such as a virtual intensive care unit, home telerehabilitation for patients with multiple sclerosis, telemental health care for Veteran college students, mobile teleretinal imaging for rural Veterans with diabetes, and Virtual HIV Care teams that use clinical video telehealth and the VA electronic health record to link HIV specialty care teams with providers in rural clinics to provide accessible, comprehensive and coordinated care for rural Veterans with HIV.

Finally, ORH is supporting the expansion of the VHA national teleradiology program for extension of diagnostic radiology services to enrolled Veteran patients residing in rural areas. The mission of this teleradiology program is to improve the timeliness of imaging interpretations, including those from X-rays, MRI’s and CTs of all anatomic regions. This program is staffed by VA employed physicians who provide interpretations of images via a private VA network.

## **Slide 10 – Mental Health**

Increasing access to mental health providers and services in rural areas is a major priority for the Office of Rural Health. To that end, ORH supported the Enhanced Rural Access Network Growth programs established under the Office of Mental Health Services to provide outreach and case management for homeless Veterans. Sixteen sites worked in conjunction with their host mental health intensive case management programs “enhancing” programs to serve rural areas, with special emphasis on targeting those Veterans diagnosed with Serious Mental Illness. Nationally, this program has served over 600 Veterans from rural communities. After enrollment into this program these Veterans received 62% more health care services and decreased their hospitalization by 79%.

Post traumatic stress disorder is a well known problem affecting Veterans from all eras. The VA reports that 11 to 20% of OEF/OIF Veterans, 10% of Gulf War Veterans and 30% of Vietnam Veterans have experienced PTSD. There are also reported differences in the prevalence of PTSD among different ethnic groups. Researchers have found that between 45 and 57% of American Indian Veterans from the Vietnam Era suffer from PTSD. One ORH-supported program designed to increase access to PTSD treatment for rural Veterans is the Telemental Health Clinic Network for Northern Plains American Indian Veterans. By partnering with the VA Minority Veterans Program, Office of Telehealth Services, local VA medical centers, Tribes, Indian Health Service, and the University of Colorado, network clinics provide ongoing mental health care including medication management; case management; and individual, group and family psychotherapy to Northern Plains Veterans suffering with PTSD. This program is currently operating from the Denver VA Medical Center to 8 clinics serving 14 tribes in Montana, Wyoming, and South Dakota. This unique service within the VA system demonstrates an innovative model to provide greatly needed mental health services to an underserved rural minority.

Another important mental health program supported by ORH is the Center for Telemental Health located in Charleston, South Carolina. This center provides evidence based psychotherapies and pharmacotherapies targeting PTSD and other mental health disorders to Veterans at 5 different rural community based outpatient clinics. This Center has also begun performing clinical neuropsychological evaluations via telemedicine. In the last year, evaluations have been completed on Veterans from 22 to 82 years of age for issues including TBI, stroke, dementia, encephalitis and psychotic disorders. Since the establishment of this center, over 1900 Veterans living in rural Georgia, South Carolina and Alabama have received mental health services that they might not have otherwise received.

## **Slide 11 – Rural Clinics**

ORH has funded the establishment of 51 community based outpatient clinics, or CBOCs. These CBOCs were located in specific rural areas based on geographical needs assessments that identified potential access gaps in primary care services. There are now nearly 400 rural CBOCs in operation. At a minimum, these clinics must provide primary care and mental health services; as well as referrals for specialty care, rehabilitation services, and secondary and tertiary care. These clinics must also provide follow up; overall care management, and patient and caregiver education.

In addition to the CBOCs, ORH supported the establishment of 40 new outreach clinics in rural areas. These clinics differ from CBOCs in that they have fewer patients, so there are fewer clinic staff and they only operate for up to 30 hours per week. At a minimum, outreach clinics must provide primary care, on site case management, access to specialty mental health care and a referral capability plan.

In order to increase access to specialty care, ORH has funded initiatives to bring physical and occupational therapy, audiology, behavioral health services, pharmacy services, radiology services, and foot care using telemedicine or by hiring new staff for CBOCs, outreach clinics and mobile clinics.

### **Slide 12 – Geriatrics**

ORH has funded several initiatives to address the special issues of the enrolled rural Veterans who are between the ages of 55 and 74. This group is almost 50% of the total enrolled rural Veteran population. ORH and VA Geriatrics and Extended Care Office are working together to expand the Home-Based Primary Care program into rural areas. This program provides in-home, comprehensive, longitudinal primary care by an interdisciplinary provider team. The HBPC program serves Veterans with complex, chronic, disabling conditions for whom routine clinic-based care is not effective. The goal of the program is to reduce hospitalizations and to allow frail, medically complex, patients to continue to live at home. In FY11, nearly 2,400 rural Veterans were served by the ORH-funded expansion.

In order to improve provider training in geriatrics, ORH funded the Geriatric Scholars Program. This national VA in-service education program is leading the way to quality improvements in rural CBOCs across the U.S. The program offers state-of-the-art education in geriatrics to primary care providers, social workers and pharmacists and culminates with each Scholar initiating a quality improvement project in his or her clinic.

