



## Message from the Director of the VA Office of Rural Health

### Consistency in Best Practices and Quality



Gina Capra, MPA  
ORH Director

This issue of “The Rural Connection” is the first in a four-part series that focuses on the U.S. Department of Veterans Affairs’ (VA) top health priorities. In September 2015, VA’s Undersecretary for Health Dr. David Shulkin announced five health priorities

for VA’s health system. These priorities support the MyVA vision, which puts the Veteran and his or her needs first, transforming VA to an even more Veteran-centric organization.

The “increase open access to care” priority is at the heart of the VA Office of Rural Health’s (ORH) mission “to improve the health and well-being of rural Veterans by increasing their access to care and services,” and therefore featured in every issue of this series. Additionally, we’ll spotlight a complementary priority, such as “consistency in best practices and quality” in this issue.

To me, VA’s top health priorities hold a lot of meaning for rural health.

1. Increase open access to care: ORH studies, innovates and spreads national solutions, which we refer to as enterprise-wide initiatives, to increase access to care and services for rural Veterans.

2. Improve employee engagement: ORH regularly meets with its partners—both within VA and in the community—to maintain a rural Veteran health care dialogue. We engage with those already working with rural to bring Veterans into the conversation, and with those already working with Veterans to bring rural into the conversation.
3. Promote consistency in best practices: As part of our enterprise-wide initiatives, ORH identifies and spreads Rural Promising Practices. These field-tested, innovative programs address a gap in rural care delivery and services, and bring care closer to rural Veterans—in some cases, right to their homes. Read more in the **ORH Rural Promising Practices Increase Access to Care for Rural Veterans article on page 8.**
4. Build a high-performing network: VA continues to build a high-performing network of providers so all Veterans can receive timely, quality care, regardless of where they live. ORH conducts outreach to educate community providers about the Veterans Choice Program, which allows eligible Veterans to receive care in their communities.

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Also, ORH partners with other federal agencies such as the U.S. Department of Health and Human Services to expand rural Veterans' options as to where they can seek care.

5. Restore trust with Veterans: For us, being a good partner means collaboration, transparency, diligence and consistency. We share data and findings related to rural Veterans with our partners and the public to help to increase understanding and encourage action for the benefit of rural Veteran care. More information about our collaborations can be found in the **Increasing Rural Veterans' Access to Care and Services in Fiscal Year 2016** article on page 3.

**VA's Top Health Priorities**

- ✓ Increase open access to care
- ✓ Improve employee engagement
- ✓ Promote consistency in best practices
- ✓ Build a high-performing network
- ✓ Restore trust with Veterans

In other news, the Secretary of Veterans Affairs appointed new members to the Veterans Rural Health Advisory Committee (VRHAC). VRHAC members study and analyze challenges rural Veterans face when accessing health care in order to make recommendations to the Secretary on how to eliminate barriers. Members represent varying geographies and include Veterans, rural community providers, State Departments of Veterans Affairs, tribal communities, Veteran Service Organizations, and VA employees. Learn more in the **Veterans Rural Health Advisory Committee Welcomes New Members** article on page 13.

Stay tuned this year as we further explore ways to increase access to care for rural Veterans and the rural connection to VA's top health priorities. To join our rural Veteran community, please contact ORH Communications at [ORHcomms@va.gov](mailto:ORHcomms@va.gov). ♦

## MyVA Access Initiative to Establish Same-Day Access to Care

By **Carla Billeter**, Health Systems Specialist, Center for Applied Systems Engineering, U.S. Department of Veterans Affairs

The MyVA Access initiative supports the U.S. Department of Veteran's Affairs' (VA) top health care priority and is VA's most far-reaching endeavor to establish same-day access. Not only is it aimed at all VA medical centers and health care centers nationwide, but also targets rural Veterans. Currently, more than one in three Veterans enrolled in the VA health system live in rural communities. VA must provide effective, high quality and accessible health care for all Veterans, regardless of where they live.

A key component to achieve same-day access to care in rural communities is to expand and enhance the use of virtual care. For example, the use of telehealth technology to deliver primary care services can increase a clinic's capacity, resulting in increased access to primary care services closer to rural Veterans' homes. This approach also improves continuity of care, which often suffers when addressing the health care needs of rural Veterans. Use of telehealth to deliver primary care is expected to meet the same clinical standards as an in-person patient encounter. It is typically patient-centered, data-driven, continuously-improving, team-based, accessible, timely and comprehensive: all elements of care that rural Veterans deserve.

Rural Veterans can suffer from mental health symptoms, just like their urban counterparts. However, they typically haven't had the same level of same-day access to mental health services. VA is a leader in telemental health care, and the MyVA Access initiative expands those services to rural Veterans nationwide. VA conducted 380,000 telemental health encounters in 2015, with 45 percent of those serving Veterans in rural communities. Clearly, there is a need for

technology and services in rural communities, and the MyVA Access initiative works to provide them. Integrating new technologies into home-based telemental health

gives rural Veterans flexible access to providers, which in turn reduces appointment cancellations and no-shows, and improves clinical outcomes.

There is a difference between having providers ready to deliver first-class primary care and mental health services, and Veterans being able to access that care. The MyVA Access initiative will continue to bring new and innovative methods of reaching the rural community to bridge that gap. ♦



# Increasing Rural Veterans' Access to Care and Services in Fiscal Year 2016

By **Krista Holyak**, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health's (ORH) mission is to "improve the health and well-being of rural Veterans by increasing their access to care and services." These next three pages include a sample of ORH's accomplishments and initiatives in fiscal year 2016 that represent this mission.



## Rural Veteran Input Gathered by Veterans Rural Health Advisory Committee

The Veterans Rural Health Advisory Committee (VRHAC) traveled to Spokane, Washington, and heard directly from Veterans about their rural access challenges. Members also traveled to the North Idaho Community Based Outpatient Clinic in Coeur d'Alene, Idaho, to see telemental health and rehabilitation services for rural Veterans firsthand. Through these trips, members gather information that shapes their recommendations to the Secretary of Veterans Affairs on how to eliminate barriers rural Veterans may face when accessing health care and services.

