



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



### The Role of Community in Rural Veterans' Health and Well-being

It is now widely recognized that factors outside of health known as social determinants, such as the community in which you live, can effect one's health. Community characteristics and resources have been linked to health outcomes, and can widely differ community to community. That's why we decided to focus this issue of The Rural Connection on the impact of community on health to highlight some of the many efforts underway that support rural communities where our Veterans reside. This issue is the second in a four-part series on the impact that the social determinants of health have on Veterans in rural communities. In case you missed it, last quarter's issue featured the impact of employment on Veterans' health and well-being.

The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) recognizes that our rural Veterans live in unique communities—sometimes in towns, for example, where grocery stores are at a distance or in areas that do not have broadband internet access. These community characteristics can affect the ways in which one can improve their overall health and health care. That is why we focus on ways to create healthier communities that can be a strong backdrop for rural Veterans to help meet their health goals and needs. The health of the community is reflected in our

2015-19 strategic goals and we invest our efforts and partnerships accordingly.

Our five year strategic goals are listed on page two and #3 is to strengthen the community health care infrastructure where rural Veterans reside. Through this goal, we aim to ensure rural Veterans have access to the most cost effective and high quality specialty and primary care available. However, we cannot do this alone. We must form partnerships to increase access to providers. We must increase the use of telehealth and promote educational opportunities. And this is the time to do it.

In alignment with VA Secretary McDonald who recently stated, "One thing's clear. VA cannot do what needs to be done and accomplish its goals without a full complement of partners—public, private, and volunteer," ORH continues to foster and value partnerships. In 2014, I made eight trips on behalf of ORH to unique locations across the United States. I saw firsthand the variances of community characteristics, which reconfirmed the value of partnerships and collaboration to address unique community and culture needs. More information on VA partnerships can be found in the **'VHA Builds Valuable Community Partnerships'** article on **page 9**.

In Summer 2014, we brought together a diverse group of representatives from VA program offices and other federal agencies to collaborate on strategies that promote and strengthen health care provision to Veterans in rural communities. We also hosted the [Veterans Rural Health Advisory](#)

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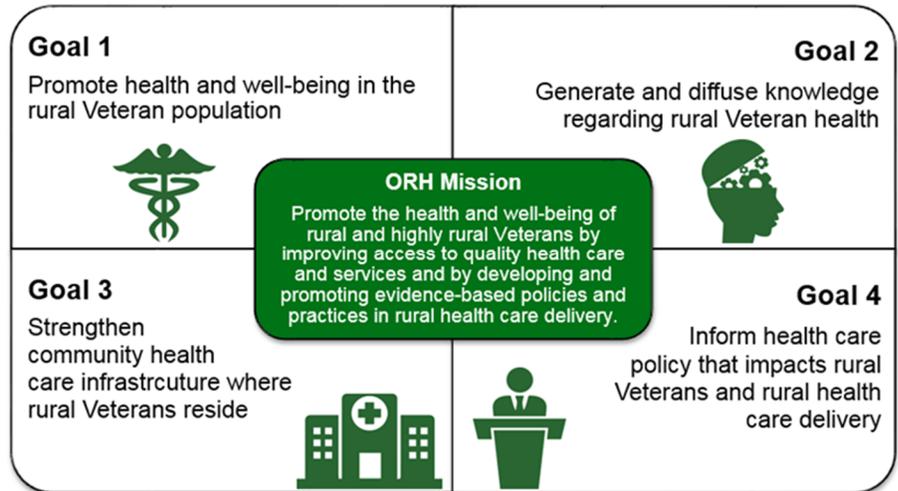
Message from the Director of the VHA Office of Rural Health (continued from page 1)

## Summary of ORH Fiscal Year 2014 Accomplishments

Throughout the past year, ORH continued to identify and disseminate innovative ways to increase rural Veterans' access to quality care.

Through our efforts, we aim to support rural Veterans' access to the right care, in the right place, at the right time. Our efforts in 2014 include:

- Implemented the Rural Veterans Coordination Pilot (RVCP), which resulted in the award of **five \$2 million grants** that focus on the support of more than 25,000 transitioning rural Veterans and their families in five states over two years
- Launched two “**promising rural practices**” focused on cardiac rehab and HIV care that are new models of care delivery proven to increase rural Veterans' access to care; these pilot programs will expand throughout the country in 2015
- Supported expansion of the Primary Care Tele-health Outpatient Clinic (PCTOC) in Statesboro, Georgia, to serve nearly **2,800 rural Veterans** and provide nearly 1,000 telehealth encounters
- Conducted more than **25 learning calls** with regional directors, Veterans Rural Health Resource Center staff and VISN Rural Consultants to continue workforce education and coordination on key rural health issues
- Reviewed more than **600 fiscal year 2015 project proposals**, which represents a 29 percent increase in rural project proposal requests received by ORH in fiscal year 2014 compared to fiscal year 2013



The above graphic shows VA's rural health strategic goals for 2015-2019.

*“The health of the community is reflected in our 2015-19 strategic goals and we invest our efforts and partnerships accordingly.”*

*—Gina Capra, ORH Director*

[Committee Meeting](#), whose members are appointed by the VA Secretary and many are Veterans. They examined ways to enhance health care services for Veterans in rural communities and provided recommendations. The Committee represents a diverse community; members bring varied experiences and backgrounds, and span eras, genders, service branches, ethnic backgrounds and levels of rurality. These diverse characteristics not only represent the voice of the Veteran at the national level, but also the local community issues.

