



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



*Dr. Byron Bair*  
*ORH Acting Director*

At the Office of Rural Health (ORH), we are already making plans for Fiscal Year (FY) 2014! We recently completed a review of concept papers from the field proposing new and innovative projects and programs to increase access and quality of health care for rural Veterans. We received over 316 new concept papers proposing mobile specialty care

clinics, innovative models of care using telehealth, expansion of rural women Veterans health services, blind rehabilitation services and new mental health services.

Through a peer review process, we selected concept papers that demonstrated the greatest potential for a significant impact on rural Veteran health care and invited the project leads to send full proposals for further review. These full proposals will be due by May, and then a panel of experts will select only ones that are aligned with ORH goals, are achievable, and can demonstrate results in improving rural Veterans' access to care. Those proposals selected will receive their funding on the first day of the new fiscal year, October 1, 2013.

From October 1, 2009 through June 30 2012, approximately 1,133,000 rural Veterans have been impacted by ORH programs and projects promoting increased access to VA health care for enrolled Veterans living. From new sites of primary care to increased access to specialty care via telehealth, it is the goal of ORH to improve the health of rural Veterans wherever they live.

In this issue of **'The Rural Connection'** we are highlighting a few of our current projects aimed at improving the health and well being of rural Veterans. To address the high rates of tobacco use in rural areas, ORH is supporting a rural expansion of a smoking cessation program devel-

oped by ORH's Central Region Rural Health Resource Center staff, that is designed to not only help rural Veterans 'kick the habit', but also treat depression and alcohol use that frequently accompany tobacco use. To increase specialty care capacity in rural VA clinics, ORH is supporting the expansion of the VA Specialty Care Network (SCAN-ECHO). Originally developed by Dr. Sanjeev Arora of the University of New Mexico, SCAN-ECHO leverages telehealth technology to increase specialty care capacity in rural and medically underserved areas. Through case-based presentations and didactic education, specialists located in academic medical centers or large urban hospitals help train primary care providers in rural areas on best care practices for patients with chronic, complex medical conditions so they don't always have to travel long distances for specialty care.

For complex, degenerative conditions such as ALS, the VA is known as THE BEST place for care. ORH's Eastern Region Rural Health Resource Center is expanding the VA's model of care for ALS into rural areas through home telehealth. Finally, because of the high prevalence of mental health issues in returning Veterans and the barriers to seeking care in rural areas, ORH is studying how well a web-based screening and tailored education program helps returning Veterans increase their personal healthcare knowledge, promote initiation of mental care for those who screen positive, and facilitate access to mental health care.

ORH is committed to ensuring that the health care needs of rural Veterans are met. With a multipronged approach of rural provider education and training, public health initiatives and innovative home telehealth initiatives and web-based patient education, the VHA is making great strides in their mission to "honor American Veterans by providing exemplary services that are both patient centered and evidence based." ♦



## A Tailored Tobacco Intervention for Rural Veteran Smokers

by Mark Vander Weg, MD, Veterans Rural Health Resource Center—Central Region (VRHRC-CR), Iowa City VA Health Care System

Tobacco use remains the leading cause of premature morbidity and mortality in the United States. More than 400,000 people in this country die each year as the result of a tobacco-related illness. Due to elevated rates of cigarette smoking and smokeless tobacco use, rural Veterans bear a disproportionate burden of the associated health consequences.

While several factors contribute to the problem of tobacco use in rural communities, reduced access to effective treatment plays a particularly important role. Further complicating this issue is the fact that the most effective smoking cessation programs involve repeated contacts with treatment providers. This makes access to effective treatments particularly difficult for those that have to travel long distances for their care.