## National Rural Evaluation Center Established

The National Rural Evaluation Center (NREC) is assessing the needs of Veterans who live in rural areas. NREC's overarching goals are to gauge where gaps in care for rural Veterans exist, understand the likely reasons for their existence, and identify opportunities for innovative partnerships between ORH and other federal and non-federal entities. NREC was established by ORH through the Quality Enhancement Research Initiative in VA's Health Services Research and Development office.

## NREC by the Numbers:

2.9 million	Rural Veterans enrolled in VA health care system
730	Days to accomplish the work
188	Page grant application
11	Executive committee members
9	Co-investigators
2	Lead researchers



## National Awareness Efforts

ORH launched a redesigned website with more than 150 pages of new content to offer Veterans, caregivers, providers, partners and media easy access to the information they need. The site is supported by a mobile-friendly platform to enable customers to access information when, where, and how they chose. Visit the website at [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov).

Also, as a result of ORH's partnership with the National Rural Health Association (NRHA), NRHA's "The Journal of Rural Health" featured a special rural Veterans health supplement in its fall issue. The "[Forging New Paths to Integrate Rural Veterans' Care Nationwide](http://www.ruralhealth.va.gov/docs/NRHAjournal_VA_RuralHealthCommentary_2016.pdf)" commentary ([www.ruralhealth.va.gov/docs/NRHAjournal\\_VA\\_RuralHealthCommentary\\_2016.pdf](http://www.ruralhealth.va.gov/docs/NRHAjournal_VA_RuralHealthCommentary_2016.pdf)) in the Journal was authored by Jennifer Lee, Deputy Under Secretary for Health for Policy and Services; Gina Capra, Director, ORH; and Thomas Klobucar, Deputy Director, ORH.

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Increasing Rural Veterans' Access to Care and Services in Fiscal Year 2016 (continued from page 3)

**VA and Federal Partner Collaboration**

ORH worked to build its partners' capacity to support rural Veterans' health and well-being. In fiscal year 2016, ORH:

*"Love this cross-organization sharing!"  
—VA Veterans Benefits Administration partner*

- Established a VA rural community of practice with nearly 150 members and held monthly meetings to promote work being done to increase access to care for rural Veterans, and encourage collaboration.
- Convened its Strategic Planning Advisory Committee, which consists of nearly 90 members within VA and other federal agencies including the U.S departments of Agriculture, Commerce, and Health and Human Services (HHS).
- Partnered with VA's Veterans Engineering Resource Center to achieve same-day access for rural Veterans to receive primary and mental health care at rural VA medical centers (VAMC).
- Worked with HHS' Indian Health Service to reimburse \$16.1 million and serve 5,000 Veterans through a memorandum of understanding established in 2010 to improve the health status of American Indian and Alaska Native Veterans.
- Collaborated with partners to share rural Veteran information and resources, such as with the White House Rural Council, and through NRHA and HHS' Bureau of Primary Health Care publications.

**National Request for Information to Spread Enterprise-Wide Initiatives**

ORH offers a portfolio of more than 40 enterprise-wide initiatives, which are programs that improve rural Veterans' health and well-being by bringing care closer to where they live. ORH released a national request for information to Veterans Integrated Service Networks and VAMCs to obtain interest in implementing ORH-funded enterprise-wide initiatives locally, through partnerships with VA program offices.

There are two types of ORH enterprise-wide initiatives:

- **Rural Promising Practices**, which are field-tested, innovative projects that meet ORH criteria demonstrating improved access to care for rural Veterans. Six Rural Promising Practices are currently in mentored implementation and spread to more than 50 sites across VA, and more than 20 others are available for non-mentored adoption. Read a full list of ORH's Rural Promising Practices at [www.ruralhealth.va.gov/providers/promising\\_practices.asp](http://www.ruralhealth.va.gov/providers/promising_practices.asp).
- **Collaborative Rural Access Solutions**, which expand national program office access efforts to sites serving rural Veterans. One example of the more than 35 current ORH Collaborative Rural Access Solutions is a collaboration with the Veterans Transportation Program, which resulted in more than 412,000 one-way trips for Veterans to and/or from VA and authorized non-VA health care appointments in fiscal year 2015. Read a full list of ORH's Collaborative Rural Access Solutions at [www.ruralhealth.va.gov/providers/collaborativeaccess.asp](http://www.ruralhealth.va.gov/providers/collaborativeaccess.asp).

**Mental Health**

Veterans who live in rural communities are at a higher risk of suicide than their urban peers. To help counter this, ORH launched a mental health campaign that featured VetsPrevail.org, which combines social media and expert mental health support for Veterans.

A syndicated newspaper article appeared in more than 600 newspapers and websites in 49 states plus Guam, the U.S. Virgin Islands and Washington D.C. Combined, the associated websites earned 26.9 million unique visitors .

An accompanying rural mental health radio segment reached 70 million listeners. Of the 700+ plays, more than 200 were in Texas, North Carolina, Ohio or Pennsylvania – the top four states with the most rural Veterans. Plus, a TV broadcast on the subject earned more than 300 plays across 23 TV affiliates, with an estimated 42.7 million viewers in 15 states.



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Increasing Rural Veterans' Access to Care and Services in Fiscal Year 2016 (continued from page 4)

**Year Two of the Rural Veterans Coordination Pilot (RVCP) Completed**

ORH awarded grants for five community organizations to support rural Veterans transitioning to civilian life and their families. In this second year, RVCP grantees, together:

- Completed intake assessments for more than 2,600 Veterans and 460 family members.
- Established more than 1,000 new partnerships that enabled service providers to coordinate services upon requests for assistance. Partnership networks included 170 medical and nearly 100 mental health benefit providing organizations.
- Conducted more than 1,000 outreach events (e.g., state fairs, job fair partnerships, sponsored concert partnerships), which reached nearly 25,000 Veterans and 10,000 family members.
- Provided more than 2,700 referrals to Veterans and family, of which more than 94 percent were for Veterans, and the remaining for family members.



