



Message from the Director of the VA Office of Rural Health

Strengthen Community Health Care Infrastructure Where Rural Veterans Reside



Gina Capra, MPA
ORH Director

This issue of “The Rural Connection” is the third in a four-part series that focuses on the U.S. Department of Veterans Affairs’ (VA) rural health strategic goals. The theme is to “strengthen community health care infrastructure where rural Veterans reside.”

To me, health care infrastructure in this context goes beyond traditional brick and mortar facilities, to also include a trained workforce, innovative technologies, and partnerships that increase available services. It’s the behind-the-scenes integrated system focused on customer care that is essential to VA’s ability to support rural Veterans’ health and well-being.

Fiscal year 2016 continues to see the growth of VA’s public/private partnerships to deliver more care to Veterans through continued implementation of the Veterans Choice Program. As such, VA looked to communities to expand its high-performing provider network infrastructure. Read more in the **Rural Veterans Health Care: Three Steps to Better Health** article on page 3.

As more rural Veterans use the Veterans Choice Program to access local community providers, it is important that collaboration increases between community health organizations and local VA sites of care.

With this in mind, our Veterans Rural Health Resource Center in Togus, Maine, added a community provider reminder to the patient record that alerts VA providers to ask patients about medical care they’ve received outside of the VA health care system. This reminder enables VA providers to obtain additional medical history from the patient to better manage and support his or her care, and reduce risks. Read more in the **Improving Veterans’ Care Coordination between VA and Community Providers** article on page 8. Similarly, Veterans can take care coordination into their own hands and use the Blue Button feature in My HealthVet to access and share VA health record information with community providers. Read more in the **Training Teaches Veterans to use VA Health Summary to Improve Care Coordination between VA and Community Providers** article on page 9.

Another way VA strengthens its rural health workforce infrastructure is to include clinical pharmacy specialists as part of the Veteran’s health care team. This involvement often frees-up primary care providers to see additional Veteran patients, thus increasing access to care. Read more in the **Clinical Pharmacy Specialists a Critical Part of Rural Veterans’ Patient Care Team** article on page 10.

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This issue of "The Rural Connection" is the third in a series of four issues that focus on VA's rural health strategic goals. This issue highlights ways VA and its partners strengthen community health care infrastructure where rural Veterans reside.

While we often talk about telehealth as a type of care, it's actually the technology infrastructure that enables new models of care to be delivered. Strengthening the health technology infrastructure can help increase telehealth care options to overcome delivery challenges, such as geography and distance. In fact, nearly 45 percent of VA's patients who received care through telehealth live in rural communities. And now, through support provided by the VA Office of Rural Health (ORH), telehealth capabilities reach rural Veterans who reside in State Veterans Homes (SVH). These homes house Veterans who are no longer able to earn a livelihood and are in need of care. This ORH Collaborative Rural Access Solution expands VHA telehealth services into rural SVHs to promote continuity of primary, specialty and mental health care for Veteran residents, and connects those patients with their VA providers. Read more in the **Telehealth Infrastructure Expansion Increases Access to Care for Rural Veterans in State Veterans Homes** article on page 10.

These are great examples of how VA actively enhances its health care infrastructure through internal partnerships. However, we also partner with agencies across the federal government and in the community, many of which strengthen the health care infrastructure. Often, these partners support access to care for Veterans, including those who reside in rural communities, such as:

- The U.S. Department of Labor offers a variety of tools and resources to Veterans, transitioning Servicemembers and their families to support employment. Read more in the **Employment Resources for Rural Veterans** article on page 5
- The U.S. Department of Treasury's Internal Revenue Service works to spread the word to Veterans about a tax credit available for low- to moderate-income workers. Although the tax filing deadline has passed, it's not too late to claim this credit. This is further explained in **The Earned Income Tax Credit: Often Missed** article on page 12
- The U.S. Department of Agriculture's Reaching Rural Veterans project provides education, materials, and resources to rural Veterans through faith-based food pantries in Indiana and Kentucky. Read more in the **Reaching Rural Veterans through Engaged Faith Communities and Food Pantries** article on page 6
- The U.S. Department of Defense's Military OneSource services include financial, education and housing counseling, and more, for up to 180 days after separation or retirement to Servicemembers and their families transitioning to civilian life. Read more in the **Military OneSource: Don't Miss Out on the Resources You've Earned!** announcement on page 11

In related news, the VA Secretary's Veterans Rural Health Advisory Committee met in May in Spokane, Washington. The members explored the local infrastructure first hand through a visit to the Mann-Grandstaff VA Medical Center and the North Idaho Community Based Outpatient Clinic, as well as heard from mental health providers who use telehealth to reach more patients. Members also listened to rural Veterans who shared how the infrastructure often exceeded their expectations and offered some areas of improvement.

As you can see, infrastructure takes many forms and can have a significant impact on increasing access to health care for rural Veterans. These are great examples of how we bring our strategic plan to life. We don't just see our goals as words on paper, but rather the driving force behind all that we do every day.

To join our rural Veteran community, please contact ORH Communications at ORHcomms@va.gov. ♦



The Veterans Rural Health Advisory Committee recently met to study and seek to address challenges rural Veterans face when accessing health care. Members represent varying geographies and include Veterans, rural community providers, State Departments of Veterans Affairs, tribal communities, national Veteran Service Organizations, and VA employees.