As you will read throughout this newsletter, ORH and our partners are committed to make a healthy difference in the communities in which Veterans work and live. Our efforts bring care and services “the last mile” to our rural Veterans—whether that is getting the Veteran to the health care (as evidenced in the “[Veteran Transportation Service ‘Drives’ Access to Health Care for Veterans](#)” article on page 4), or the health care to the Veteran. For example, we sponsor the mental health first aid training project, which trains participants

to recognize the signs and symptoms of mental health problems, and know how to respond if necessary. We also sponsor the Lodge model for permanent housing. More information on these two initiatives can be found in the “[Mental Health and Housing Barriers Addressed in Rural Iowa through Community Collaboration Efforts](#)” article on page 4. Also, the U.S. Department of Agriculture supports farmer, rancher and entrepreneur opportunities for Veterans in rural communities, as noted in the “[Opportunities for Tomorrow’s Veteran Farmers](#)” article on page 7.

ORH is committed to build and maintain partnerships to ensure all rural Veterans receive the services that they deserve, regardless of their location. As we embark into 2015, we are eager to join with like-minded organizations to help us build healthier communities and, in turn, improve overall health for rural Veterans. Best wishes for a healthy and successful 2015!

To join our rural Veteran community, please contact [ORH Communications](#). ♦

## VA Employee and My HealthVet “SAVE” Veterans’ Time and Improves Service

By **Susan Haidary**, National Stakeholder Manager, My HealthVet, Veterans and Consumers Health Informatics Office, Veterans Health Administration (VHA); **Stacie Rivera**, Master of Public Health, Accreditation in Public Relations, Public Affairs Specialist, Office of Informatics and Analytics, VHA

Our newly appointed U.S. Department of Veterans Affairs (VA) Secretary Robert McDonald recently reminded VA that the mission is clear – to serve Veterans. Putting Veterans at the center of VA is first and foremost.

For VA employee Kenneth Siehr, National Director, Consolidated Mail Out Pharmacy Program (CMOP), his great idea not only foreshadowed the sentiments expressed by Secretary McDonald months later, but brought national recognition to VA and My HealthVet, VA’s online personal health record. Joining four other federal finalists, Siehr’s innovative idea for the President’s 2013 Securing America’s Value and Efficiency (SAVE) Award focused on the use of technology to save money and improve the services VA provides to Veteran patients.

This idea – now reality – won the Presidential SAVE Award in December 2013. In February 2014, Siehr met with President Obama to discuss the winning proposal.

Basically, Siehr’s idea allows Veteran patients to track the delivery of their VA prescriptions online through My HealthVet. He believed that an Amazon-like delivery tracking service would improve customer service to Veterans by giving them the ability to track their VA refill medications online, 24/7. This online, self-service option is designed to be both efficient and customer-focused. It can eliminate a portion of the estimated 1.8 million telephone calls to VA health care facilities generated from Veterans seeking to track their medication delivery each year.



Enrolled Veterans can now track their VA refill medications online, 24/7. (Photo credit: Jenny Dom, Program Analyst, My HealthVet Program Office)

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## New Program Enables Veterans to Share Health Information with Community Providers

By **Dawn Klein**, Master of Social Work; **Carolyn Turvey**, Ph.D., Iowa City VA Health Care System

The right information at the right time at the right place. Many of us have heard this statement about the need for information to be available between health care systems to inform clinical care. Timely information sharing is critical to improve coordination of care, promote patient safety and reduce duplication of services. U.S. Department of Veterans Affairs (VA) patients, as the center of their health care team, can help to share this information using their patient portal, [My HealthVet](#).

The [Veteran Initiated Electronic Care Coordination](#) (VIECC) pilot<sup>1</sup> is a joint initiative between the Veteran Health Administration (VHA) Office of Rural Health and Health and Human Services Office of the National Coordinator. VIECC teaches Veterans how to use the Blue Button in My HealthVet to access and share their VA health summary (also known as the continuity of care document, or CCD). The health summary includes information such as allergies, medications, problem list and recent laboratory results. In addition to teaching VA patients about this document, the pilot helps health care organizations in rural communities determine how the VA health summary can be incorporated in their records at the community point of care.

To date, across five states<sup>2</sup> more than 240 VA patients enrolled in the VIECC pilot and started to share their VA health information with their community providers. The pilot will soon expand to an additional four VA locations.<sup>3</sup>

Most often, participating patients use the current abilities in My HealthVet to download, print and share a paper copy of their VA health summary—this the first step in helping VA patients actively share their VA health information. However, participating Veterans enrolled at

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## Mental Health and Housing Barriers Addressed through Community Collaboration Efforts in Rural Iowa

By **Peggy Loveless**, PhD, Veteran-Centric Mental Health First Aid Training in Rural Communities, Veterans Rural Health Resource Center—Central Region (VRHRC-CR); **Margaret Cretzmeyer**, PhD, Comprehensive Access and Delivery Research and Evaluation, VRHRC-CR, Iowa City VA Health Care System

The U.S. Department of Veterans Affairs (VA) boasts programs that impact both mental health care and housing capacities for rural Iowan Veterans. Two efforts reach into rural Iowa communities: Mental Health First Aid (mental healthFA) training and the Lodge project to combat homelessness. Although these are separate efforts, the two are inadvertently linked as mental health challenges are often cited as a reason of Veteran homelessness.