**Conducted Veterans Choice Program Outreach to Community Providers**

ORH continued Veterans Choice Program collaborations within and beyond VA:

- Federal, including HHS' Centers for Medicare and Medicaid Services and Health Resources and Services Administration (HRSA)
- National associations, including the National Association of Community Health Centers, National Association of Rural Mental Health, NRHA and Housing Assistance Council
- Conducted outreach through more than 10 national, 10 state and multiple community organizations and events, reaching an estimated 32,000 people
- Developed training course on "Creating a High Performing Network through Federally Qualified Health Centers and Rural health Programs" in collaboration with HRSA that was open to and shared with 300,000 VHA employees

Tommy Driskill, field assistant to the Director, ORH (left) and Katie Joselow, Principal of The Joselow Group and Veterans Choice Program consultant (right) present Veterans Choice Program information at the 39<sup>th</sup> Annual NRHA Conference in Minneapolis, Minnesota, in May 2016.



ORH health systems specialists Richard Huang (middle) and Janice Garland (right) greet an attendee at NRHA's Rural Health Policy Institute in Washington, D.C., in February 2016.

Stay connected with ORH throughout the year at [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov). To join our rural Veteran community, please contact ORH Communications at [ORHcomms@va.gov](mailto:ORHcomms@va.gov). ♦

## Timely Care for Veterans through Clinic Practice Management

By **Susan Kirsh**, Director, National Clinic Practice Management Program, U.S. Department of Veterans Affairs; **Mary Fields**, Associate Director, Office of Clinic Access; **Katherine Williams**, Program Manager, National Clinic Practice Management Program



The Veterans Access Choice and Accountability Act of 2014 calls for the U.S. Department of Veterans Affairs (VA) to implement a clinic management training program to provide standardized education on health care practice management and scheduling to appropriate VA employees.

- Phase 2: Held a national training program for VAMC leadership, group practice managers, clinic practice management teams and schedulers.
- Phase 3: Completed national Clinic Practice Management Program rollout and positioned a facility-level group practice manager at all VAMCs to work with clinical and administrative staff in VA outpatient clinics, optimizing efficiency and effectiveness.

### Program Status

As a result of work completed to-date on this initiative, VA:

- Built on the pilots to roll the Clinic Practice Management Program out to all VAMCs across the U.S.; As a result, a group practice manager at every VAMC works with leadership and reviews access-related data that impacts patients getting timely care daily.
- Developed an operating platform to share best practices across VAMC sites and facilitate a virtual community of practice.
- Created a national data dashboard (featuring access-related data) that presents facility results in real time and compares to national averages; Group practice managers use the dashboard daily to assess how to best meet Veteran's needs at their VAMC.
- Monitored supply and demand for telehealth at each site, which is especially important for rural Veterans.

### Program Impact

The success of the Clinic Practice Management Program will be significant for rural Veterans and VA. The national scope, standardization between facilities, and site interactions will yield important insights into the program and how it can be refined to streamline and improve access at facilities and in turn, provide Veterans, including rural Veterans, with more timely care. Iterative learning is vital for VA to understand how this program can support the clinical staff in meeting Veterans' needs. ♦

In response, VA adopted and adapted a nationally standardized clinic practice management model in March 2015. The model is used in the private sector to improve access to care delivery and the patient experience. VA will use the model as a guide as it incorporates similar practices into VA medical centers (VAMC). The ultimate goal of VA's Clinic Practice Management Program is to standardize use of advanced clinic access principles, provide transparency to VA's outpatient access status, and ultimately sustain access to VA outpatient clinics for all Veterans.

A group practice manager at each VAMC oversees VA outpatient care services, including primary and specialty care, mental health, and outpatient surgical clinics. This manager works to ensure exceptional Veteran experiences through collaboration with clinic staff to identify and implement more efficient management processes and access strategies, and make decisions through analysis of VA and community care.

### Program Implementation

The Clinic Practice Management Program worked with Veterans, including rural Veterans, national VA program offices, and the field to identify the tools, resources, and evaluation needed to implement this national program. Implementation consisted of three phases:

- Phase 1: Worked with six facilities, defined as Clinic Practice Management Program pilot sites, to develop and refine data and implementation tools.

## Did You Earn Less Than \$53,505 in 2016?

Workers who earned an annual income of less than \$53,505 in 2016 may qualify for the Earned Income Tax Credit (EITC). For nearly 40 years, EITC helped low-to moderate-income workers by giving them a boost to their income. As we prepare for the coming tax season, the IRS encourages workers, including Veterans, to 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) to find out if they qualify and estimate the amount of their EITC.

You may qualify for free tax preparation services to help you receive deductions and credits if your income is \$64,000 or less in 2016. Please visit the new [Information for Veterans](https://www.irs.gov/individuals/information-for-veterans) (https://www.irs.gov/individuals/information-for-veterans) website for additional information on these topics and more. ♦

## Diffusion of Excellence Initiative Improves Same-Day Access to Care for Rural Veterans

By **Andrea Ippolito**, Lead, Innovators Network, U.S. Department of Veterans Affairs (VA); **Shereef Elnahal**, M.D., White House Fellow, VA Office of the Under Secretary for Health

While the U.S. Department of Veterans Affairs (VA) regularly ranks among the top health systems in the nation, inconsistency persists between some sites of care as facilities work to meet Veterans' needs in a timely manner. Noticing this challenge, VA's Under Secretary for Health Dr. David Shulkin issued a call to action to improve the consistency of best practices at VA medical centers (VAMC). In response, VA launched the Diffusion of Excellence initiative.