Rural Veterans' Health Care: Three Steps to Better Health

By Policy Analysis Team, Office of Policy and Planning, Veterans Health Administration

In the past, local doctors traveled from house to house to provide personalized health care. While much has changed, the need to establish a relationship with providers of our choosing to provide the care we need has not. Today, the U.S. Department of Veterans Affairs' (VA) expanded provider network includes VA doctors and nurses, private health care providers, and many health care partners. This network is especially important for rural Veterans who may not live near a VA medical center or outpatient clinic.

The first step to greater wellness is enrollment in VA health care. If not already enrolled, Veterans can call or visit any VA health care facility, or [enroll online](http://www.va.gov/healthbenefits/apply) (www.va.gov/healthbenefits/apply). Recently discharged combat Veterans are automatically eligible to enroll in VA health care for five years following deployment.

Once enrolled, the next step is to call or visit a VA medical facility to schedule a primary care appointment. New enrollees are offered this option upon enrollment and are encouraged to have an initial visit to establish a relationship with a VA health care provider. Veterans eligible for the [Veterans Choice Program](http://www.va.gov/opa/choiceact/) (<http://www.va.gov/opa/choiceact/> or 866-606-8198) may see a community care provider for their primary care visit.

At times, a primary care provider may recommend the patient see a specialist to assist in managing and improving health. It is important that the Veteran schedule those appointments, keeping in mind that under the Veterans Choice Program, appointments may be at a VA medical center or with a VA-approved community provider, including military treatment facilities, university or academic affiliates, Federally Qualified Health Centers or private community providers. These relationships are a key part of the path to better health.

Finally, Veterans are encouraged to keep scheduled appointments, follow provider's instructions and ask questions to make sure the primary care provider helps track and manage health, including recording and tracking of prescriptions.

For assistance, Veterans should contact their local primary care team. For more information on VA's health benefits, visit www.va.gov/healthbenefits, or call (877) 222-8387. ♦

Veterans can follow three steps to develop their care provider network:

1. Enroll in VA health care; determine eligibility at www.va.gov/healthbenefits/apply/veterans.asp
2. Schedule a primary care visit
3. Follow up with specialty care referrals

Veterans Help Line



1 (877) 881-7618

VA will help resolve adverse credit reporting and debt collection issues experienced through use of the Veterans Choice Program.

For assistance, call the Veterans Help Line and press 1 between 9 a.m. to 5 p.m. Eastern Time.

VA Modifies Veterans Choice Program to Increase Prompt Payments for Community Providers

The U.S. Department of Veterans Affairs recently modified the Veterans Choice Program to enhance Veterans' access to care and reduce payment delays for community providers. Community providers enrolled in the Veterans Choice Program are no longer required to submit Veterans' medical records prior to payment. This increases the speed in which Veterans Choice Program third party administrators, Health Net and TriWest, are able to pay providers.

Read more at <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2755>. ♦

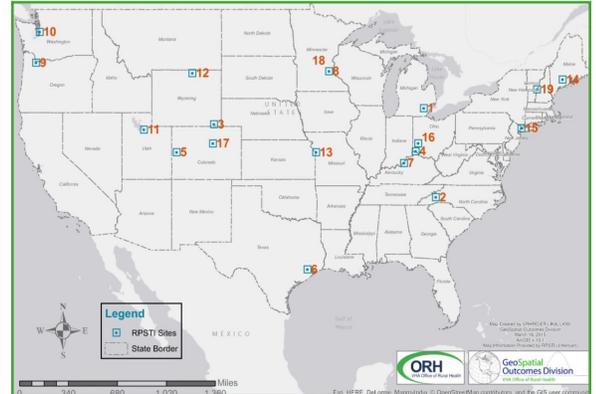
Spotlight: Rural Provider and Health Care Staff Training and Education Initiative Strengthens the Rural Workforce Infrastructure

By **Jini Hanjian**, Ph.D., Education and Training Coordinator, Veterans Rural Health Resource Center-Togus

The Rural Provider and Health Care Staff Training and Education Initiative (RPSTI) supports the educational and training needs of U.S. Department of Veterans Affairs (VA) providers and staff in their care of rural Veterans. RPSTI started in September 2013 and has since expanded to 19 VA sites across the country. It is anticipated that training and education of providers and health care staff who work in rural VA facilities will result in greater patient satisfaction, smoother clinical operations, and increased retention of clinical workforce. In addition, increasing the skills of local VA providers through continuing education can result in increased access to and quality of care for rural Veterans with complex conditions.

Six RPSTI sites provide continuing education credits through internal VA trainings and eight sites provide credits through academic affiliates. Simulators, avatars, and virtual and simulated patients are a few cutting edge methods used in the trainings. RPSTI training topics include caregiver support, dementia, dermatology, diabetes, mental health, pain management, post-traumatic stress disorder and telehealth.

Overall, the 19 RPSTI sites developed a variety of continuing education and training programs, and trained more than 14,000 rural providers and staff through more than 1,800 events in its first two years of operation. For more information on RPSTI, contact Jini Hanjian at Jini.Hanjian@va.gov.



Nineteen RPSTI sites across the country offer staff training and education opportunities to rural VA providers.