VA recognizes the barriers to provide high quality and consistent mental health care for Veterans. This rings especially true for rural Veterans, who report a greater number of barriers to seeking mental health treatment compared to urban Veterans, such as:

- Lack of realization that mental health issues create challenges
- Aversion to seeking mental health treatment

Both of these barriers are largely attributed to little or no education about mental health causes, signs, symptoms and other key issues. Veterans and their caregivers' mental health literacy (the knowledge and understanding of mental health issues) is generally

**Support is available 24 hours a day, seven days a week:**



**National Call Center for Homeless Veterans:**  
877-4AID-VET, or  
877-424-3838—toll-free hotline

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## Veteran Transportation Service “Drives” Access to Health Care for Veterans

By **Marc Chevalier**, National Program Coordinator, Veterans Transportation Program, Chief Business Office, U.S. Department of Veterans Affairs

Transportation is an important community element that connects Veterans, their families, and others to jobs and services. It is often identified as one of the key barriers to providing access to quality health care. This barrier especially impacts Veterans who live in rural communities, have a disability, have low income, and/or lack the means of transportation.

The Veteran’s Health Administration’s Veterans Transportation Service (VTS) program helps break down transportation barriers. VTS transports Veterans, caregivers, and others to and from VA appointments and authorized non-VA appointments for examination, care, treatment, rehabilitation, and counseling. VTS can transport any Veteran enrolled with VA for health care—no other eligibility requirements are needed. This is especially important as the Veterans Engineering Research Council identified

lack of transportation as number five of the top 10 reasons given by Veterans for no-showing or canceling an appointment. VTS is one of three programs managed by the Veterans Transportation Program (VTP). The other programs managed by VTP include the [Beneficiary Travel Program](#) and the Highly Rural Transportation Grants Program.

Recently, the Grants for Transportation of Veterans in Highly Rural Areas program awarded 19 grants to organizations to help operate or contract for free transportation services for Veterans. Thousands of Veterans who live in highly rural communities now have free transportation to their VA medical appointments to receive the health care they need and have earned through service to our

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VA moves Veterans. Throughout fiscal years 2012-2014, VTS:

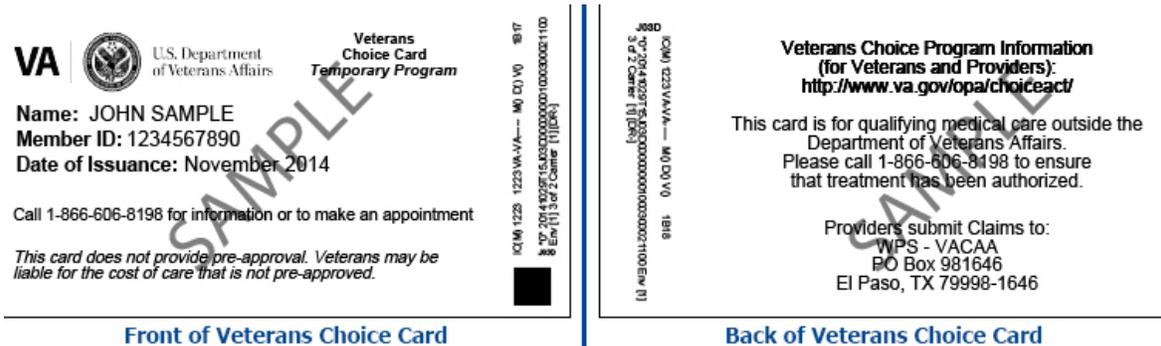
  
Transported 948,000+ total passengers

  
Provided a combined 898,000+ patient one-way trips

  
Supported 41.8+ million passenger travel miles

## 10 Things Rural Veterans Should Know About the Veterans Choice Act

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



The above image shows the front and back of a Veterans Choice Card.

- 1 The Veterans Access, Choice and Accountability Act of 2014 (Veterans Choice Act) is designed to improve access to and quality of care for Veterans.
- 2 **Eligibility:** To be eligible for care under the Veterans Choice Act, a Veteran must meet one of the below criteria:
  - Live more than 40 miles from the U.S. Department of Veterans Affairs (VA) facility that is nearest to the Veteran's residence
  - Live in a state without a medical facility that provides hospital care, emergency services and surgical care, and reside more than 20 miles from such facility
  - Live 40 miles or less from a VA health care facility but needs to travel by air, boat, or ferry, or face an unusual or excessive burden on travel due to geographical challenges
  - Be unable to schedule an appointment with VA for hospital care or medical services within 30 days of the Veterans preferred date, or the clinically appropriate date
- 3 Veterans who are eligible based upon their place of residence are able to use the Choice Program for clinically necessary services in the medical benefits package.
- 4 Veterans who enrolled for VA care using a P.O. box address are encouraged to submit a physical address to VA for the purpose of calculating the straight line distance to a VA facility.
- 5 An online tool for [mileage calculations](#) from residence to VA facility is available.
- 6 Veterans who are eligible because of the wait time criterion will only be able to receive a non-VA appointment for the episode of care related to the service that cannot be scheduled within the [wait time](#) of the Veterans Health Administration.
- 7 **Choice Cards:**
  - Choice Cards were mailed to Veterans living more than 40 miles from a VA facility in early November 2014
  - Veterans exceeding the prescribed wait time were mailed a Choice Card in mid-November 2014
  - The balance of Veterans enrolled prior to August 1, 2014 will receive Choice Cards in the December 2014-January 2015 time frame
  - Choice cards do not provide authorization for care, but require authorization before seeking treatment
- 8 Veterans are encouraged to call 1-866-606-8198 to confirm their eligibility and receive authorization for care.
- 9 Veterans must bring the Choice Card with them to their non-VA care appointment. A sample Choice Card is shown above.
- 10 If you are in need of further information, visit the [Veterans Choice Act website](#) or call 1-866-606-8198. ♦

## Fry Scholarship Now Offered to Surviving Military Spouses

The Fry Scholarship now includes surviving spouses of Servicemembers who died in the line of duty after September 10, 2001. Prior to this change, only children of those who died in the line of duty were eligible for this benefit. For more information, read the [press release](#) or visit the U.S. Department of Veterans Affairs [GI Bill website](#). ♦