*"We can take great results in just one site, and multiply that by 100 in terms of the number of Veterans who benefit."*

—Dr. David Shulkin, VA Under Secretary for Health

The initiative focuses on diffusing best practices into VAMCs across the country. One of 12 these practices, "Improving Same-Day Access Using Registered Nurse Care Manager (RNCM) Chair Visits," especially benefits rural Veterans. Rural Veterans may live far from their health care provider(s), and therefore may find it harder to get a medical appointment the same day they request it.

Dr. Henry Elzinga, Primary Care Section Chief at the Boise VAMC in Boise, Idaho, and Debra Hendricks Lee, Clinic Manager/Nursing Coordinator at the Caldwell Community Based Outpatient Clinic (CBOC) in Caldwell, Idaho, found that Veterans who came into or called the Caldwell CBOC about active medical problems were rarely able to be evaluated that day due to limited availability on their provider's schedule. Their solution, the "chair visits" practice, assigns a nurse to meet with the Veteran and document the medical issue. The nurse then meets with both the Veteran and his or her provider that day, in between the provider's scheduled appointments, to discuss a care plan. This solution only requires a few minutes of the primary care provider's time. Finally, the nurse answers any outstanding questions and completes the note in the patient's medical record.

For rural Veterans who cannot travel to the facility, the nurse can triage the care over the phone to determine whether the issue can be handled through a phone call with a provider. If applicable, the provider can then treat the Veteran over the phone.

From March to August 2016, Dr. Elzinga and Ms. Lee mentored and supported teams at the Carl Vinson VAMC in Dublin, Georgia; the Albany CBOC in Albany, Georgia; and the Central Alabama Veterans Health Care System (CAVHCS) with campuses in Montgomery and Tuskegee,

Alabama. These facilities serve rural Veterans, some of whom have not always had timely access to urgent primary care.

Dr. Elzinga and Ms. Lee produced a video, "Share the Chair," to teach doctors and nurses how to use "chair visits" to increase access to care.

"Increasing Same-Day Access Using RNCM Chair Visits" is already making tangible improvements to the care Veterans receive. The CAVHCS conducted more than 200 same-day "chair visits" between March and August 2016.

Dr. Shulkin explained why this initiative is so important, "Innovation is local. And when something works in one hospital, it may also work in others—possibly at every site in the system. That's why our Diffusion of Excellence initiative is so important—we can take great results in just one site, and multiply that by 100 in terms of the number of Veterans who benefit."

For more information or to request to view the "Share the Chair" video, email Dr. Elzinga at [Henry.Elzinga@va.gov](mailto:Henry.Elzinga@va.gov).

For more information on the Diffusion of Excellence, read the "[VA Diffusion—Spreading and Implementing Best Practices to Improve Care for our Nation's Veterans](http://www.blogs.va.gov/VAntage/26205/va-diffusion-spreading-and-implementing-best-practices-to-improve-care-for-our-nations-veterans/)" (www.blogs.va.gov/VAntage/26205/va-diffusion-spreading-and-implementing-best-practices-to-improve-care-for-our-nations-veterans/) post on VA's blog, "VAntage Point." ♦



Part of the "chair visits" team, these Gold Status and Implementing Fellows attended the Diffusion of Excellence Planning Summit. (From left to right: Alicia Preston, Albany CBOC in Albany, Georgia; Rachael Allen, Carl Vinson VAMC in Dublin, Georgia; Arthur Owens, Central Alabama Veterans Health Care System in Tuskegee, Alabama; Dr. Henry Elzinga, Boise VAMC in Boise, Idaho; and Debra Hendricks Lee, Caldwell CBOC in Caldwell, Idaho.)

# ORH Rural Promising Practices Increase Access to Care for Rural Veterans

By **Krista Holyak**, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH), along with its partners, creates and implements national programs known as enterprise-wide initiatives that increase rural Veterans' access to care and services. Some field-tested enterprise-wide initiatives that meet select criteria are identified as Rural Promising Practices. These new models of care are then disseminated nationwide for possible adoption.

## Reaching Rural Veterans in their Communities

One of the primary goals of the Rural Promising Practice program is to increase access to care and services for rural Veterans and their families in the communities where they live. The "Remote, Home-Based Delivery of Cardiac Rehabilitation" Rural Promising Practice enables Veteran patients to receive cardiac rehabilitation from the comfort of their own homes. The Veteran first meets in-person with a specialist to safely learn rehabilitation exercises, and then conducts subsequent sessions with a specialist either via phone and/or video. During these ongoing, 30-minute sessions, the specialist reviews curriculum that addresses risk factors, such as smoking cessation and proper nutrition, with the Veteran. This model eliminates the need to travel multiple times each week to a rehabilitation facility for a sustained time frame, and enables patients to tailor the location and schedule of their rehabilitation exercise sessions.

According to Kariann Drwal, Director of the Home-based Cardiac Rehabilitation Program, "The Home-based Cardiac Rehabilitation Program provided a service to many Veterans who might not have otherwise received cardiac rehab services due to many different barriers such as geographical location, employment, personal obligations or finances."



After an initial face-to-face consultation, Veterans can meet with specialists for cardiac care rehabilitation from the comfort of their own homes. To learn more, watch the three-minute "[Home-Based Cardiac Care for Rural Veterans](https://youtu.be/S3tl3vMaDJs)" (<https://youtu.be/S3tl3vMaDJs>) video.



*"COVER to COVER opened a new access point for Veterans to receive valuable information on VA benefits within their community at trusted agencies—getting connected to services they critically need."*  
 —Jennifer Morgan, Program Lead, COVER to COVER

Another goal of the Rural Promising Practices program is to share operational and clinical knowledge with providers and staff who serve rural Veterans. This is exemplified through the "Connecting Older Veterans (Especially Rural) to Community or Veteran Eligible Resources (COVER to COVER)" Rural Promising Practice, which connects older Veterans to care for which they may not know they are eligible, or to VA benefits and other public programs (e.g., Medicaid, Medicare). According to COVER to COVER Project Lead, Jennifer Morgan, "Utah's data showed that 70 percent of Veterans who call COVER to COVER sites never connected to VA for benefits. This program is reaching much older rural Veterans in need, and now Utah agencies are able to screen for and educate Veterans on VA benefits in how to get connected to needed services."