Prescription (Rx) Refill Shipment Notifications Now Available on My HealthVet



Veterans can now receive a notification when their Rx refill is in the mail and a tracking number to monitor the shipment. Follow these steps:

1. Log in to My HealthVet or register for an account at www.myhealth.va.gov*
2. Select the "Personal Information" tab under the My HealthVet logo (upper left corner), then select "My Profile"
3. Scroll down to "Contact Information" and enter or update your email address
4. Go to "Subscribe to Email Notifications and Reminders" and select "Turn On" for RX refill shipment notification
5. Scroll down and select "Save" on the bottom right corner of your screen

With My HealthVet's Rx refill shipment notifications, Veterans will:

- Receive email notifications when Rx package(s) are shipped from a U.S. Department of Veterans Affairs (VA) mail order pharmacy
- Receive Rx refill shipment date(s), the carrier and the tracking number
- Track Rx refill(s) using the tracking number link to the postal carrier's website
- Know when to expect Rx package(s)

The VA Rx refill shipment feature is not available for medications that are dispensed and mailed from local VA pharmacies, such as Class II narcotics. Veterans should use routine methods of tracking for these medications.

Need help or have questions about VA's Rx Refill Shipment Notification?

Contact the My HealthVet (MHV) Help Desk:

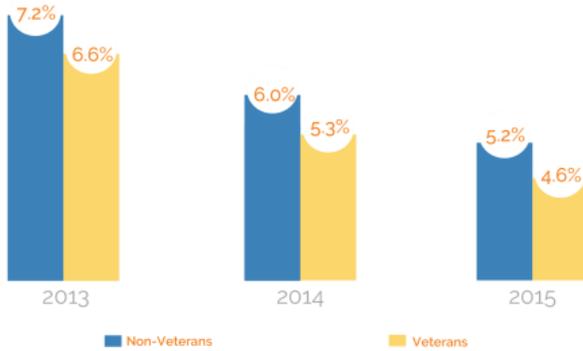
- Select the "Contact MHV" tab next to the Search box
- Call the Help Desk at 1 (877) 327-0022 or 1 (800) 877-8339 (TTY), Monday-Friday, 7 a.m.-7p.m. (Central Time)

**To use this feature, users must have a My HealthVet account and be enrolled to receive VA care. Additionally, users must accept the Prescription Refill Terms and Conditions on initial login.*

Employment Resources for Rural Veterans

By Veterans' Employment and Training Service, U.S. Department of Labor

VETERAN UNEMPLOYMENT UPDATE



Source: Bureau of Labor Statistics 2015 Employment Situation Summary

The most recent Veteran Employment Update shows a decrease in Veteran unemployment rates. The U.S. Department of Labor offers many resources for Veterans, including those who live in rural areas, to find training and employment opportunities.

Throughout the past year, the U.S. Department of Labor (DOL) recorded the lowest rates of Veteran unemployment since 2007, and the overall employment picture continues to look positive for most Veterans. But there is still work to be done.

The 2015 Bureau of Labor Statistics' annual report showed that among the approximately 495,000 unemployed Veterans in 2015, 57 percent were age 45 and over. About 37 percent were age 25 to 44, and five percent were age 18 to 24. This data adds clarity to the understanding of generational impacts on employment.

Each month, DOL publishes a Veteran employment update in the VETS newsletter. Subscribe for free at <http://tinyurl.com/dol-gov-vets-newsletter>.

DOL offers a variety of tools and resources that support Veteran employment. For example, Veterans can use the recently launched [employment website](http://www.veterans.gov) (www.veterans.gov) to access free, online training and search job postings on the National Labor Exchange, which is a comprehensive collection of online job openings. Employers also use the site to post jobs and seek out qualified Veterans.

Also, local assistance is available nationwide through Local American Job Centers. Nearly 2,500 centers, many of which are located in rural communities, offer employment services, programs and initiatives, including free training, job search assistance, educational resources, and registered apprenticeship programs. Also, counselors provide one-on-one intensive services to meet the employment needs of disabled Veterans and other eligible Veterans who face barriers to employment. Find the nearest Local American Job Center at <http://veterans.gov/>.

DOL's Transition Assistance Program (TAP) offers tools and resources that Veterans, transitioning Servicemembers and their families can use before, during, and after they fulfill their military service commitment. Veterans can revisit the TAP employment workshop curriculum at www.dol.gov/vets/programs/tap.htm or find it soon on Amazon Kindle.

Finally, the DOL Women Veterans Program brings a data-driven focus to the realities surrounding women Veterans in the workplace. View a free webinar that highlights employment assistance for women Veterans at <http://www.dol.gov/vets/womenveterans/>.

The skills, expertise and experience America's Veterans attained throughout their years of service are invaluable to the civilian workforce and America's economy. DOL is dedicated to serving those who served, and will continue to provide programs and services that meet Veteran's employment needs. ♦

In the latest 2015 Bureau of Labor Statistics' annual report on Veteran employment, the average unemployment rate was 4.6 percent for all Veterans.

For more information on Veterans employment:

- Follow [@hiringourheroes](https://twitter.com/hiringourheroes) and [@FedsHireVets](https://twitter.com/FedsHireVets) on Twitter to find local job fairs and opportunities
- Visit www.veterans.gov to find employment resources
- Subscribe to the free Veteran employment monthly update and online newsletter at <http://tinyurl.com/dol-gov-vets-newsletter>

Reaching Rural Veterans through Engaged Faith Communities and Food Pantries

By **Brent Elrod**, National Program Leader, Community and Rural Development, National Institute of Food and Agriculture, U.S. Department of Agriculture; **Stephen Dillard**, Deputy Director, Center for Faith-based and Neighborhood Partnerships, U.S. Department of Veterans Affairs



Lynn Schocke, Family Nutrition Program Assistant, Purdue Extension, (left) provides a handout of information regarding cooking and nutrition classes to Veterans attending the Reaching Rural Veterans event in Indianapolis, Indiana.