This past year's projects addressed six common geriatric issues: medication reconciliation, fall prevention, screening for age-related health problems, life planning, reducing morbidity and mortality related to poor dental hygiene, and improving process of care in home based primary care and timely processing of laboratory work. Each Geriatrics Scholar received personalized coaching in the quality improvement process from the VA National Quality Scholars Program and from the Tennessee Valley Geriatric Research Education and Clinical Center, also known as a GRECC. Mentors and other educational opportunities were also available from the GRECCs at Bronx, Boston, Greater Los Angeles, Little Rock, Madison, Palo Alto, St. Louis, and San Antonio. Since 2008, this program has trained 140 providers from 109 rural clinics.

Another ORH initiative is the Geriatric Education through Quality Improvement Program run by the Salt Lake City GRECC. Led by a geriatrician, a geriatric nurse educator and a quality improvement/evaluation expert, this program provides on-site training in comprehensive assessment for the entire CBOC staff, specific instruction in quality improvement, and support in conducting a quality improvement project focused on a common geriatric condition. In FY11, this program trained 128 rural providers and 252 rural CBOC staff on fall prevention in the elderly. The providers screened 90% of patients over 75 years of age for fall risk and 75% of those with a positive screen were evaluated further for fall risk.

### **Slide 13 – Rural Veteran Outreach**

ORH has funded several outreach initiatives utilizing different approaches to engage the rural Veteran and make them aware of their VA benefits as well as the health care services available to them. In the mid-Atlantic Health Care Network, ORH supports “Rural Health Teams” that help organize and attend rural health outreach events. These teams consist of a registered nurse, a pharmacist, a dietician, a social worker and a eligibility and benefits specialists, and team members assist Veterans with filling out enrollment applications; provide an explanation of benefits; discuss medication management, and provide educational materials and instruction about how to manage their chronic health conditions.

In order to improve mental health outreach, ORH funded a pilot program to train rural clergy on how to recognize mental health issues such as PTSD and substance abuse in returning Veterans. Leveraging the fact that many in rural areas consult their clergy rather than a mental health professional when experiencing difficulties, this program seeks to enlist local religious leaders in helping rural Veterans obtain the help they need and to facilitate reintegration into their communities.

A different approach is used to improve mental health outreach to rural Native Veterans. ORH has helped to support the VA tribal outreach worker program that employs individuals who are generally military Veterans and members of the tribes for which they serve. Their background enables them to foster trust and rapport with Native Veterans and reduces cultural barriers of the Telehealth Clinics. Their duties vary from assisting Native Veterans with determining their VA services eligibility, assisting with enrollment, scheduling intakes and appointments, orienting the patient on how to use the videoconferencing equipment, troubleshooting the technical aspects of running the telecommunications equipment in the clinics, to coordinating emergency crisis management. The tribal outreach worker, or TOW, also works closely with the remote clinicians and provides guidance on cultural and community issues that may be relevant to a patient’s treatment or care.

Another approach is taken for rural Veteran outreach in the western part of the country given the large, sparsely populated areas that must be covered. ORH supports a pilot program that engages local agencies to train the community leaders about VA benefits and services. The goal is to nurture a partnership between the VA and the existing community infrastructure that fosters future collaborations to serve rural Veterans.

In rural Alabama, ORH has funded a rural Veteran outreach program that uses motivational interviewing and patient navigation to enhance and improve outreach efforts. This ORH funded pilot seeks to resolve psychological barriers that the rural Veterans may have about seeking care and helps to the Veteran overcome logistical barriers to the system.

### **Slide 14 – Rural Provider Training and Education**

The Office of Rural Health recognizes that promoting long-term sustainment of a competent and capable rural provider workforce is critical to providing high quality care for our Veterans, so enhancing education and training opportunities for rural and highly rural care providers is one of our strategic

goals. Since 2010, ORH has supported the Rural Health Professions Institute (RHPI) which provides training opportunities for rural CBOC and outreach clinic personnel. Through a collaboration with East Tennessee State University, VA personnel have developed a course curriculum that includes didactic learning on rural health disparities, rural health care delivery strategies, and rural culture, as well as hands-on learning in system redesign and telehealth technology. Currently, RHPI is translating some course content into web-based modules. Since its inception through 2011, the RHPI has trained well over 400 VA personnel.

In order to improve rural provider training for women's health care ORH collaborated with the VA Rural Women's Health Initiative to sponsor a mobile, Mini-Residency Training Program in women's health care. This training initiative, which is based on the VA national curriculum mini-residency program, includes 2 days of didactic instruction on women's health issues, as well as readjustment to post-deployment, including mental health issues. It was available to VA and non-VA providers in rural areas of Maryland, West Virginia, Virginia, and Pennsylvania and rotated through CBOCs and VAMCs servicing rural communities in the mid Atlantic region. Thirteen sessions were completed in FY 11.