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## Office of Rural Health Rural Promising Practice Criteria:

- ✓ Increased access
- ✓ Evidence of clinical impact
- ✓ Customer satisfaction
- ✓ Return on investment
- ✓ Operational feasibility
- ✓ Strong partnerships and/or working relationships

## ORH Rural Promising Practices for Mentored Implementation

- Clinical Video Telehealth to Provide Comprehensive Care to Rural Veterans with Multiple Sclerosis
- Connecting Older Veterans (Especially Rural) to Community or Veteran Eligible Resources
- Community Clergy Training to Support Rural Veterans' Mental Health
- Geriatric Scholars Training Program
- Remote, Home-Based Delivery of Cardiac Rehabilitation
- Telehealth Collaborative Care for Rural Veterans with HIV Infection

Also, the "Community Clergy Training to Support Rural Veterans' Mental Health" Rural Promising Practice aims to increase access points to VA and provide support to rural Veterans through faith-based organizations in rural communities. The program offers training for clergy, chaplains and behavioral health professionals to help Veterans reintegrate back to civilian life after military service. Through a train-the-trainer model, clergy participants access training on how to recognize common symptoms of crisis and struggles with transition, connect Veterans with mental health professionals for diagnosis and treatment, address moral injury, build community partnerships, and create awareness among clergy in rural communities.

*"Clergy are a trusted source for counsel and often the first-line contact in small, rural communities. The confidentiality they provide is important to Veterans, especially when discussing mental health issues."*

*—Chaplain Keith Ethridge, Program Lead, Community Clergy Training Rural Promising Practice*

### Building the Rural Workforce

"It is critical to educate the existing workforce to care for older Veterans," said Betty Jo Kramer, Ph.D, Program Lead, "Geriatrics Scholars Training Program" Rural Promising Practice. "The Institute of Medicine Report, Aging in America, documented the lack of trained health care personnel to address the growing needs of older Americans. The proportion of VA personnel who are trained in geriatrics is even lower than the national average and this disadvantage is greater in rural areas. The solution is to develop skills and competencies in geriatrics in the existing VA workforce."

The "Geriatrics Scholars Training Program" Rural Promising Practice integrates state-of-the-art geriatrics care into primary care and specialty services located in VA's rural Community Based Outpatient Clinics (CBOC). Participating providers, clinical pharmacists, social workers and psychologists who work in rural CBOCs or focus on rural home-based primary care receive tailored training to build their geriatric competency. As part of the multi-year training, learners receive academic courses, clinical experience, mentorship, educational materials and other resources.

*"The proportion of VA personnel who are trained in geriatrics is even lower than the national average and this disadvantage is greater in rural areas. The solution is to develop skills and competencies in geriatrics in the existing VA workforce."*

*—Betty Jo Kramer, Program Lead, Geriatrics Scholars Training Program Rural Promising Practice*

To demonstrate and share new knowledge within Veterans' patient aligned care teams, each scholar initiates a quality improvement project at his or her local clinic. Since 2009, more than 600 VA providers completed the Geriatric Scholars Program and in total, alumni served more than 283,000 Veterans.

### ORH Spreads Rural Promising Practices to Additional VA Sites

ORH's Rural Promising Practices help bring consistency across VA sites of care, and maintain quality standards, thus contributing to long-term improvements in rural care and services delivery. One way this is accomplished is through the mentoring of new program champions across the country. ORH project managers provide technical assistance to support local subject matter experts with funding during the adoption period, training, technical site visits when required and continuous performance monitoring.

For full descriptions and details on ORH's Rural Promising Practices, visit [http://www.ruralhealth.va.gov/providers/promising\\_practices.asp](http://www.ruralhealth.va.gov/providers/promising_practices.asp). ♦

## VA Transportation Program Provides a New Route for Rural Veterans

By **Maichi Halley**, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

Veterans who live in rural communities may experience challenges to access care and services due to longer travel distances to towns and cities, more drastic geography, or a greater impact of inclement weather on local roads. Between fiscal years 2012-2015, the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) funded nearly 50 rural transportation-related initiatives to address these challenges. One such initiative is a collaboration with the Veterans Transportation Program (VTP), which employs mobility managers, schedulers and drivers to coordinate and provide transportation for Veterans to and from sites of care.

VTP focuses on removing transportation as a barrier to access to care for rural Veterans, especially those that are disabled, elderly, frail, blind or have a mental health issue that inhibits use of commonly available transportation resources. A 2010 VTP survey demonstrated that transportation services successfully increased access to care for rural Veterans and reduced missed appointments. In 2014, a memorandum of understanding formalized the partnership between ORH and VTP. The agreement outlined mobility manager salary provisions, the transportation coordinator and driver positions, and the purchase or lease of Americans with Disabilities Act (ADA)-compliant wheelchair vehicles and ambulances.

According to Marc Chevalier, National Program Coordinator, VA's Chief Business Office, several factors contributed to the program's success. First, it built upon the Federal Transportation Administration's concept of mobility management and deliberately hired high-quality managers with experience in transportation. As the program developed, staff became subject matter experts on transportation and became increasingly adept at coordinating between Veterans and VA medical centers. Secondly, VTP required the creation of a VTP board of directors at each VA medical center to engage executive leadership, increase cooperation between clinical and administrative services, and complete assessments of transportation needs. The VTP team also developed the "Mobility Management Academy" to train mobility managers on program duties at the local level. Lastly, VTP's development of a nationally-classified position description for the mobility manager helped standardize the position's duties, including the supervision of and training for staff, development of community transportation networks, and collaboration with various entities such as state Veterans agencies, state transportation departments, and local transportation providers.