One promising approach is to deliver treatment through the use of tobacco quitlines. Quitlines employ trained coaches to deliver tobacco cessation counseling over the phone using empirically-supported treatment strategies. Despite their effectiveness, these treatments are greatly underutilized, with only 1-5% of smokers using this form of treatment to quit. In addition, a large proportion of tobacco users also experience difficulties related to alcohol use, depression, and concerns about weight gain. Although these fac-



Mark Vander Weg, MD

tors can greatly reduce the likelihood that someone successfully quits smoking, few existing smoking cessation treatment programs are designed to address them. Individuals who wish to receive assistance for these issues, therefore, typically have to seek treatment outside of their smoking cessation program, leading to additional access challenges and fragmentation in care.

In an effort to increase access to treatment and address these other important issues that adversely affect a person's ability to quit smoking, the Veterans Rural Health Resource Center, located at the Iowa City VA Medical Center, in collaboration with the VHA Office of Rural Health, has been piloting a tailored tobacco cessation intervention for rural Veterans. Patients who smoke cigarettes are proactively contacted to inform them of the availability of telephone-based treatment to help them quit smoking. Interested Veterans are screened for the presence of risky alcohol use, depression, and weight concerns. Those who express difficulties in any of these areas are offered additional counseling to address them as part of their treatment for tobacco use.

The intervention consists of six counseling sessions delivered over a five week period. Veterans are taken through a four-step process consisting of preparation for quitting smoking, quitting, getting through the initial days as a non-smoker, and preventing relapse. As part of their treatment, they are also provided with assistance with mood management, risky alcohol use, and postcessation weight gain, as needed. Because evidence strongly supports

*Continued on page 7*

Did you know?

March is  
**WOMEN'S  
HISTORY  
MONTH**



**WOMEN  
VETERANS  
MAKE  
HISTORY**

Through military service, women take their place at the front.

Photos from top to bottom: R. Sanchez, Col, USMC; M. Watson, LCDR, USCG; A. Dunwoody, GEN, USA; N. Carter, A1C, USAF; N. DeRamus, RADPM, USA



U.S. Department of Veterans Affairs  
03/13 - PA6580 POSTER 10-401

## Enhancing Specialty Care Capacity at Rural VA Health Care Facilities

by Susan Kirsh, MD, Clinical Advisor, VA Office of Specialty Care Transformation (OSCT)

According to VA primary care providers working in rural VA Community-Based Outpatient Clinics (CBOCs), increasing access to specialty care closer to home is one of the most important areas that VHA should improve for Veterans living in rural and highly rural areas. To that end, the VHA Office of Rural Health (ORH) recently teamed up with the Office of Specialty Care Transformation (OSCT) to further expand the VA Specialty Care Access Network - Extension for Community Healthcare Outcomes (SCAN ECHO) program in rural areas of the country.

VA primary care providers are now being trained in specialty care areas, including heart failure and diabetes, leveraging telehealth technology. The goal is for patients to receive care locally for most of their chronic health conditions, without having to make often lengthy trips to see specialists. SCAN-ECHO uses a telehealth approach to implementing best practices in disease management and in providing distance-based training for rural clinicians. Sanjeev Arora, MD, vice chairman of the Department of Medicine at the University of New Mexico Medical School, was the driving force behind the creation of Project ECHO. The VA's project is called Specialty Care Access Networks (SCAN)-ECHO and it has the potential to



**VA SCAN-ECHO**  
*Using Telehealth to Bring Specialty Care to Rural Veterans*

benefit thousands of Veterans and has already engaged several hundred primary care clinicians and specialist teams.

Susan Kirsh, MD, MPH, Clinical Consultant, Office of Specialty Care at the VA's Central Office in Washington, DC, broadened the scope of the original SCAN-ECHO project to include a wide variety of health care providers, patients, and conditions. "The impact to the veteran is our main goal," she explains. "We want to be able to provide good care locally when appropriate so patients don't have to travel to receive care from a specialist, who can be at distances. This is particularly important program for providers serving rural veterans."