## VA and Mississippi State University Polytrauma Partnership: A Unique Collaboration

By **Susan Varcie**, Acting Public Affairs Officer, G.V. (Sonny) Montgomery VA Medical Center



On November 5, 2014, officials from MSU and from the Jackson's G.V. "Sonny" Montgomery VA Medical Center formally announced their agreement to provide medical services. In attendance were (from left to right): Kenneth McRae, Army Col., Retired; Randy Reeves, Executive Director, Mississippi VA; Mark Keenum, President, MSU; Patricia Grigoryev, Ph.D., Post-Deployment Health Clinic, Staff Psychologist, VAMC; Gina Capra, Director, ORH; Joe D. Battle, Center Director, VAMC; Leigh Jensen, Ph.D., Director, Student Counseling Center, MSU; Jefferson Parker, Ph.D., Director of Mental Health, VAMC; Eulanda Armstrong, VAMC Telehealth Coordinator; Joe Vaughn, Assistant Director, VAMC (Photo credit: Susan Varcie, VHA public affairs)

The Veterans Health Administration (VHA) Office of Rural Health (ORH) recently funded a rural health initiative in Mississippi to increase Veterans' access to polytrauma health services. This project provides convenient access to Veteran-centric care for both wounded warriors enrolled at Mississippi State University (MSU) and for non-student Veterans living in the Northeast rural area of the state. The convenience of location minimizes interruption to school and work schedules for student and area Veterans.

Polytrauma services—occupational, speech and physical therapies, as well as mental health services—are made available on the university's Starkville campus. An educational component provides for the training of MSU and area mental health clinicians in specific mental health therapies appropriate for the Veteran population.

"It's a true partnership between the university and the VA Medical Center in Jackson," said psychologist Patricia Grigoryev, who led the VA's development of the collaborative model. "We're helping provide specific polytrauma services for Veterans so that Veterans don't have to travel as far or leave campus for services."

On November 5, 2014, officials from MSU and from the Jackson's G.V. "Sonny" Montgomery VA Medical Center formally announced their agreement to provide medical services. MSU's G.V. "Sonny" Montgomery Center for America's Veterans is acting as the administrator of services, while the Jackson VA coordinates visits and provides telemental health and clinician training. A VA case manager will identify East Central Mississippi Veterans and notify them about their opportunity to receive services.

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## A Collaboration for Improved Veteran Care in Rural Communities

By **Alan Morgan**, Chief Executive Officer, National Rural Health Association

Rural Americans have always been committed to serving their country—more than a quarter of the country's Veterans live in rural communities and a similar number of those who serve in the military hail from rural communities. The single largest health care issue affecting these rural Veterans remains access to care.

In order to more widely disseminate rural Veteran study results, best practices, education and training for rural providers, the Veterans Health Administration (VHA) Office of Rural Health (ORH) and the [National Rural Health Association \(NRHA\)](http://www.nrha.org) collaborate to help address health care challenges and to raise awareness of solutions to these challenges for rural communities.

NRHA is a national, not-for-profit membership association with more than 21,000 members that represent the broad spectrum of rural health interests. NRHA's programs and initiatives are all central to its mission of supporting rural communities in increasing access to quality health care for all rural Americans, including rural Veterans. As such, NRHA has consistently been a staunch advocate for expanding access to care for rural Veterans, including improving availability of providers and their understanding of the special needs of rural Veterans.

Veterans are often pillars and leaders in their rural communities. They have committed their lives to protecting and serving our country. NRHA applauds their service and is delighted to collaborate with ORH to better serve their needs. ♦



## Opportunities for Tomorrow's Veteran Farmers

By **Brent Elrod**, National Program Leader, Community and Rural Development, United States Department of Agriculture



USDA Deputy Secretary Krysta Harden delivered the opening address at the Farmer Veteran National Stakeholders Conference, noting that Veterans entering agriculture have the skills and savvy to become successful new farmers and ranchers. (Photo credit: Brent Elrod)



Attendees at the Farmer Veteran National Stakeholders Conference include (left to right): Brent Elrod, National Program Leader, Community and Rural Development, USDA; Colin Archipley, Co-founder, Archi's Acres, Veteran Sustainable Agriculture Training Program in California; James McCormick, Owner and Operator of Raising Cane Farms and the State Director for the West Virginia Veterans and Warriors to Agriculture project; Chris Brown, Founder and Director of Growing Veterans, Washington; and Mike Lewis, Founder of America's first Veteran-oriented food security organization, the Growing Warriors Project, based in Kentucky. (Photo credit: Brent Elrod)



Stanley Flemming, Brigadier General (ret.), Doctor of Osteopathy, delivered a keynote at the Farmer Veteran National Stakeholders Conference, noting the challenges associated with meeting the health needs of rural Veterans. (Photo credit: Brent Elrod)

With more than one million Americans expected to transition to Veteran status in the next five years, many will return to their roots in rural America. Providing opportunities for Veterans in rural communities corresponds with the urgent need to train a new generation of farmers, ranchers and entrepreneurs as an aging farm workforce transitions to retirement.