"As of today, in fiscal year 2016, 36 sites have participated in the joint ORH and VTP initiative; however, a total of 94 sites participate in the VTS Program nationally within VA. The goal is that by the end of 2018, [VTP] will be operating at all VA medical centers," said Chevalier. In the meantime, VTP continues to improve its services. Its newest initiative, Rural Transportation Services, provides salaries for VA drivers and trained mobility managers in VA medical centers that serve rural Veterans, and leases ADA-compliant vehicles—thus, increasing transportation services for rural Veterans.



Watch ORH's video "[Rural Veteran Transportation Service](https://youtu.be/TVDuH1i4XcU)" (<https://youtu.be/TVDuH1i4XcU>) to learn more about rural Veterans' transportation options.



*"Mobility management's objective is to be knowledgeable of all transportation resources in a geographical area and be able to orchestrate those resources to the benefit of rural Veterans."*

*—Marc Chevalier, National Program Coordinator, VA Chief Business Office*

"Now that VTP has expanded, it allows for greater coverage of rural areas by virtue of collaboration between VTP and [VA] medical centers," Chevalier said. "Mobility management's objective is to be knowledgeable of all transportation resources in a geographical area and be able to orchestrate those resources to the benefit of rural Veterans."

Veterans in need of transportation to and from health care appointments should contact the Veterans Transportation Mobility Manager at their local VA medical center. Veterans or caregivers can visit the [Veterans Transportation Service](http://www.va.gov/healthbenefits/vtp/map.asp) website (<http://www.va.gov/healthbenefits/vtp/map.asp>) to find contact information at participating VA medical centers. ♦

## Spreading Mental Health Care Services to Rural Veterans through Innovation

By Maichi Halley, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

The traumas Veterans face during military service can adversely affect their mental health, and if not addressed, may lead to unhealthy lifestyle choices. Dr. Harold Kudler, Chief Consultant, U.S. Department of Veterans Affairs' (VA) Mental Health Services, explained the growing need, "Demand for mental health services has nearly doubled in VA over the past 10 years and we have grown our [VA] system to match."

Mental health services, however, are sometimes limited for Veterans who reside in rural communities.

Of the 9 million Veterans enrolled in the VA health system, 2.9 million live in rural communities. "While the level of services may vary over VA's more than

1,000 sites of care, we are working to ensure that every Veteran can access any needed mental health service wherever and whenever he or she may present," stated Kudler. As part of a comprehensive effort to provide all Veterans timely access to mental health care services, regardless of where they live, VA not only prioritizes the hiring and recruitment of mental health professionals but also places an emphasis on telehealth to broaden the reach of care.

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*"Demand for mental health services has nearly doubled in VA over the past 10 years and we have grown our [VA] system to match."*

*—Dr. Harold Kudler, Chief Consultant, VA Mental Health Services*

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"The mental health and well-being of all Veterans is a priority for VA. Our commitment is that any Veteran reaching out for care receives prompt, personal attention by a provider," David Carroll, Ph.D., Executive Director, VA Office of Mental Health Operations explained. "The use of telemental health, including the expected expansion of telemental health services into Veterans' homes, will allow VA to meet the demand for care, regardless of where Veterans live."

Telemental health uses technology such as video, web, mobile and landline telephones to provide virtual mental health care (e.g., psychological, psychiatric counseling, therapy) where VA patients reside. VA is expanding telemental health services nationally. As such, VA's Office of Rural Health (ORH) supports a number of enterprise-wide initiatives that use telemental health technology to extend mental health care to rural Veterans. For example:

- "Rural Telemental Health Hubs" are a means to deliver mental health services to sparsely-populated areas where a provider shortage exists. A "hub" is a medical center where VA-employed mental health professionals see patients both in-person and via a telehealth connection, either to a Community Based Outpatient Clinic or directly to a patient's home. In fiscal year 2016, ORH supported the establishment of new regional VA telemental health hub offices in Charleston, South Carolina; Pittsburgh, Pennsylvania; Portland, Oregon; Salt Lake City, Utah; and Seattle, Washington.
- "The Rural Expansion of Social Work in Patient Aligned Care Teams (PACT)" program expands the integration of rural social workers into the PACT model to improve care coordination for rural Veterans and their interdisciplinary care teams. One of its program goals is to increase clinical video telehealth to support the provision of social work case management in PACT.
- "Military Sexual Trauma Web-Based Therapy" uses Skills Training in Affective and Interpersonal Regulation—an evidence-based, cognitive behavioral therapy—to deliver mental health therapy and skills training for rural Veterans who have experienced military sexual trauma, directly to their home via telemental health.
- "Vets Prevail Web-Based Behavioral Support" is an interactive, web-based program that connects trained Veteran peer-support counselors to Veterans who enroll in the program, including those living in rural communities.
- "Telephone Lifestyle Coaching" is a patient-centered, telephone-based program that delivers convenient and accessible individualized health coaching to Veterans. Its' goal is to promote positive health behavior changes, decrease risky health behaviors and, ultimately, reduce the burden of chronic disease within the Veteran population.

(Continued on page 12)

### ORH In the News

#### The Veteran-Initiated Electronic Care Coordination: A Multisite Initiative to Promote and Evaluate Consumer-Mediated Health Information Exchange

Some Veterans receive care from multiple health care systems and providers. Read more about a pilot that allowed patients to access their electronic health record data through patient portals to facilitate information exchange in the "Telemedicine and e-Health" Journal at [http://online.liebertpub.com/doi/full/10.1089/tmj.2016.0078#utm\\_source=FastTrack&utm\\_medium=email&utm\\_campaign=tmj](http://online.liebertpub.com/doi/full/10.1089/tmj.2016.0078#utm_source=FastTrack&utm_medium=email&utm_campaign=tmj). ♦

Spreading Mental Health Care Services to Rural Veterans through Innovation (continued from page 11)

As technology advances, its benefits to rural Veterans, such as reaching large audiences simultaneously, replicating effective products and processes, and connecting entities that would otherwise be separated by distance, becomes increasingly apparent. “VA mental health created a suite of award-winning tools that can be utilized as self-help resources or as an adjunct to mental health services. These are available as web-based courses and smart phone mobile applications,” said Dr. Carroll. Recognizing the advantage of leveraging telemental health technology, ORH will continue to support new ways in which programs such as these can help reach rural Veterans.