Our nation has a long history of championing the value of a strong military in support of a productive agricultural system. The Morrill Acts of 1862 and 1890 authorized the establishment of land-grant colleges and universities to teach agriculture, military tactics, and the mechanical arts. Over the last 150+ years, those higher-learning institutions collaborated with the U.S. Department of Agriculture (USDA) through the Cooperative Extension Service to create a productive, efficient and increasingly sustainable agricultural system. Now, that same agricultural system teamed up with the U.S. Department of Veterans Affairs (VA) to support low-income, homeless and at-risk Veterans and their families who reside in rural communities.

With funding from the VA Office of Rural Health, the VA Office of Faith-based and Neighborhood Partnerships,

USDA National Institute of Food and Agriculture (NIFA), and the Military Family Research Institute at Purdue University formed a partnership and launched the Reaching Rural Veterans project in 2015. Through a competitive process, the partners selected rural, faith-based food pantries in Indiana and Kentucky to receive education, materials, and resources to reach and engage rural Veterans in their communities.

The primary objective of the Reaching Rural Veterans project is to provide food, services and resources to low-income, homeless, and at-risk Veterans located in rural communities. The project also aims to:

- Educate local faith communities, food pantry staff and other community organizations about Veterans and their families;
- Engage communities and organizations to provide support and assistance to Veteran and their families; and
- Educate low-income, homeless and at-risk Veteran families about nutrition and health.

Among the many stories that highlight the pilot program's ability to connect Veterans to resources is that of a single mother of twin three-year old girls. The rural Veteran visited the pantry monthly since the beginning of the Reaching Rural Veterans project. When she requested supervised training to complete a Masters in Social Work degree, staff connected her with VA's Northern Indiana Health Care System's Veterans Justice Outreach program. After the office provided her with the requested supervision, the Veteran wrote:

"I have been collecting angels along the way since coming here [to Reaching Rural Veterans]! I am excited and thrilled to be working with vet court! Thanks again for all your help!"

—Rural Veteran

(Continued on page 7)

ORH in the News

Veterans Rural Health Advisory Committee member John Mengenhausen, chief executive officer, Horizon Health Care in Howard, South Dakota, was recently featured in the National Rural Health Association's quarterly "Rural Roads" magazine. The article focuses on the Veterans Choice Program and community care for rural Veterans. Read more on pages 16-17 at <http://www.ruralroadsonline.com/html5/index.html>. ♦

Reaching Rural Veterans through Engaged Faith Communities and Food Pantries (continued from page 6)

So what's next for Reaching Rural Veterans? Services built on a platform of existing non-profit, faith-based and community programs may best reach this geographically dispersed and low-density Veteran population. Building on this existing platform helps to minimize expense, sustain and strengthen non-profit, faith-based and community programs, and infuse awareness of and support for Veterans in their local communities. The partnership aims to reach additional rural Veterans, increase and engage more faith-based communities, and strengthen the foundation from which Veterans and their families can grow. ♦

Reaching Rural Veterans Project Successes

Of the nearly 550 Veterans supported to-date:

- Nearly **350** reached through five food pantries in Indiana
- More than **200** reached through five food pantries in Kentucky
- More than **40%** reported skipping meals or a reduction in the size of their meal in the three months preceding their visit to the pantry due to financial challenges
- More than **20%** reported that a member of their household did not eat for a whole day sometime in the three months preceding their visit to the pantry due to financial challenges

Did you Know? Lifeline Program Discounts Mobile or Landline Phone Services



Since 1985, the federal Lifeline Program works to ensure all Americans have the opportunity and security that phone service brings—such as being able to connect to jobs and family, and access health care and emergency services. More than 13 million U.S. households subscribed to the Lifeline Program in 2015.

The Lifeline Program provides a monthly discount on mobile or landline phone services to eligible households. Beginning December 1, 2016, broadband internet access also becomes an eligible Lifeline-supported service. At the same time, participants in the Veteran's Pension and Survivor's Benefit programs will be eligible to receive this benefit, although some participants may already be eligible through other means.

To learn more about the program, or determine eligibility, visit the [Universal Service Administrative Company's](http://www.usac.org/li/) (USAC) (<http://www.usac.org/li/>) website. Please [subscribe](http://www.lifelinesupport.org/about/tools/publications/subscription-center.aspx) (<http://www.lifelinesupport.org/about/tools/publications/subscription-center.aspx>) to the quarterly USAC newsletter for program news, updates and upcoming events. ♦

Office of Rural Health at the National Rural Health Association's 39th Annual Conference

The U.S. Department of Veterans Affairs' Office of Rural Health (ORH) participated in the National Rural Health Association (NRHA) annual conference in Minneapolis, Minnesota, in May. An ORH team of representatives led by ORH Deputy Director Thomas Klobucar, along with representatives from the U.S. Department of Health and Human Services Federal Office of Rural Health Policy, HealthNet and TriWest, exhibited, and presented both a poster and education session on the Veterans Choice Program.