To address this nexus, the Farmer Veteran National Stakeholders Conference was held November 14-15, 2014, in Des Moines, Iowa. More than 70 Veteran-to-agriculture groups, farm groups, Veterans Service Organizations, academics and key governmental partners were represented. U.S. Department of Agriculture (USDA) Deputy Secretary Krysta Harden delivered the opening address, noting that Veterans entering agriculture have the skills and savvy to become successful new farmers and ranchers. Harden also introduced Karis Gutter as USDA's first Military Veteran Liaison. Gutter, a former Marine Corps Reservist and current USDA Deputy Under Secretary for Farm and Foreign Agricultural Services, will coordinate USDA leadership across the department to provide information, resources and support for active duty military and Veterans interested in agriculture. The Liaison will also have authority to facilitate formal relationships between USDA and other government agencies and non-profit organizations to strengthen USDA support for

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## Upcoming Events

### 26th Rural Health Policy Institute:

The National Rural Health Association will host the [26th Rural Health Policy Institute](#). The event, scheduled for February 3-5 in Washington, DC, is the largest rural advocacy event in the country. Learn firsthand about the development and implementation of health care policy at the federal level and meet with members. Onsite registration is available.

### NRHA Annual Rural Health Conference:

Rural Veterans health solutions will be highlighted as part of the agenda for the [NRHA's Annual Rural Health Conference](#) (the nation's largest rural health conference) on April 14-17 in Philadelphia, Pennsylvania. This educational event was

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. Onsite registration is available.

### Call for Abstracts:

The U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP) is requesting abstracts addressing the science of healthy aging for presentation at the Healthy Aging Summit, July 27-28, 2015 in Washington, DC. [Abstracts](#) are due February 2nd.

## “Take a Closer Look at VA” Recruits Health Professionals

By **Wade Habshey**, Marketing Liaison, Healthcare Recruitment and Marketing Office, Veterans Health Administration

Many health care professionals discovered the best kept secret in health care: rural practitioners get the same benefits shared by all Veterans Health Administration (VHA) providers. This includes top-flight facilities, flexible and generous time off, liability coverage, and incredible health, life, and retirement packages.

VHA health professions trainees interested in becoming a VA rural practitioner can now learn how to apply at the U.S. Department of Veterans Affairs (VA) through “[Take a Closer Look at VA](#),” the current recruitment initiative from the VHA Healthcare Recruitment Marketing Office.

“With this initiative, we will reach out to VHA health professions trainees, who represent an experienced and satisfied pool of talent, and encourage them to consider the many exceptional employment opportunities across VHA,” said James Marfield, VHA National Healthcare Recruitment Consultant and lead for this initiative.

“Take a Closer Look at VA’ is gaining momentum nationwide in urban and rural VHA areas,” Marfield added.

This new initiative, a joint collaboration between the Office of Academic Affiliations, National Recruitment Program, Designated Education Officers, and the VHA Healthcare Recruitment and Marketing Office, is designed to incite health care professionals-in-training to consider a career at VA.



Take a Closer Look at VA seeks to recruit health professionals.

[Dr. Karen Sanders](#), M.D., Acting Chief Academic Affiliations Office, recently provided career advice to VHA health professions trainees on the [VA Careers blog](#). Dr. Sanders noted that “trainees are the future workforce of VA.”

“VA rural practitioners also get a different flavor of benefits not as common in urban locations,” said Marfield. According to Marfield, these benefits include:

- Slower pace of life and less stress
- Greater feeling of safety and security in the community
- Less traffic and pollution
- Lower housing costs
- Closer proximity to the great outdoors and outdoor recreational opportunities

- Commonly, an elevated status in the community

VHA health professions trainees are encouraged to register to receive periodic updates about VA careers via the [VA careers Facebook page](#).

VA employees are a vital part of the success of this program—please share the news with the trainees that you interact with and encourage them to “Take a Closer Look” at VA.

For more information, email [James Marfield](#), MBA, National Healthcare Recruitment Consultant (VISN 15), VHA Healthcare Recruitment and Marketing (WMC) or contact by phone at 816-912-6043. ♦

## Explore the Health Rankings of Your Community



Use the Robert Wood Johnson Foundation’s [community ranking tool](#) to find out what affects health in your area!

## VHA Builds Valuable Community Partnerships

By **Lelia Jackson**, Acting Director, Office of Community Engagement, Veterans Health Administration

Partnerships with community organizations can be a force multiplier for the U.S. Department of Veterans Affairs (VA), which is why VA Secretary McDonald charged the department to focus on collaboration. VA medical facilities are nestled in communities that stretch across the United States and its territories. These communities have tremendous talent and resources that can expand and enhance VA health care services to Veterans, their families, caregivers, survivors, and other beneficiaries. Indeed, partnerships are a fundamental part of the Veterans Health Administration's strategic plan.

VHA's Office of Community Engagement (OCE) serves as a catalyst for the growth of effective public-private partnerships. OCE was created to be a resource for information, training and technical assistance in developing partnerships with VHA. OCE helps external organizations that seek to partner with VHA facilitate discussions and collaborate with appropriate subject matter experts.

In the coming months, OCE will release an online training module designed to help VHA employees further enhance their public-private partnerships. Understanding how to build sustainable partnerships empower staff to form creative solutions to business needs and ultimately provide for better services to our Veterans. Responsible and productive partnerships can build capacity, leverage resources, address new and emerging needs, and build on the experiences and knowledge of others.

In December, OCE launched the 2015 National Community Partnership Challenge. The contest highlights successful VHA community partnerships that occur across VHA. The contest also recognizes partnership best practices between VA facilities and their local communities. Contest submissions are due in February 2015 and winners will be recognized in March 2015. Last year more than 250 entries were submitted for this highly competitive contest.

For more information about the challenge, OCE or about partnering with VHA, contact Acting Director [Lelia Jackson](#). ♦

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*“Expanded public-private partnerships will help us coordinate Veteran-related issues with local, state and community partners, as well as VA employees.”*  
—VA Secretary Bob McDonald

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## Spotlight On: Community Support for American Indian Veterans

By **Rod Sepulveda**, Rural Health Program Coordinator, Northern Arizona VA Health Care System



Northern Arizona VA Medical Center Director Donna Jacobs stands in front of the PTOC main entrance in Tuba City, Arizona, which has enhanced services for area Veterans.