*“The use of telemental health, including the expected expansion of telemental health services into Veterans’ homes, will allow VA to meet the demand for care, regardless of where Veterans live.”*  
 —David Carroll, Ph.D., Executive Director, VA Office of Mental Health Operations

For more information on VA’s mental health initiatives, visit <http://www.mentalhealth.va.gov/>. For more information on Vets Prevail, visit <https://www.vetsprevail.org/>. ♦

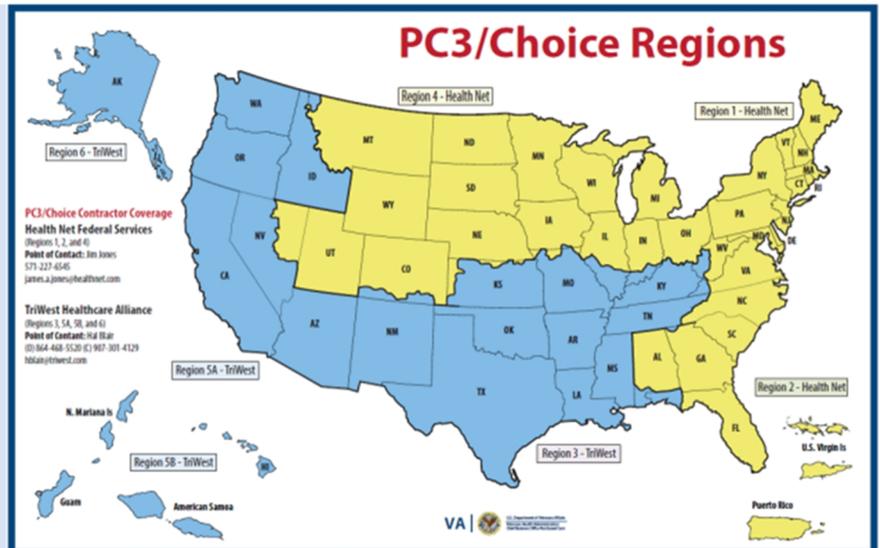
Free Veterans Choice Program Education for Community Providers

The Veterans Choice Program was established so that eligible Veterans who are enrolled in the U.S. Department of Veterans Affairs (VA) health system can receive care in their communities. Health care providers interested in participating in the Veterans Choice Program must establish either a Patient Centered Community Care contract or a Choice Provider agreement with one of the VA-approved contractors, Health Net Federal or TriWest Healthcare Alliance. Both offer educational resources to help providers better understand the process.

TriWest offers free live, interactive webinars for providers that cover the appointing, authorization, billing, claims and overall health care management processes, secondary authorization requests, other health insurance, and medical documentation requirements. A demo also explains how to use the secure Provider Portal to complete tasks, such as uploading medical documentation and checking claims status.

To register for a TriWest webinar, visit <https://vapcc.triwest.com/PCCCWeb/index.html#/provider-webinars> to view the webinar schedule. Choose the webinar date and time which works best for you, and follow the registration instructions on page two. Please note, all webinars are scheduled in Mountain Standard Time or Arizona Time.

Similarly, Health Net’s provider orientation webinar covers an overview of Patient-Centered Community Care (PCCC) and the Veterans Choice Program, including covered regions, how to become a provider, and Veteran eligibility. Also, a presentation familiarizes providers with Health Net’s PCCC program, regions and attributes. The application promotes awareness of the Veteran experience: where they live; unique needs and challenges such as Veteran Integrated Service Network locations, socio-economic and health challenges; and VA resources. To access Health Net’s provider resources, visit <https://www.hnfs.com/content/hnfs/home/va/home/provider/education.html>. ♦



## Veterans Rural Health Advisory Committee Welcomes New Members

By Elmer Clark, Management Analyst, Office of Rural Health, U.S. Department of Veterans Affairs



New members were appointed to the Veterans Rural Health Advisory Committee for an initial three year term, effective October 1, 2016. New members (left to right): Graham Adams, Angeline Bushy, Francisco Ivarra, Michael McLaughlin, Brenda Moore.

In 2008, the U.S. Department of Veterans Affairs (VA) recognized the increased vulnerability of Veterans who reside in rural communities to access care and services. In response, the Secretary of VA chartered the Veterans Rural Health Advisory Committee (VRHAC). The Committee is supported by VA's Office of Rural Health (ORH), and is charged to study and analyze challenges rural Veterans face when accessing health care and to make recommendations to eliminate barriers through:

- Meeting directly with Veterans
- Visiting rural communities to see access challenges firsthand
- Annual updates from and dialogue with subject-matter experts at the national, state and local levels
- Touring rural VA facilities
- Meeting with Veteran leaders to learn about everyday realities of rural life

VRHAC's past recommendations highlighted the importance of understanding rural Veteran populations, potential of telehealth technology and opportunities for collaboration.

The 16 appointed Committee members represent a diverse population and includes:

- Veterans
- Leaders of local, state and national Veterans Service Organizations (VSO)
- Researchers
- Private sector, non-profit, state and federal rural health professionals.

Committee appointments rotate and ORH actively seeks nominations for new members. The following were recently for an initial three year term, effective October 1, 2016:

- Dr. Graham Adams: Chief Executive Officer of the South Carolina Office of Rural Health, one of the largest and most programmatically diverse State Offices of Rural

Health in the Nation. He received a B.S. in Psychology from Frostburg State University in Frostburg, Maryland, and a M.P.H. and Ph.D. in Health Administration from the University of South Carolina in Columbia, South Carolina.