NRHA annual conference sessions emphasized the need for support to help stop rural hospital closures, as evidenced by statistics such as:

- 20% of the U.S. population lives in rural communities, but only 9% of medical doctors practice there
- Nearly 70% of rural hospitals operate a loss
- More than 670 rural hospitals are in financial distress, 210 of which are in extreme financial distress
- Between 1983-1997, 400 rural hospitals closed, and 72 additional closed since 2010
- Projected 25% of rural hospitals will close in the next 10 years, resulting in 10,000 lost jobs and 1.2 million people without access to ER, unless there is a national reimbursement policy change ♦



Tommy Driskill, Office of Rural Health; Michelle Foley, Health Net; and (not pictured) Laurie Medina, TriWest answered questions about rural Veterans' health and community care at the 2016 Annual NRHA Conference.

Improving Veterans' Care Coordination between VA and Community Providers

By **Penelope Markle**, Senior Project Manager, Veterans Rural Health Resource Center-Togus, Office of Rural Health, U.S. Department of Veterans Affairs

Many Veterans receive care from both the U.S. Department of Veterans Affairs (VA) and community health care organizations.¹ In fact, more than half of Veterans who receive health care from VA also see community health care providers. In a recent study of three rural Maine VA clinics, the majority (58 percent) of patient charts reviewed showed evidence that the Veteran received at least some of his or her health care from a community provider. As in other studies, age was significantly associated with having a community health care provider. Patients 65 years or older were more likely than younger patients to have a community provider.² Patients cared for by multiple providers may be at risk for suboptimal health care outcomes as a result of fragmented or duplicative care.³ Coordination of care between health care providers is a core feature of high quality health care.

Awareness of a Veteran's community provider lays the foundation for increased care coordination. It also supports fostering of relationships between VA providers and their community counterparts.

Although VA providers regularly ask their patients if they have a community provider, a standardized method to document this information in the Computerized Patient Record System, VA's electronic health care information system, did not exist—until now. In collaboration with VA Maine Healthcare System (VA Maine HCS) primary care leadership, service line managers and clinical applications coordinators, Veterans Integrated Service Network 1 and the Veterans Rural Health Resource Center-Togus developed a community provider reminder, which is used to document community provider contact information. The VA provider's awareness of their Veteran patient's community provider can have significant clinical impact with potential to increase patient safety and improve service.

In addition to information on which patients seek care from community providers, consolidated data gathered from the community provider reminder can help improve customer service and increase collaboration between community health care organizations and local VA sites of care.

The Veterans Rural Health Resource Center-Togus plans to implement the community provider reminder throughout the VA Maine HCS in fiscal year 2016, and nationwide in fiscal year 2017. For more information on this initiative, contact Denise Lebron-Tricoche at Denise.Lebron-Tricoche@va.gov. ♦



A team at the VA Maine Healthcare System (VA Maine HCS) developed a reminder in VA's electronic health care information system for VA providers to document information about community providers that their Veteran patients see, thus, increasing care coordination. Part of this team is (from left to right): Deborah Kennedy, clinical operations manager, Primary Care, VA Maine HCS; Denise Lebron-Tricoche, project manager, Veterans Rural Health Resource Center-Togus; and Susan E. Robinson, clinical applications coordinator, VA Maine HCS.

References:

¹ Borowsky SJ, Cowper DC. Dual use of VA and non-VA primary care. *J Gen Intern Med.* 1999;14(5):274-280.

² Lee PW, Markle PS, West AN, Lee RE. Use and Quality of Care at a VA Outreach Clinic in Northern Maine. *J Prim Care Community Health.* 2012;3(3):159-163. doi: 10.1177/2150131911427167.

³ Wolinsky FD, Miller TR, An H, Brezinski PR, Vaughn TE, Rosenthal GE. Dual use of Medicare and the Veterans Health Administration: are there adverse health outcomes? *BMC Health Serv Res.* 2006;6:131.

Training Teaches Veterans to use VA Health Summary to Improve Care Coordination between VA and Community Providers

By Dawn Klein, Master of Social Work, Research Coordinator, Affiliate, Iowa City VA Health Care System



Blue Button Download My Data

Veterans can use the Blue Button feature in My HealthVet to access and share U.S. Department of Veterans Affairs health record information with community providers.

HealthVet to easily share essential information about their VA care, such as allergies, medications, laboratory test results, and more, with their community provider. Veterans can access their information online—when and where they need it—using the Blue Button feature through [My HealthVet](http://www.myhealth.va.gov) (www.myhealth.va.gov).

Since added to My HealthVet in January 2013, more than 420,000 unique Veterans accessed their VA Health Summary. The VA Health Summary, also known as a Continuity of Care Document, is available in both standardized interoperable file format (.xml) and PDF formats. The .xml file format allows information to be electronically read by other electronic health record systems, personal health records and applications.

The below resources are designed to help increase Veterans' awareness and use of this option. Learn more:

- Read the [Your VA Health Summary: Share Data for Better Care](https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?_nfpb=true&_nfto=false&_pageLabel=spotlightArchive&contentPage=spotlight/February2016/YourVAHealthSummary-ShareDataforBetterCare.html) (https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?_nfpb=true&_nfto=false&_pageLabel=spotlightArchive&contentPage=spotlight/February2016/YourVAHealthSummary-ShareDataforBetterCare.html) spotlight article on the My HealthVet website.
- Watch the [Sharing Your VA Health Summary](https://www.youtube.com/watch?v=CkUKompaiPK%20) (https://www.youtube.com/watch?v=CkUKompaiPK%20) video, which provides step-by-step instructions on why and how Veterans can use the Blue Button feature to find their summary in My HealthVet.
- View the [VA Health Summary Quick Guide](https://www.myhealth.va.gov/mhv-portal-web/ShowBinary/BEARepository/pdf/VAHealthSummaryQuickGuide.pdf) (https://www.myhealth.va.gov/mhv-portal-web/ShowBinary/BEARepository/pdf/VAHealthSummaryQuickGuide.pdf) resource that lists four steps to access the VA Health Summary.