This past year, VA's Office of Rural Health got involved, and in January 2012, more than \$2 million dollars in funding allowed more than 100 additional rural primary care providers from 40 rural VA facilities to participate in the new program. With this boost in funds and focus, training was expanded to include more primary care providers and their teams and additional disease states/conditions in areas serving rural veterans or in rural areas themselves. Additional conditions delivered by the centers include epilepsy, kidney disease/renal failure, general cardiology, HIV,

*Continued on page 7*

## Amyotrophic Lateral Sclerosis Telerehabilitation, Telemedicine, and Care Coordination

by Sean McCoy, PhD, Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER), North Florida/South Georgia Veterans Health System

The Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER) is collaborating with the Lake City VAMC Spinal Cord Injury and Disorders (SCI/D) Clinic to provide Veterans with Amyotrophic Lateral Sclerosis (ALS) a new care coordination program to deliver healthcare to ALS Veterans in the North Florida/South Georgia Veterans Health System (NF/SGVHS). The VA has established ALS as a presumptive compensable illness based on decisions by the VA executive leadership and a report by the National Academy of Sciences Institute of Medicine report in 2006. ALS is a neuromuscular disease that affects approximately 30,000 individuals in the United States. This progressive disease is almost always fatal. The current program combines distance technology with primary care and specialty care to reduce travel burden for the Veteran and their caregivers. In association with the VRHRC-ER, Mary Goddeyne, ARNP is coordinating

the program to administer and coordinate primary and specialty care to rural Veterans at the Community-Based Outpatient Clinic (CBOC) nearest to the Veteran's primary residence.

The initial visit to the clinic involves baseline examinations by Primary Care, Neurology, Physical Therapy, Social Work, and/or Speech and Language Pathology. Once the initial visit is completed the health care providers will identify a comprehensive care plan involving a telehealth (e.g., secure messaging, televideo) component. Involvement in this program does not prevent scheduling normal face-to-face visits with current providers. Veterans currently involved in the program save an average of 5 hours (roundtrip) of driving time, allowing them to save energy while receiving the same high degree of personalized care. Veteran and provider satisfaction with the distance technology services are greater than 90%. ♦

## Addressing Rural Veteran Barriers to Mental Health Care Using Web-based Screening, Tailored Education, and Direct Outreach

*Michelle Mengeling, PhD, Veterans Rural Health Resource Center - Central Region (VRHRC-CR), Iowa City VA Health Care System*

Mental health (MH) conditions are fairly common among OEF/OIF Veterans. In fact, nearly a third of OEF/OIF Veterans in both VA and community samples have received a MH diagnosis, but most do not seek VA care.<sup>1</sup> Further complicating the issue is that many Veterans many are unaware that their post-deployment adjustment issues, such as Post-Traumatic Stress Disorder (PTSD) are treatable MH conditions. Rural Veterans have reported a greater number of barriers in seeking MH treatment compared to urban Veterans<sup>2</sup> and in a recent study of Afghanistan combat Veterans, approximately half (56%) of those interviewed reported that post-deployment reintegration is difficult.<sup>3</sup> Yet, for a variety of reasons (e.g., social stigma, navigating the VA health care system), facilitating access to MH services for Veterans is challenging and requires new approaches for outreach.<sup>4,5,6</sup>



*Michelle Mengeling, PhD*

Those OEF/OIF combat Veterans who are enrolled in VA care have reported a preference to seek readjustment services and information over the internet (53%) and virtually all of them (97%) have access to the internet, with most (70%) using it daily.<sup>2</sup> Thus, improving internet-based education about MH conditions, treatment, and available resources could motivate and help to facilitate these Veterans in obtaining appropriate evidence-based care.

In an effort to address these issues, the Veterans Rural Health Resource Center–Central Region (VRHRC-CR), with funding from the VHA Office of Rural Health (ORH), is supporting the implementation and expansion of a web-based screening and tailored educational intervention (WEB-ED) that has been successfully implemented as a proof-of-concept study in a sample of Reserve and National Guard servicewomen.<sup>5</sup> This project will offer WEB-ED to both male and female post-deployed service members who reside in rural and highly rural areas of Iowa, Minnesota, North Dakota, South Dakota and Nebraska.