Since services began under the partnership with the [Tuba City Regional Health Care Corporation](#) (TCRHCC) in May of 2014, the U.S. Department of Veterans Affairs (VA)-staffed Primary Care Telehealth Outpatient Clinic (PTOC) has enhanced services for approximately 521 Veterans residing in and around the Navajo and Hopi Reservations. The partnership eliminated the need for these Veterans to travel to seek VA care, saving an estimated combined 136,865 travel miles.

The PTOC provides primary care, mental health, and enrollment and eligibility services, and select specialty services (e.g., cardiology, dermatology) both face-to-face and via clinical video telehealth. Furthermore, the partnership enhances local access for all Veterans to multiple specialty services provided by TCRHCC to include orthopedics, surgery, and audiology, as well as ancillary services such as laboratory, radiology, physical therapy, and pharmacy. Under the local agreement, [Indian Health Service](#) and non-IHS Veteran beneficiaries are eligible for services in accordance with their VA benefit packages.

Realizing the need to further enhance access in the area, the Tuba City VA PTOC staff travel weekly to Polacca, Arizona, approximately 68 miles southeast of Tuba City, to further extend services to rural Veterans under a partnership with the [Hopi Health Care Center](#), of the Indian Health Service. ♦

VA Employee and My HealthVet “SAVE” Veterans’ Time and Improves Service (continued from page 3)



In February 2014, SAVE Award winner and VA employee Kenneth Siehr met with President Obama to discuss the winning proposal.

“Our nation’s Veterans deserve a first-class pharmacy and customer service as a part of the exceptional health care available from VA,” said Siehr. “It is an honor to be part of serving Veterans and to have been recognized for an idea that enhances service to those Veterans. They deserve nothing less, and online prescription delivery tracking on My HealthVet delivers on that commitment.”

“Siehr looked at the process of VA prescription tracking through the eyes of Veteran patients and came up with an idea,” said Theresa Hancock, Director, My HealthVet. “This idea was both innovative and transformative. We are pleased to be part of moving this idea into action to improve service to America’s Veterans.”

The hard work began in early 2014 with the partnership between the CMOP and Office of Informatics and Analytics My HealthVet integrated team. In December, more than 57,000 Veterans used the VA’s prescription tracker available on My HealthVet. Postcards were sent to enrolled Veteran patients in December 2014 so they may learn more about the new [prescription tracking feature](#).

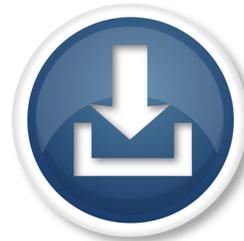
The prescription tracker is one of many features available for Veterans on My HealthVet. If you are a Veteran enrolled in VA and are not currently registered on My HealthVet, please don’t wait—visit My HealthVet today! For questions, please contact the My HealthVet coordinator at your local VA Medical Center. ♦

New Program Enables Veterans to Share Health Information with Community Providers (continued from page 3)

the North Florida/South Georgia VA Medical Center in Gainesville, Florida, and Robert J. Dole VA Medical in Wichita, Kansas, are able to share the summary electronically using a personal health record provided by a local community health information network.

In the future, the pilot aims to transition all participants to Blue Button Direct, which will allow Veterans to electronically send their VA Health Summary to an accepted Direct addresses of non-VA providers, organizations or applications. Direct messaging is a secure way to send health information to a known and trusted recipient over the Internet. Select VIECC community partners in Iowa, Minnesota and Kansas have agreed to field test this new feature.

But is simply improving information sharing between VA and non-VA providers enough? Does it make a difference in these Veterans’ health? Will it improve medication management, reduce duplication of tests or reduce costs for these shared care patients? Evaluation of these outcomes is underway as patients ask their non-VA providers to give feedback on the VA health summary during a clinical visit. A post-visit medical record review also examines whether the quality and efficiency of the visit was improved because of the health summary.



## Blue Button Download My Data<sup>®</sup>

The Veteran Initiated Electronic Care Coordination (VIECC) pilot program teaches Veterans how to use the Blue Button in My HealthVet to access and share their VA health summary with community providers.

As VA patients may choose to receive community care due to distance, wait time or personal preference, information sharing between systems will become even more critical. Engaging patients in this process and using My HealthVet is one approach to help with care coordination by providing VA health information to the community.

Within VA, VIECC is led by Dr. Carolyn Turvey and Dawn Klein at the Iowa City VA Health Care System. For more information about VIECC, contact [Dawn Klein](#). ♦

<sup>1</sup>Joint ONC/VA Blog Posting: <http://www.healthit.gov/buzz-blog/rural-health/transforming-veterans-care-rural-practices/>

<sup>2</sup>Iowa City VA Health Care System (Iowa City, Iowa); North Florida/South Health Care System (Gainesville, Florida); VA Nebraska-Western Iowa Health Care System (Omaha, Nebraska); Robert J. Dole VA Medical Center (Wichita, Kansas) St. Cloud VA Health Care System (St. Cloud, Minnesota)

<sup>3</sup>Canandaigua VA Medical Center (Canandaigua, New York); Maine VA Medical Center (Augusta, Maine), VA Montana Health Care System (Fort Harrison, Montana); VA Salt Lake City Health Care System (Salt Lake City, Utah)

**Mental Health and Housing Barriers Addressed through Community Collaboration Efforts in Rural Iowa (continued from page 4)**

*“This is a very needed course. [It] was very informative. I would recommend it to everyone!”*

–Graduate, mental healthFA training

Based on end-of-class evaluations from fiscal year 2014, 98 percent of mental healthFA trainees strongly agreed that, as a result of the training, they could assist a person who may be dealing with a mental health problem or crisis seek professional help.

low; more often than not, this is also true of community members who interact with Veterans.