For more information, contact Dr. Carolyn Turvey (Carolyn.Turvey@va.gov) or Dawn Klein (Dawn.Klein@va.gov). ♦

U.S. Department of Health and Human Services' Free CME Training: A Physician's Practical Guide to Culturally Competent Care

"A Physician's Practical Guide to Culturally Competent Care" is a free, self-directed training course designed for physicians, physician assistants and nurse practitioners. With growing concerns about racial and ethnic disparities in health and about the need for health care systems to accommodate increasingly diverse patient populations, cultural competence has become more and more a matter of national concern. This e-learning program equips health care providers with competencies that help them better treat the increasingly diverse U.S. population.



Physicians and physician assistants can earn up to nine continuing medical education (CME) credits, and nurse practitioners can earn nine contact hours through this accredited training, while exploring engaging cases and learning about cultural competency in health care.

Visit <https://cccm.thinkculturalhealth.hhs.gov/> for more information. ♦

Telehealth Infrastructure Expansion Increases Access to Care for Rural Veterans in State Veterans Homes

By **Deborah Stevens**, National Program Manager, Veterans Health Administration State Veterans Homes Telehealth Programs

State Veterans Homes (SVH) date back to the 1860s and were established to care for Civil War soldiers and sailors who were no longer able to earn a livelihood and were in need of care. Individual states establish SVHs primarily for Veterans disabled by age, disease, and injury or otherwise, who by reason of such disability, are incapable of earning a living. State governments own, operate and manage SVHs. VA employees do not have authority regarding the management or control of SVHs, except as specifically outlined through statute or regulations.

More than half of the state-run State Veteran Homes are located in rural communities.

SVHs can provide three levels of care: nursing home care, domiciliary care and/or adult day health care. VA must formally recognize the SVH before it can receive per diem payments from VA for providing care.

Now, through the Veteran Health Administration's (VHA) SVH Telehealth Initiative, SVHs also offer VHA telehealth services to connect residents with their VA providers, and promote continuity of primary, specialty, and mental health care.

The SVH Telehealth Initiative began in late 2014 to increase access to care and expand telehealth services for Veterans who reside in rural SVHs located far from a VA medical center (VAMC) or Community Based Outpatient Clinic (CBOC).

The SVH Telehealth Initiative's goals are to:

- Increase access to care for rural Veterans
- Expand telehealth to additional SVHs
- Overcome transportation barriers for SVH Veterans with fragility or chronic debilitating disease that makes it challenging for them to travel long distances to VAMCs or CBOCs
- Reduce transportation costs
- Enhance community collaboration

In fiscal year 2015, the average daily census of Veterans in SVH facilities was more than 19,000. Fourteen rural SVHs in four different Veterans Integrated Service Networks and eight different states are currently involved in the SVH Telehealth Initiative and the number is expected to expand in fiscal years 2017 and 2018. For more information, contact Deborah Stevens at (202) 671-6751 or Deborah.Stevens@va.gov.

The SVH Telehealth Initiative is a VA Office of Rural Health Collaborative Rural Access Solution with the Office of Connected Care (Telehealth) and Office of Geriatrics and Extended Care (GEC). GEC manages SVH Telehealth Initiative implementation and expansion. ♦

In Memoriam: Remembering Toni Chiara



A key part of the U.S. Department of Veterans Affairs (VA) infrastructure are the dedicated staff. VA's rural community recently lost a passionate Veteran caregiver and advocate with the passing of physical therapist Antoinette "Toni" Chiara, Ph.D. Toni was a research and clinical physical therapist with the rural health initiative at the North Florida/South Georgia VA Medical Center. She focused much of her career on helping people with multiple sclerosis (MS) live their best lives. Toni was an integral part of the VA Office of Rural Health's Veterans Rural Health Resource Center in Togus, Maine.

Throughout her career, she conducted research on fatigue and respiratory muscles in people with neurological impairments, especially MS. She was a devoted advocate for her patients and a pioneer in telerehabilitation. She championed for rural Veterans to have and use the best technology available to them to increase their access to care, and rarely had a missed appointment. When asked, her rural Veteran patients commented, "She didn't give up on me when everyone else did," and "She encouraged me and went the extra mile."

Toni was considered a leading expert in the field of MS and was often sought for consultations and presentations. She was a long-time collaborator and tireless volunteer with the National Multiple Sclerosis Society and is deeply missed by all touched by her dedication and kindness. She leaves behind a legacy of commitment to the ongoing efforts of telehealth for the rural Veteran community. ♦

Clinical Pharmacy Specialists a Critical Part of Rural Veterans' Patient Care Team

By **Julie A. Groppi**, Program Manager, U.S. Department of Veterans Affairs Pharmacy Benefits Management (PBM), Clinical Pharmacy Practice Office (CPPO), Washington D.C.; **Heather L. Ourth**, Program Manager, PBM; **Anthony P Morreale**, Assistant Chief Consultant for Clinical Pharmacy Services and Healthcare Services Research, PBM; **Kimberly Quicci-Roberts**, Management Analyst, PBM

Medications are part of more than 80 percent of patient care treatments, and regimens are often complex. Clinical pharmacists serve as medication experts and assume an increasingly important role in caring for Veterans. In the U.S. Department of Veterans Affairs (VA), clinical pharmacy specialists (CPS) are providers who prescribe medications, as well as provide medication and disease management services for Veterans. Throughout VA, the more than 3,500 pharmacists practicing in this role are integrated into a variety of care areas and settings—from complex anticoagulation clinics and treatment of chronic disease in primary care (e.g., diabetes, hypertension, dyslipidemia), to acute and chronic management of specialty care conditions such as hepatitis C, mental health, and pain management.