The goals of this project are to: 1) increase Veterans' personal healthcare knowledge, 2) promote initiation of mental health (MH) care for those who screen positive, and 3) facilitate access to VA MH care.

Rural and highly rural Veterans will be identified and prioritized by resident zip codes from a population of OEF/OIF/OND post-deployed Veterans from states listed above. Data will be provided by the VA/Department of Defense Identity Repository (VADIR), which does not limit outreach to existing VA healthcare users. This is particularly important for non-VA health care users who may be unclear about their VA eligibility and care entitlements, or the process to engage in VA care. Along with the initial study recruitment letter, those Veterans who are contacted will receive a pocket card that provides a short summary of the project and VRHRC-CR staff contact information. We encourage their sharing this initiative with fellow Veterans who may be interested but who we have not yet contacted. Veterans not initially contacted but who would like website access can contact the VRHRC-CR project team to arrange for access.

For Veteran participants screening positive for any of the mental health or readjustment conditions, a project team member will contact them to address their questions about access to VA care. The primary goal is to use web-based screening and online educational materials to support Veterans' efforts to seek needed care. To do this, we are providing Veterans with information they can use to help recognize and learn more about treatable conditions. This may lead Veterans to seek needed care sooner, which may possibly lessen the severity of MH conditions as well as other related health conditions.

### References:

1. Seal KH, Maguen S, Cohen B, Gima KS, Metzler TJ, Ren L, Bertenthal D, and Marmar CR (2010). VA Mental Health Services Utilization in Iraq and Afghanistan Veterans in the First Year of Receiving New Mental Health Diagnoses. *Journal of Traumatic Stress*, 23(1): 5-16.
2. Sayer NA, Noorbaloochi S, Frazier P, Carlson K, Gravelly A, Murdoch M (2010). Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care. *Psychiatric Services*, 61(6): 589-597.
3. Bennett EA, Crabtree M, Schaffer ME, and Britt TW (2011). Mental Health Status and Perceived Barriers to Seeking Treatment in Rural Reserve Component Veterans'. *Journal of Rural Social Sciences*, 26(3): 113-136.
4. Fortney F, Kaboli P, and Eisen S (2011). Improving Access to VA Care. *Journal of General Internal Medicine*, 26(Suppl 2):621-22.
5. Sadler AG, Mengeling MA, Torner JC, Smith JL, Franciscus CL, Erschens HJ, Booth BM: Feasibility and Desirability of an Online Mental Health Tailored Intervention for Female OEF/OIF Reserve and National Guard War Veterans. *Journal of Traumatic Stress*, In press.
6. Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, & Koffman RL (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *New England Journal of Medicine*, 351(1):13-22. ♦

## VA Mid-Atlantic Health Care Network Rural Health Teams bring 7,500+ Veterans Home in 2012

by Sheila K. Zeto, VA Region (VISN) 6 Rural Health Coordinator

Fiscal Year 2012 was a banner year for the eight rural health teams in the VA Mid-Atlantic Health Care Network (VISN 6). In operation for just a bit more than two years, the teams ventured far and wide in their efforts to make VA health care more accessible to Veterans throughout North Carolina, Virginia and West Virginia. Their outreach efforts took them to more than 1,300 events where they engaged more than 33,000 Veterans, and helped more than 7,500 make VA their medical home.

“Since we first formed the teams, we’ve worked hard to ensure that every eligible Veteran, no matter where he or she may live, is aware of what VA can offer,” said Dr. Harold Kudler, VISN 6 Lead for Rural Health. “We know that what we are doing is making a difference and in the lives of so many.”



These outreach efforts took place in venues which included VFW and American Legion posts, as well as apple festivals, state fairs and the large Vietnam Veterans homecoming which took place in Concord, N.C., in May. Regardless of location, Rural Health team members answered questions and provided thousands of Veterans information about their health benefits.

Each VISN 6 medical center is assigned a rural health team. The team’s mission is to engage, enroll, educate, and vest Veterans by reaching out to them where they live and work. Each team is built to meet the needs of its respective area and is typically made up of a nurse, a social worker, a pharmacist, a public affairs officer, a mid-level provider, a dietitian, an administrative staff, and a Rural Health Integrator.