To increase mental health literacy, improve Veteran mental health service delivery, and overcome the aversion to obtaining timely mental health treatment in rural communities, the Veterans Health Administration (VHA) Office of Rural Health’s (ORH) Veterans Rural Health Resource Center–Central Region (VRHRC-CR) provides an evidenced-based educational program: mental healthFA. The accredited program trains participants to identify the signs and symptoms of mental health problems (whether the problem is in development or at crisis-level), respond appropriately to prevent escalation and, if needed, contain the situation until professional help can be accessed. The mental healthFA program promotes collaboration between Veteran professional caregivers, families and community residents who interact with Veterans most.

Since October 2013, VRHRC-CR provided opportunities to certify 285 participants during 14 mental healthFA trainings held throughout Central and Eastern Iowa. Each participant must attend eight curriculum hours to become certified, and certifications are valid for three years. Trainings are expected to continue throughout 2015 with a class recently held at Camp Dodge, Iowa, in January, one scheduled for Sioux City, Iowa, in March and additional to be scheduled. Visit the [mental healthFA training website](#) for more information, or to find a course near you.

Nearby, folks in Iowa City, Iowa, are working simultaneously to combat local Veteran homelessness. The 2014 Housing and Urban Development point-in-time count, taken on a single night in late January 2014, identified nearly 50,000 homeless Veterans in the U.S. Although this number is 33 percent lower than the 2010 count, VA still has work to do to eliminate Veteran homelessness.

In an effort to address the issue at a community-level, the Iowa City VA Health Care System collaborated with the Iowa City homeless shelter (Shelter House) to form a Lodge model for permanent

*It [the Lodge] has given me a sense of pride back.”*

– Veteran graduate, Iowa City Fairweather Lodge

At present, two Lodge homes exist in Iowa City, Iowa, and a training Lodge will also soon exist. Seven individuals, including three Veterans, graduated the training program and live together in the two houses. In total, of the 18 Veterans who left the program (graduates and non-graduates), 16 moved on to stable housing.

housing with priority given to homeless rural Veterans in Eastern Iowa.

The Lodge, based on the Fairweather Lodge model conceived by George Fairweather in 1963, aims to provide permanent, independent housing for as long as the client chooses. In a Lodge model, homeless individuals live together in a single home without live-in staff and collaborate to perform household duties. Participants socialize with each other and work interdependently to maintain medication compliance at an income-producing job. Also, VA provides health care for eligible Veterans. Nearly 50 Lodges are active across the Midwest and Northeast U.S., and research on these facilities shows good psychological outcomes and work performance, high medication compliance, and low return to homelessness.

To be eligible for the Lodge program, participants must:

- Have a serious and persistent dual-diagnosed mental illness (e.g., schizophrenia, bi-polar disorder, major depressive disorder)
- Be willing to take prescribed medications
- Have not been suicidal in the past three months
- Not currently abuse drugs or alcohol (or, if a current drug or alcohol problem exists, be willing to address the problem during the training program)
- Be willing to work 15-20 hours a week

Veterans are referred to the Lodge through a number of mechanisms. Most begin as Shelter House residents and are identified by staff as Veterans, thus potentially eligible for Lodge participation. Others are referred to the program by medical center social workers and the Iowa Veterans Home.

View the [Lodge Project issue brief](#) on the ORH website, and visit the [VRHRC-CR website](#) for more information. ♦

**VA and Mississippi State University Polytrauma Partnership: A Unique Collaboration (continued from page 6)**

A second phase of this project is currently underway with efforts to place telemental health services at several other colleges and universities located in rural communities of Mississippi.

This initiative is expected to increase Veteran enrollment, access to services, continuity of care and satisfaction with care. The initiative aligns with ORH’s strategic plan to improve access and quality of health care delivery for rural and highly rural Veterans, and supports public-to-public collaborations for Veteran care. For more information on the partnership, contact [Patricia Grigoryev](#) at 601-368-3998. ♦

**Veteran Transportation Service “Drives” Access to Health Care for Veterans (continued from page 4)**

country. These 19 grantees provide transportation services in specific counties in Alaska, California, Idaho, Maine, Montana, Oregon, Nevada, North Dakota, South Dakota, Texas, Virginia and Washington.

VTS began in 2010 and served four sites. Today, VTS is either fully implemented or in the process of start-up at 87 VA Medical Centers (VAMC). In fiscal year 2014, VTS provided more than 414,000 one-way trips for Veterans to receive VA care.

A 2013 VTS survey of more than 19,000 Veterans revealed that VTS ridership reduced the overall missed opportunity rate (patient no-shows and cancellations for appointments) across all VTS sites by 1.5 percent. Some sites were able to reduce missed opportunity rates by up to 9.8 percent. VTS will be a critical asset in the successful implementation of the [Accelerated Care Initiative](#) and the [Veterans Choice Act \(HR 3230\)](#) as VTS already serves Veterans in rural communities and the average one-way trip length of VTS transports is in excess of 50 miles.

VTS has many valuable partnerships with VA programs and non-VA transportation agencies, including spinal cord injury program, homeless program, VA Voluntary Services/Volunteer Transportation Network, the Federal Transit Administration, United We Ride, as well as countless regional and local agencies and transportation providers.