Including the CPS in the patient's care team helps free-up primary care provider time for more acute and urgent issues, thus increasing access to care for Veterans, especially those in rural communities that experience primary and specialty care provider shortages. A study at the William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin, found that the inclusion of the CPS as a member of the health care team resulted in 27 percent of primary care appointments converted to CPS appointments, thus increasing primary care providers' ability to see more patients.

CPS' provide care through all modalities (e.g., face-to-face, telephone, secure messaging). They also provide medication and disease management services to patients at designated rural Community Based Outpatient Clinics through the use of telehealth. Another example is found in Veterans Integrated Service Network 12 and other sites where the CPS manages a variety of rural patients' conditions (e.g., thyroid disorders, asthma, smoking cessation) virtually. The addition of a rural health CPS has many benefits for rural Veterans, including increased access to medication management services and aggressive targeting to achieve chronic disease management goals, all while raising patient satisfaction.

These are just a few examples of how the CPS, as the medication expert, works collaboratively with the health care team to help increase access to care for rural Veterans. For questions related to this article, please contact the Pharmacy Benefits Management Services' Clinical Pharmacy Practice Office at ClinicalPharmacyPracticeOfficeCPPO@va.gov.

Special thanks to Ellina Seckel, Doctor of Pharmacy (PharmD) and Sandra Calendra, PharmD, Certified Anticoagulation Care Provider for their contributions to the projects described in this article. ♦

Military OneSource: Don't Miss Out on the Resources You've Earned!

Servicemembers and their families transitioning to civilian life are eligible for Military OneSource's services for up to 180 days after separation or retirement.

Military OneSource—a call center (1-800-342-9647) and website (<http://www.militaryonesource.mil/>)—provides free and confidential information and resources on popular aspects of military life. Call or click to access:

- Confidential and free non-medical consultation from a licensed and credentialed clinical provider
- Peer-to-peer consultation from a Veteran, current member of the National Guard or reserves or a military spouse
- Spouse relocation and transition specialty consultation
- Special needs, adult and elder care consultation (e.g., family needs assessments; education, finance, and support group resources)
- Education consultation (e.g., college admissions process, financial aid applications, tutoring)
- Financial consultation (e.g., budgeting, money management, debt consolidation, housing issues such as mortgage default or foreclosure)
- Simultaneous interpretation and document translation for official documents in more than 150 different languages that is certified and notarized as needed

In addition to Military OneSource's confidential support, Servicemembers and their families can also use [Plan My Move](https://apps.militaryonesource.mil/MOS/f?p=PM:ENTRY:0) (<https://apps.militaryonesource.mil/MOS/f?p=PM:ENTRY:0>). This application provides information about entitlements and benefits, points of contact, checklists, planning tools, and information on education and employment to help make moves easier and less disruptive. ♦

The Earned Income Tax Credit: Often Missed

By Richard Keeling, Analyst, Internal Revenue Service, U.S. Department of the Treasury

For nearly 40 years, the Earned Income Tax Credit (EITC) helped low- to moderate-income workers by giving them a boost to their income. Four out of five eligible workers claim EITC, but the IRS encourages every eligible worker to claim and receive this credit. Although the tax filing deadline has passed, it's not too late to claim this credit.

Here are some things the IRS wants workers, including Veterans, to know about this important credit:

Rural Veterans and EITC

More than **70 percent** of rural Veterans who rely on VA for care earn an annual income of less than \$53,267 and therefore may qualify to receive the IRS Earned Income Tax Credit.

- **Review Your Eligibility.** Anyone who worked and earned under \$53,267 in 2015 may qualify for EITC. Income or family situation changes could result in EITC eligibility, even if the worker was not eligible in the past. Those who qualify must file a federal income tax return and claim the credit to receive it, even if they are not otherwise required to file a return. Don't guess about EITC eligibility—use the [EITC Assistant tool](https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/use-the-eitc-assistant) (<https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/use-the-eitc-assistant>) on [IRS.gov](https://www.irs.gov) to find out if you qualify and estimate the amount of your EITC.
- **Available in Prior Years.** If a worker finds they are eligible for EITC, they may also be eligible for the credit in previous years. Eligible workers can file an amended return to claim EITC up to three years from the due date of the tax return.
- **Lower Your Tax or Get a Refund.** A worker who qualifies for EITC could pay less federal tax, no tax or even get a refund. EITC could be worth up to \$6,242. The average credit was \$2,447 in 2015.
- **Use Free Services.** For those who complete their own taxes, the best way to file the return to claim EITC is to use [IRS Free File](https://www.irs.gov/uac/free-file-do-your-federal-taxes-for-free) (<https://www.irs.gov/uac/free-file-do-your-federal-taxes-for-free>). Free software automatically calculates taxes and EITC. Combining e-file with direct deposit is the fastest and safest way to get a refund. Free File is only available on [IRS.gov](https://www.irs.gov).
- **Volunteer Income Tax Assistance.** Workers can also get free help preparing and e-filing a return to claim EITC. The IRS [Volunteer Income Tax Assistance](https://www.irs.gov/individuals/irs-free-tax-return-preparation-programs) (<https://www.irs.gov/individuals/irs-free-tax-return-preparation-programs>), or VITA, program offers free help at thousands of sites around the country. Free File or VITA also helps with health care law tax provisions.
- **EITC Central.** Located at www.eitc.irs.gov, EITC Central keeps customers, partners, employers, government agencies, and office and tax preparers informed, and provides the latest tools for marketing, education, and tax return preparation. As a result, EITC Central helps EITC eligible workers receive the credit for which they qualify.