*Continued on page 7*

## Show Low VA Clinic Celebrates Rural Health Day

by Thomas H. McCoy, MAO, Show Low VA Health Care Clinic

Named after a poker game that two ranchers played for their ranch stakes, Show Low, Arizona, is just shy of 200 miles from the main VA Health Care System in Phoenix and home to 12,000 year-round residents. The Show Low VA Health Care Clinic serves a population of approximately 36,000 Veterans, drawn from a catchment area of 360 miles in diameter, covering 5 counties. The two Show Low Clinic Patient-Aligned Care Teams (PACT) have primary care panel assignments of 2,500 patients (combined), and care for three times that many Veteran patients in the summer months. They also have a fantastic mental health clinic and staff.

On November 15, 2012, the Show Low VA Health Care Clinic joined the VHA Office of Rural Health (ORH) in celebrating National Rural Health Day. Events coordinated by the clinic’s Octavia Clampet, LCSW included a visit by the ORH Committee from Phoenix and a demonstration of the Telehealth process and capabilities used to provide special healthcare services to Veterans. With the assistance of VA Voluntary Services and the main VA facility kitchen, Show Low clinic staff provided healthy snacks and refreshments to guests joining in the celebration. ◆



*Photos: Octavia Clampet, LCSW served as Event Coordinator for National Rural Health Day 2012 (top), and Candace Markey, LPN led the Telehealth demonstration (bottom).*

## The Rural Clergy Training Project (RCTP): Strong Bonds for Communities

by James Goalder, PhD, Project Coordinator, Rural Clergy Training Project/VA Psychologist (Retired)

*"The training and information packet were invaluable. Please keep rural training going... There is a definite huge need to train rural clergy/health professionals to serve our returning heroes!!"*

~ Rural Clergy Training Project Participant

Many returning Reserve and National Guard warriors and Veterans living in rural areas have limited choices for mental health care, and are likely to look for assistance first among people they know best. That may or may not be an Army Reserve chaplain. Many returning warriors seek help from rural clergy and expect that seeking help in rural faith communities will have less negative impact on their reputations and careers. However, many members of the community clergy have a limited understanding of the issues common to returning warriors.

If rural clergy can gain a better understanding of the health and re-adjustment difficulties of returning warriors, and assist them in seeking help sooner, many health crises can be avoided. Community clergy and Veteran Service Organization chaplains offer a rich potential for supporting the efforts of Army Reserve chaplains and improving community-based supports and services. Providing essential, accurate learning for civilian clergy and chaplains is the focus of this project.

In 2010, 2012 and again in 2013 the Veterans Health Administration's Rural Clergy Training Project (RCTP) has brought such learning to an array of rural communities in nine states, to communities with populations averaging about 25,000. It has provided live one-

day workshops for rural clergy and Veterans Service Organization chaplains and has built a chain of communications to support follow-up efforts to extend that learning. End-of-session evaluations indicate very strong support with 217 of 217 seminar participants in 2012 stating that they would recommend the seminar to other members of the clergy.

The Rural Clergy Training Project is run by the Department of Veterans Affairs National Chaplain Center based in Hampton, Virginia and funded by the VHA Office of Rural Health. Curriculum objectives include 1) gaining an understanding of military culture, 2) identifying the spiritual, mental and physical effects of trauma, 3) exploring the reintegration needs of service members, Veterans and their families, 4) understanding community and VA referral networks, and 5) exploring and expanding community-based resources for local ministry opportunities.

In 2014, the RCTP will continue its live training but also expand into distance learning, piloting the delivery of the workshop using tele-video conferencing. In the future, this should also expand the number of communities served through a train-the-trainer effort.