Because many rural Veterans utilize both VA and non VA providers and pharmacists for portions of their medical care, there are quality and patient safety concerns about medication use. Medication reconciliation and patient education about their medications are important preventative functions. Review of an individual patient's medication using Brown Bag Medication Clinics is well-documented as an effective technique for verifying what a patient is taking, identifying and/or avoiding medication errors and drug interactions, assisting patients in taking medications correctly, answering patient's questions about medications and increasing patient's medication compliance. In FY12, ORH is sponsoring a pilot program using clinical video telehealth to provide Brown Bag Medication clinics to four CBOCS in rural Maine from the VA Medical Center in Togus. In addition, this program will train Pharmacy residents and Pharmacy students to utilize clinical video telehealth to conduct Brown Bag Medication Clinics for rural Veterans.

In order to expose medical, nursing and allied health students to rural health care practice in the VA, ORH is supporting a pilot training program in the North Florida–South Georgia region. Students in the Rural Health Training Program are members of health care teams that operate out of a rural clinic and part of their educational experience is to help develop individual patient comprehensive treatment plans. For those patients with neurological disorders, students assist with coordination of their neurologic care, rehabilitation, and primary care. During this coordination, each student has the opportunity to observe the extension of rehabilitation therapy to Veterans in their homes using telehealth technologies. The students also work with a comprehensive care team which consists of a Dietitian, Social Worker, Occupational Therapist, and other ARNPs to provide care to Veterans through Home Based Primary Care (HBPC). During this program students utilize the electronic medical record and gain an understanding of extending care to rural areas and multiple sites.

The well-known, widespread mental health provider shortage, coupled with the high prevalence of mental disorders in rural areas, speaks to the urgent need to train, recruit, and retain more mental

health providers in rural public settings, such as the VA. In response, ORH is supporting a psychiatric fellowship program at the University of Alabama School of Medicine and the Tuscaloosa VA Medical Center. Participating fellows are psychiatrists and family physicians who have completed an accredited psychiatric and family medicine residency program, respectively, and who plan to devote their careers to working with high risk populations in the public sector in a rural area. The project's aim is to train physicians to be more competent in delivering mental health services in rural areas. In addition, the project's strives to recruit and retain high caliber physicians to serve as leaders in the provision of mental health services in rural Alabama.

### **Slide 15 – Transportation**

Transportation remains an important access to care issue for rural Veterans. In this fiscal year ORH plans to support 8 different transportation initiatives around the country. The largest initiative is a collaboration with the Veterans Transportation Service, which will not only increase transportation resources and options for all Veterans, but also improve the efficiency of existing transportation resources through the use of 21st Century technology, including ridesharing software and GPS units.

The rideshare software and systems are comprised of ride routing/scheduling software and other integrated technologies intended to enhance operational efficiency and ensure a good experience for Veterans. These technologies include GPS device integration, automated vehicle routing, electronic manifest updating, dispatch/driver communications, an interface for transportation coordinators and stations, automated passenger notifications, information storage and updating, and reporting.

While a primary focus of the program is to assist Veterans in rural and highly rural communities, transportation will be provided to overcome barriers in urban areas as well. Emphasizing convenience and customer service, Veteran Transportation Service has created a transportation option that assists Veterans in accessing the healthcare they have earned. Ultimately, the Veteran Transportation Service will facilitate a transportation model in which a Veteran can make one call to the VA and receive assistance with arranging public, commercial or VA transportation.

### **Slide 16 – Project ARCH**

ORH has implemented a 3 year pilot program to provide health care services for eligible rural Veterans through contractual arrangements with non-VA care providers. This pilot, Project ARCH, which stands for Access Received Closer to Home, intends to improve access to care by connecting Veterans to health care services closer to their home. Project ARCH was established under section 403 of Public Law 110-387 and five pilot sites have been established across the country. Project ARCH services are now offered in Northern Maine; Farmville, Virginia; Pratt, Kansas; Flagstaff, Arizona, and Billings, Montana. Project ARCH Care Coordinators are located at each pilot site and work closely with the contracted non-VA provider to ensure that they have all of the necessary clinical information from a Veteran's medical records. The care coordinators also ensure that the VA receives information from the non-VA provider to keep Veterans' medical records up-to-date.

## **Slide 17 – Contact us**

If you are interested in learning more about the VHA Office of Rural Health please visit our website at [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov).

If you would like to ask us a question, please send an email to [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov).

You can join our mailing list to If you would like to receive updates and an electronic version of our quarterly newsletter, please visit [www.ruralheath.va.gov/subscribe.asp](http://www.ruralheath.va.gov/subscribe.asp).

It has been a pleasure to participate in National Rural Health Day and share with all of you the exciting activities going on in ORH and rural Veteran health care. If you have any comments or suggestions please contact me at [MaryBeth.Skupien@va.gov](mailto:MaryBeth.Skupien@va.gov).

Thank you!