A primary partnership is with the [Office of Rural Health \(ORH\)](#), whereby VTS and ORH have initiated a memorandum of understanding to facilitate strategic planning and resource sharing to improve access to care for rural and highly rural Veterans. Also, ORH and VTS collaborated for fiscal year 2015 to fund 42 VTS programs at VAMCs that serve a large rural Veteran population. Additionally, VTS Mobility Managers coordinate transportation planning and resource allocation with Veterans Integrated Service Network Rural Health Consultants. They also implement the SharePoint scheduling and reporting system to provide VTS and ORH management up-to-date metrics on the impact of transportation on rural Veteran access to care. The partnership between VTS and ORH is recognized as a key support strategy by the Office of the Under Secretary for Health Operations and



The Veterans Transportation Service reduces Veteran appointment cancellations and no-shows between 1.5 and 9.8 percent.

Management in support of the Accelerated Care Initiative and Veterans Choice Act.

The “Sites Deployed” table below reveals the growth of VTS, which is largely due to the partnership with ORH. VTS and its transportation efforts are just one example of the ways VA is committed to ensuring enrolled Veterans have access to quality health care. The “Veterans Transportation Service Statistics” table below shows VTS statistics from fiscal year 2012-2104.

Sites Deployed			
FY14: 85*	FY13: 65	FY12: 45	FY11: 26

\*Two more sites deployed since the end of FY14 making the current number of sites deployed 87.

If you do not have a VTS program at your VAMC and would like more information, please contact [Marc Chevalier](#) with VTS or [Judy Bowie](#) with ORH.

Veterans Transportation Service Statistics								
	Patient One-Way Trips	Service Miles Traveled	Passenger Miles Traveled	Total Passengers Transported	Guests and Attendants	Non-Ambulatory Patients Transported	Patients Picked Up-Door to Door	Patients Picked Up-Fixed Routes
<b>FY14</b>	414,846	10,053,242	16,934,601	429,824	28,641	74,781	171,158	187,601
<b>FY13</b>	283,546	6,970,892	15,131,633	303,996	20,909	53,779	118,751	123,816
<b>FY12</b>	199,943	6,113,514	9,752,790	214,644	13,876	34,714	67,962	89,235

The Veterans Transportation Program is managed by the Chief Business Office and was initiated in 2010 as part of the Enhancing Veterans Access to Healthcare Initiative. Subsequently, PL 122-260 was signed in to law authorizing VTS to transport Veterans, caregivers and others to and from VA appointments and authorized non-VA appointments for examination, care, treatment, rehabilitation, and counseling.

To learn more, visit the [VTS website](#). ♦

### Opportunities for Tomorrow's Veteran Farmers (continued from page 7)

Veterans. In the closing session, Stanley Flemming, Brigadier General (retired), Doctor of Osteopathy, addressed the challenges associated with meeting the health needs of these rural Veterans.

Throughout the conference, Veterans and agency representatives networked and exchanged ideas about promising practices and programming opportunities. One such opportunity, the Beginning Farmer and Rancher Development Program (BFRDP), administered by USDA's National Institute of Food and Agriculture, provides grant awards that support training, education, outreach and technical assistance initiatives for beginning farmers or ranchers. At least 5 percent of the funds support programs and services that address the needs of military Veteran farmers and ranchers. One Veteran may have summed up the event best, "In two days, it felt like we planted, nurtured, and harvested a season's worth of great ideas, resources, and inspiration, and still managed to turn a profit."

Visit the [BFRDP website](#), USDA [new farmer portal](#), or the [Farmer Veteran Coalition](#) (conference host) for more information. ♦



Panelists who discussed successful regional Veteran to agriculture training programs were (left to right): Karis Gutter, Deputy Undersecretary for Farm and Foreign Agricultural Services, Military Veterans Liaison, USDA; Keith Kelly, Assistant Secretary, Veteran Employment and Training Services, Department of Labor; Jaime Wood, Director of Policy and Engagement, U.S. Small Business Administration; Scott Silvey, Employment Coordinator, Vocational Rehabilitation Division, Department of Veterans Affairs. (Photo credit: Brent Elrod)

## Geriatrics at Your Fingertips

By **Joseph Douglas**, Geriatric Scholars Program Manager, Geriatric Research, Education and Clinical Center, Greater Los Angeles Health Care System, Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) Geriatrics Scholars Program distributed a limited number of electronic "app" licenses for "Geriatrics At Your Fingertips," the American Geriatrics Society's top-selling geriatrics reference tool. You are invited to request a copy.

### About the App:

"Geriatrics At Your Fingertips (GAYF)" for mobile devices contains the latest content in the GAYF 2014 print edition. Users can find quick answers to geriatric assessment and treatment questions with:

- More than 100 tables that contain current medication information, searchable by generic or trade names
- Easy-to-use algorithms
- Assessment instruments that calculate responses
- Fast, comprehensive search and index functions

- Calculating equations for commonly used formulas
- A bookmark feature for frequently referenced content
- Links to many resources and websites

This app typically retails for \$20, but VA primary care providers can request one free of charge. This distribution was made possible by the [VA Office of Geriatrics and Extended Care](#), and the Office of Rural Health's Geriatric Scholars Program.

This app is compatible with smartphone and tablet devices running iOS and Droid operating systems.

To request your copy, visit the [GAYF sign-up page](#). A limited number of apps are available. Requests will be filled on a first-come, first-served basis. ♦



**ORH**  
VHA Office of Rural Health

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

### VHA Office of Rural Health

The Rural Connection is a quarterly publication of the VHA Office of Rural Health. The mission of ORH is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support the unique needs of enrolled Veterans residing in geographically remote areas.

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