*"(The training program) presented things from a Veteran's point of view that civilians wouldn't consider and (helped us to know) where to go from there."*

~ Rural Clergy Training Project Participant

If you would like to receive "The Clergy Connection" newsletter or to access resources for rural clergy, please visit:

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

### Did you know?

- The current projected percentage of U.S. Veterans who are women is 10%.<sup>1</sup> In Fiscal Year (FY) 2009, the average age of women Veterans was 48 years, compared to 63 years for male Veterans.
- In FY 2009 and FY 2010 PTSD, hypertension, and depression were the top three diagnostic categories for women Veterans treated by VHA.<sup>2</sup>
- About 1 in 5 women seen in VHA respond "yes" when screened for Military Sexual Trauma (MST).<sup>3</sup>
- Women make up nearly 11.6% of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND) Veterans.
- Of OEF/OIF/OND women Veterans 57.4% have received VA health care; and 89.8 % have used VA health care more than once.<sup>4</sup> ♦

<sup>1</sup>VetPOP 2011, Office of Policy and Planning; <sup>2</sup>VSSC Women Veterans Health Workload Report. October 2010;

<sup>3</sup>National Center for PTSD Fact Sheet: Military Sexual Trauma; <sup>4</sup>VA Healthcare Utilization among OEF/OIF/OND Veterans



## Rural Veteran Smokers *(Continued from page 2)*

treatment that combines counseling with pharmacotherapy for nicotine dependence, Veterans are also assisted with selecting a tailored medication regimen using shared decision making strategies.

Considering the substantial health risks associated with cigarette use and the difficulty of quitting smoking, it is hoped that the treatment program provides rural Veterans with a convenient means of accessing treatment that will help them become tobacco free for good. ♦

## SCAN-ECHO Expansion to Rural Facilities *(Continued from page 3)*

women's health/gynecology, Chronic Obstructive Pulmonary Disease (COPD)—and, in rural Ohio, pre-operative care—areas of care that primary care providers have often referred to specialists. Many rural clinicians seek collaboration and specialist input because some are located in areas with few specialists. This program offers an opportunity to enhance care and education for both patients and clinicians in rural areas of the United States.

"We have increased the numbers and types of providers who are being trained in basic specialty care. We've discovered that primary care providers love becoming increasingly knowledgeable and skilled in delivering some aspects of specialty care," Kirsh notes. She continues, "The core content for training is designed as enduring case-based educational materials. All content for the 16 core didactic courses has been vetted by National Program directors and subject experts in each specialty." The standardized training curricu-

lum became available for Continuing Medical Education credit in early 2013.

To measure costs and effectiveness of the program, VA's Health Services Research and Development will look at quality metrics and utilization analyses. The projects evaluation team will interview primary care providers about the specialty side of their patients' care to get providers' perspectives. Some potential ways to evaluate this program may include geo-coding to identify the number of miles saved as a result of patients' being able to get care near home versus driving to see specialists in distant cities. The SCAN ECHO program is creating a nationwide team of primary care providers who apply their newly learned skills as they care for Veterans with complex, chronic conditions closer to where they live. This has created a ripple effect in local patient care, too. ♦

## Rural Health Teams Bring Veterans Home *(Continued)*



Sheila Zeto, MS

The teams' goals include optimizing the use of available and emerging health information technologies to improve access and to enhance health care options for Veterans residing in rural and highly rural areas.

During the year, the rural health teams also successfully launched a comprehensive health communications outreach strategy. In addition to raising awareness about VA health services and how to access them, the clinical educators delivered targeted educational materials related to chronic diseases with emphasis on diabetes.

"We provided approximately 1,500 educational sessions to about 6,400 Veterans and 500 family members residing in rural communities. We covered a broad range of health education sessions on topics including health promotion, disease prevention, and self-management of chronic disease such as heart disease, COPD, hypertension, tobacco cessation, nutrition and weight

management," said Sharon Bostic, VISN 6 Rural Health Clinical Education Manager.

Additionally, rural health teams identify and refer Veterans to appropriate VA programs for additional support by working with Patient Aligned Care Teams, Telehealth, TeleMOVE!, Mental Health, My HealtheVet, and Women's Health programs.