- Dr. Angeline Bushy: Desert Shield and Desert Storm Veteran who served honorably in the U.S. Army Reserve Nurse Corp from 1984 to 2005. She's a professor at the University of Central Florida's School of Nursing. She received a B.S. in Nursing from the University of Mary in Bismarck, North Dakota, earned a Master's degree from Montana State University in Bozeman, Montana, and a Ph.D. from the University of Texas in Austin, Texas.
- Dr. Francisco Ivarra: President of the Washington State Council Vietnam Veterans of America, Inc. He is a Vietnam combat Veteran who received a Purple Heart. After returning from Vietnam, he received a B.A. in Sociology and Ethnic Studies with a M.A. in Sociology and Anthropology from Western Washington University in Bellingham, Washington. He earned a Ph.D. in Comparative American Cultures from the University of Washington in Seattle, Washington.
- Mr. Michael McLaughlin: Program and Outreach Manager with the Minnesota Assistance Council for Veterans covering 38 counties in Minnesota. In this capacity, he interacts with local government offices, community action programs, social service providers, VSOs, institutions of learning, and health care facilities, including three VA medical centers and five community based outpatient clinics. He received a B.S. from Minnesota State University in Mankato, Minnesota.
- Dr. Brenda Moore: Associate Professor of Sociology at the State University of New York, Buffalo. She served as an Equal Opportunity Specialist in the United States Army from 1973 to 1979. She received a B.A. in Sociology from the State University of New York at Stony Brook, and earned a M.A. and Ph.D. in Sociology from the University of Chicago in Chicago, Illinois. ♦



During the fall Veterans Rural Health Advisory Committee (VRHAC) meeting in November 2016, Secretary of Veterans Affairs Bob McDonald presented an update on the MyVA transformation and its rural implications.

Speaking about care in rural communities, he stressed, “We have to be there.”

Learn more about VRHAC at <http://www.ruralhealth.va.gov/aboutus/vrhac.asp>.

## ORH Awards \$219.2M to Increase Rural Veterans’ Access to Health Care and Services

By **Krista Holyak**, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

The 2.9 million rural Veterans who rely on the U.S. Department of Veterans Affairs (VA) for health care will benefit from a recent award of \$219.2 million in health care programs and services by VA’s Office of Rural Health (ORH).

“Our mission is to improve the health and well-being of rural Veterans by increasing their access to care and services,” said Gina Capra, ORH Director. “To do this in a more uniform manner nationwide, we shifted our focus from local pilot programs to spread what we refer to as enterprise-wide initiatives – or proven solutions designed to bring care and services closer to home for rural Veterans.”

In coordination with national VA program offices, ORH released a request for applications that resulted in more than 600 submissions from VA employees. ORH selected nearly 65 percent of applications for funding, which translates to more than 40 enterprise-wide initiatives at 400 VA medical centers and community based outpatient clinic sites in more than 45 states across the U.S., with more sites expected throughout fiscal year 2017.

The initiatives reach 75 percent of the 167 VA medical centers across all 18 Veterans Integrated Service Networks. ORH estimates these initiatives will impact more than 570,000 rural Veterans.

ORH’s fiscal year 2017 enterprise-wide initiatives are grouped into five categories, listed below with corresponding funding amounts:

- Primary care services – \$61.7 million
- Mental health services – \$22.5 million
- Specialty care services – \$57.4 million
- Workforce training and education services – \$10.7 million
- Ancillary support services – \$66.9 million (comprised mostly of transportation-related programs)

“This year and beyond, we will continue to develop programs that address rural Veteran health care needs and deliver high-quality care across the VA system,” said Capra.

Examples include free transportation for rural Veterans to or from medical appointments, physical rehabilitation at home, training for rural providers and support for caregivers of Veterans.

To learn more about ORH’s enterprise-wide initiatives, visit <http://www.ruralhealth.va.gov/providers/collaborativeaccess.asp>. For more information about the VA Office of Rural Health, visit [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov). ♦



VA’s Office of Rural Health awarded \$219.2 million to spread proven solutions designed to bring care and services closer to home for rural Veterans nationwide. One example of the more than 40 initiatives this funding translates to is “Remote, Home-Based Delivery of Cardiac Rehabilitation” which, as shown here, offers cardiac rehabilitation in a Veteran’s home.

## Options for Veterans' Flu Shots

To increase access to flu vaccinations for Veterans, the U.S. Department of Veterans Affairs (VA) teamed up with national retail pharmacy Walgreens for the third year in a row to provide free flu vaccinations for Veterans. Veterans who bring their Veterans Identification Card and photo identification to a local Walgreen's can receive a flu vaccination at no cost now through March 31, 2017. After a Walgreens pharmacist administers the vaccine, the immunization information is transmitted to VA and becomes part of the patient's VA health record.

Veterans interested in participating in this program to receive a free flu shot can call Walgreens at 1 (800) WALGREENS (1-800-925-4733) to find the location closest to them, or visit [www.walgreens.com/findastore](http://www.walgreens.com/findastore). For questions or more information about the VA Retail Immunization Care Coordination Program, call 1 (877) 771-8537 or visit [www.ehealth.va.gov/immunization.asp](http://www.ehealth.va.gov/immunization.asp). ♦



## Suicide Prevention — Be There

Help the U.S. departments of Veterans Affairs (VA) and Defense let people know that preventing suicide starts with this simple act of support: **Be There**. Connecting with someone and helping them feel supported can make a big difference during a challenging time. It doesn't require a grand gesture or complicated task — a simple act of kindness can help someone feel less alone.

Here are a few ways that you and your community can be there to help prevent suicide:

### Spread the word on your social media networks

- **Watch** and share the new Suicide Prevention Month video.
- **Post** ready-to-use social media content on Facebook and Twitter.
- **Show** support by changing your social media profile picture and cover photo to a VA suicide prevention image.

### Engage your online community

- **Display** a VA suicide prevention banner on your website.
- **Share** a pre-crafted blog post with your online community.
- **Publish** an article or advertisement in your newsletter or email blasts, or on your website.



[www.ruralhealth.va.gov](http://www.ruralhealth.va.gov)

### VA 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 VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

Gina Capra, MPA, Director  
Thomas Klobucar, PhD, Deputy Director

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