For more on EITC, see IRS Publication 596, Earned Income Credit. It's available in [English](https://www.irs.gov/uac/about-publication-596) (<https://www.irs.gov/uac/about-publication-596>) and [Spanish](https://www.irs.gov/spanish/about-publication-596sp) (<https://www.irs.gov/spanish/about-publication-596sp>) on [IRS.gov](https://www.irs.gov).

The U.S. Department of Veterans Affairs recently signed a Memorandum of Understanding with the IRS to ensure Veterans benefit from IRS tax incentives and receive IRS resources to help them respond to filing requirements and planning needs. IRS educates all wage-earning taxpayers, including Veterans and their families, about free tax preparation and more. ♦

Women Veterans Call Center Launches eCHAT Feature



The Women Veterans Call Center (WVCC) recently launched the eCHAT enhancement, which connects users with call center representatives via chat. Anyone with internet access or a smartphone can access eCHAT through the "Chat with WVCC" link on the right-hand menu on the [Women's Health website](http://www.womenshealth.va.gov) (www.womenshealth.va.gov).

The Women Veterans Call Center answers questions and responds to concerns from women Veterans and their families and caregivers across the nation about VA services and resources. VA representatives provide information about benefits, eligibility and services specifically for women Veterans. All representatives are women, and many are Veterans themselves. ♦

VA's Tobacco Use Treatment: When and Where Veterans Need It

By **Kim Hamlett-Berry**, Ph.D., National Program Director, Tobacco and Health, Policy and Programs,
U.S. Department of Veterans Affairs

Rates of smoking and tobacco use are lower than ever among adults in the U.S. This is also true for Veterans who receive their health care from the U.S. Department of Veterans Affairs (VA). A recent VA survey found that 16.8 percent of Veterans surveyed reported that they are smokers. This represents a dramatic decrease from earlier studies and indicates that the rate of smoking among Veterans in VA care is equal to that of the U.S. population. However, some Veteran populations continue to smoke at much higher rates and VA is committed to provide access to tobacco use treatment to every Veteran who wants help with quitting.

Treatment continues to be available through primary care clinics in VA medical centers, Community Based Outpatient Clinics, and other settings, such as outpatient mental health care. VA recognizes the importance of making it easier for Veterans to get behavioral counseling and support in their communities at times that are convenient for them, through resources such as:



smokefreeVET

MARK YOUR
CALENDAR



*Start by setting your quit date

- **1-855-QUIT-VET** (1-855-784-8838), VA's national quitline. Veterans who receive their care from VA can call from 8:00 a.m. to 10:00 p.m. Eastern Time, Monday through Friday, to immediately connect with a counselor who can help them develop a quit plan, identify triggers, and double their chances of quitting for good. If the Veteran is willing to set a date to quit, the counselor will follow-up to provide continued counseling to help with staying quit. Veterans need to order FDA-approved smoking cessation medications (which are most effective when used with counseling) through their VA primary care provider, but they do not need to travel to a VA medical center or clinic for counseling.
- **SmokefreeVET**, a text messaging program that provides 24/7 access to behavioral strategies and support. SmokefreeVET sends daily text messages of support, advice and encouragement that are tailored to the date the user enters as the date he or she intends to quit smoking. Veterans can text the word VET to 47848 from their mobile phone or visit www.smokefree.gov/VET to sign up for the program. SmokefreeVET is also available in Spanish: text VETesp to 47848 or visit www.smokefree.gov/VETespanol. Users can also type in keywords such as "urge," "stress," or "smoked," to find immediate tips on how to cope with a craving to smoke, symptoms of stress, or deal with a slip if they smoked while trying to quit.
- **Build Your Quit Plan** (<https://smokefree.gov/veterans/how-to-quit/build-your-quit-plan>), an online tool that helps Veterans locate resources and plan for a successful quit attempt.
- **Smokefree VET Facebook community** (<https://www.facebook.com/smokefreevet/>) enables Veterans to connect, share experiences and learn from other Veterans seeking help with quitting tobacco use (note: users must be logged in to Facebook to view this link).

More than 70 percent of Veterans who smoked were able to quit. These and other resources help make it easier for Veterans everywhere to find the help they need, when they need it.

1-855-QUIT-VET and SmokefreeVET are collaborations between VA and the National Cancer Institute. ♦



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VHA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As the VA's lead advocate for rural health, ORH works to see that America's Veterans thrive in rural communities. Through its programs and collaborations, ORH improves the health and well-being of rural Veterans by increasing access to care and services.

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**Questions? Comments?
Please feel free to email us
at: ORHcomms@va.gov**

Resources

For information about...

- VHA's tobacco use treatment, visit www.publichealth.va.gov/smoking/index.asp
- 1-855-QUIT-VET, visit www.publichealth.va.gov/smoking/quitline.asp
- SmokefreeVET, visit www.publichealth.va.gov/smoking/smokefreevet.asp