Also during the year, the Beckley, Hampton and Salisbury medical centers piloted the Rural Health Diabetes Self-Management Education Program. "We're very excited because preliminary data reveals 36 percent of the participating Veterans lost weight, 30 percent realized a decrease in blood pressure, and 21 percent experienced a decrease in hemoglobin A1c," Bostic said.

"The rural health teams provide a service unlike any that existed before. We are the tip of the spear with regard to making sure America's Veterans, no matter where they live, have access to services they have earned. We are already laying the ground work to make sure that we reach even more Veterans in 2013," said Dr. Kudler. ♦

## MY HEALTHeVET SPOTLIGHT: What's New on My HealtheVet?

### VA Introduces New and Enhanced Features for VA Blue Button Additional Features to Increase Veterans' Access to their Personal Health Information

On January 20, 2013, VA released an enhanced VA Blue Button, adding several new categories of information from the VA Electronic Health Record. Blue Button is the personal health record inside the My HealtheVet self-service platform and through My HealtheVet, VA Blue Button enables Veterans to download an electronic file that contains their personal health information.



"We are excited to introduce these new features of VA Blue Button, advancing the quality health care we give Veterans daily. The paradigm of patient-centered care means fully engaging patients in their health and care," said Undersecretary for Health Robert A. Petzel, M.D. "Enabling patients to have better access to their health information is an important step in supporting them as active partners."

Veterans now also have access to the VA Continuity of Care Document (VA CCD), which contains a summary of the Veteran's essential health and medical care information. The document can be exchanged between providers and read by a growing number of computer applications. The VA CCD uses recognized standards that support the exchange of information between health care systems and providers for effective continued care of the patient.

Veterans can now also access VA OpenNotes, which 'opens' clinical notes, allowing Veterans to read their health care team's notes from appointments and hospital stays. VA OpenNotes provides Veterans the ability to read and discuss notes with their health care teams, family and caregivers, offering them greater control over their health care.

Previously, Veterans with a premium My HealtheVet account could access appointments, allergies and adverse reactions, chemistry/hematology laboratory results, immunizations and wellness reminders. New features now available in VA Blue Button include: demographics, VA Notes, problem list, admissions and discharges (including discharge summaries), laboratory results (microbiology), pathology reports (surgical pathology, cytology and electron microscopy), vitals and readings, radiology reports, and a listing of Electrocardiogram (EKG) reports. In addition, self-reported food and activity journals are now also available for inclusion in the VA Blue Button.

These improvements showcases VA's continued efforts to expand the types of information available to Veterans who have an upgraded or Premium My HealtheVet account, which is easily obtained at no cost through the website at: [www.myhealth.va.gov](http://www.myhealth.va.gov). ♦

**For more information about the Blue Button, visit [www.va.gov/bluebutton!](http://www.va.gov/bluebutton!)**

## Upcoming Rural Health Events and Conferences



### National Rural Health Association (NRHA) 36th Annual Rural Health Conference May 7-10, 2013, Louisville, Kentucky

NRHA's Annual Rural Health Conference is the nation's largest rural health conference, created for all of those with an interest in rural health care, including rural health practitioners, hospital administrators, clinic directors and lay health workers, social workers, state and federal health employees, academics, community members and more.

The annual Rural Medical Educators Conference will be held May 7th, just prior to the Annual Rural Health Conference.

Learn more about these NRHA meetings at: <http://www.ruralhealthweb.org/annual>.



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

### VHA Office of Rural Health

*"Using Innovation and Technology to Improve Access and Quality"*

Byron Bair, MD, MBA, Acting Director

Ms. Patricia Vandenberg, Assistant Deputy Under Secretary  
for Health for Policy and Planning

### The Rural Connection Editorial Team:

Nancy Maher, PhD, Editor  
Kristen Wing, Co-Editor

Design/Layout by Kristen Wing

Questions? Comments? Please feel free to  
email us at: [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov)