



Message from the Director of the VHA Office of Rural Health



Dr. Byron Bair
ORH Acting Director

In Fiscal Year (FY) 2013, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Office of Rural Health (ORH) will begin its 6th year of operation. In the previous 5 years, ORH has supported and provided oversight for well over one thousand projects and programs designed to bring care closer to home for rural Veterans. ORH programs have de-

ployed the latest telehealth technologies in new models of health care delivery, opened new rural clinical facilities, implemented transportation programs, expanded home-based primary care and mental health programs into rural areas, implemented Project ARCH, trained and educated rural VA providers, and contacted and engaged rural Veterans through community-based outreach and health literacy programs. Since October 1, 2009 through June 30 2012, approximately 1,133,000 rural Veterans have been impacted by ORH projects.

The new fiscal year brings many new exciting projects: including the rural expansion of the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO), the implementation of the rural health training and education initiative for residents, nursing, nurse practitioner, optometry, pharmacy, physician assistant and social work students; the opening of new rural clinics and the implementation of nearly 290 new and ongoing projects across the country to increase access and quality of care for rural Veterans.

In this issue of the **'The Rural Connection'** we'll take a look back and highlight some of our major successes over the past year. As part of the White House Rural Council,

ORH led the way for the establishment of a new memorandum of understanding between the VA and Health and Human Services (HHS) that will promote the secure exchange of health information between the VA and private rural health care providers, and increase the knowledge and expertise of the Health Information Technology (IT) Workforce through public training modules on the use of telehealth technology in health care delivery. ORH's Project ARCH (Access Received Closer to Home) completed its first of a three-year pilot and is demonstrating great results thus far. This program, which provides non-VA contract care to eligible Veterans at five pilot sites across the country, has resulted in a reduction of Veteran drive times to medical appointments of nearly a half a million minutes (that averages out to more than 7 days per Veteran enrolled in the program). With regards to specialty care, ORH's support for the development and evaluation of a telehealth collaborative care model for rural Veterans with HIV has resulted in the establishment of multi-disciplinary provider teams in rural VA clinics that are able to provide Veterans with HIV accessible, high quality, comprehensive care closer to their homes. This past October, Dr. Michael Ohl, the project lead, presented this model at the Infectious Diseases Society of America National Meeting in San Diego, CA.

With regard to training and education of future rural providers, ORH, in partnership with the VA Office of Academic Affiliations (OAA) developed a pilot program launching at seven sites this year that will provide clinical training and rural health education for residents, and nursing, nurse practitioner and allied health students in rural VA clinics and will incorporate aspects of telemedicine, interdisciplinary training, and team training as part of their experience.

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Veterans Affairs and Health and Human Services – A New Partnership to Improve Rural Veteran Health Care

by Nancy Maher, PhD, ORH Program Analyst

The Departments of Veterans Affairs and Health and Human Services (HHS) recently signed a new memorandum of understanding (MOU) that will promote the secure exchange of health information between the VA and rural health care providers and increase the knowledge and expertise of the Health Information Technology (IT) Workforce. This MOU supports the mutual goals of both agencies to have a highly educated health IT workforce that can support the meaningful use of electronic health record technology in rural communities as well as to ensure the interoperability and compatibility of VA and community health IT systems that will ensure better coordination of care for rural Veterans who are dual users of both the VA and the private sector health care system.



What is meaningful use of electronic health records? Electronic health records (EHR) contain longitudinal medical data on individual patients such as past and current diagnoses, laboratory results, prescriptions, clinical notes, etc., that are generated in an institution such as a hospital, integrated delivery network clinic, or physician office and can be shared by the patient, his physician, another health care provider, or another institution for enhanced health care coordination. The main components of meaningful use include the use of a certified EHR 1) in a meaningful manner, such as tele-prescribing; 2) to electronically exchange health information to improve quality of care; and 3) to submit clinical quality measures. The meaningful use of EHRs as intended by the Federal government can be categorized as 1) improvement of care coordination, 2) reduction of health disparities, 3) engagement of patients and their families and 4) improvement of public health.

Veterans Health Information Systems and Technology Architecture (VISTA) The Department of Veterans Affairs has a long and storied history using EHR. Their enterprise-wide information system known as VistA, was developed in-house by the VA in the seventies and eighties. VistA has evolved substantially since that time, including the addition of the VistA imaging system which provides multimedia data from many specialties including cardiology, radiology and orthopedics and the addition of a graphical user interface, known as the Computerized Patient Record System, that gives providers the ability to review and update a patient's elec-

tronic health record, as well as place orders for medications, special procedures, X-rays, and/or tests at any of the VA's over 1000 health care facilities. This system ensures coordination of care in that a VA provider at any other VA facility can review a Veteran's health care record resulting in better patient safety, fewer medical errors, reduction of inefficiencies and improved patient outcomes.



Facilitating Health Information Exchange between the VA and rural Community Providers

Many Veterans living in rural and highly rural areas use both the VA and the private sector for their health care. This is often, but not always, due to long the distance required to travel to a VA facility

for a particular health care service. Veterans using both health care systems are known as "dual users" and while there are a number of reasons for being a "dual user", the biggest drawback is a general lack of continuity of care that can lead to adverse consequences such as duplication of services and inefficiency, poor management of chronic disease, increased pharmacy related issues/concerns, and difficulties in transitioning between outpatient, inpatient, and other acute care settings.

To address the issue of dual use and the associated lack of care coordination, three states: Virginia, Montana, and Alaska, will each receive grants from HHS's Health Resources and Service Administration (HRSA) for pilot programs to not only implement or upgrade telehealth capabilities in rural clinics and hospitals but also to develop electronic health records that are compatible with the VA's VistA. This will ensure secure Veteran health information exchange between the VA and local providers for improved care coordination that will result in higher quality care and improved patient outcomes.

Training the Health IT Workforce As part of the VA/HHS MOU, the VA will make available through a Department of Defense web-based portal, two online courses developed by the VA Office of Telehealth Services: 1) Home Telehealth-Enhancing Patient Education and 2) VA Telehealth: Real Time: Access to Care. The portal is scheduled for completion by Fall 2012. Instructions for accessing the course through the portal will soon be on the ORH website at <http://www.ruralhealth.va.gov>. ♦

Update on Project ARCH (Access Received Closer to Home)

by Colette Alvarez, Project ARCH Program Manager

Project Access Received Closer to Home (ARCH), the ORH sponsored pilot program that provides non-VA health care services to eligible Veterans, just completed its first year, serving over 2,500 Veterans. Patient satisfaction surveys indicate that the vast majority of Veteran participants from each of the five pilot sites are happy with the program.

Services provided by Cary Medical Center in VA Region 1 include acute inpatient medical and surgical care, including related consultations and ancillaries. In VISNs 6 & 15, services provided by Humana Veterans Healthcare Services include primary care (i.e., routine preventative care, diagnostic imaging and laboratory services) and in VISNs 18 & 19, services include acute inpatient medical and surgical care, including related consultations and ancillaries. In the first year of implementation, the top 5 services received by participating Veterans included 1) Orthopedic care, 2) Primary Care, 3) Cardiology, 4) Gastroenterology, and 5) Neurology.

Recently, the original contracts with Humana and Cary were modified to include rehabilitative services such as physical therapy and occupational therapy, as well as cardiac, pulmonary and speech

therapy rehabilitation. In addition, the program was modified to allow Critical Access Hospitals (CAHs) to contract with Project ARCH providers for the provision of inpatient care for participating Veterans as appropriate. CAHs are rural community hospitals. To

have this designation, they must be located in rural areas of the country and be at least 35 miles from another hospital or at least 15 miles from another hospital in mountainous terrain or areas with only secondary roads.

One of the major goals of Project ARCH is to reduce driving times for rural Veterans seeking high quality health care services. Preliminary results indicate that the program is doing just that; Project ARCH saved

over 500,000 travel minutes for participating Veterans in the first year of operation. While drive times to all sites of care have been reduced, decreases in travel time vary by pilot site. The largest reduction was for Veterans in Northern Maine where the average drive time dropped from 282 minutes to 38 minutes (a 7-fold decrease). The average drive time for Veterans in Billings, Montana showed the smallest decrease, from 180 minutes to 134 minutes



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Caribou Quilters Share their Warmth with Veterans

by Kathleen Michaud RN, BSN, VISN 1 Project ARCH Care Coordinator

Nancy Cowett and her mother Althea Hamlin, were very busy last year creating two beautiful quilts. Nancy and her mom wanted to donate these handmade quilts to a special population in Caribou, Maine: our Veterans and local chemotherapy patients. Nancy and Kathleen (Katie) Michaud RN, BSN, the Project ARCH Care Coordinator for the Maine VA Healthcare System, were talking one day and Nancy asked if the donation could be arranged through the Department of Veterans Affairs (VA). "Absolutely!" was the answer.

On October 26th, Nancy presented the quilts to the Oncology Department at Cary Medical Center to keep Veterans toasty warm while they receive their chemotherapy. Hats off to special community citizens such as Nancy and her mom!



From L-to-R: Erica Guerette, Cary Specialty Clinic Nurse; Deana Williams, Cary Specialty Clinic Manager; Katie Michaud, RN, Project ARCH Care Coordinator; Nancy Hamlin Cowett (Quilter/Donor); and Peggy Barnes, Cary Oncology Nurse (seated). ♦

Telehealth Collaborative Care for Rural Veterans with HIV Infection

by Michael Ohl, MD, Iowa City VA Medical Center

The Veterans Health Administration is the largest provider of care for persons with HIV infection in the United States, serving over 25,000 Veterans, of which approximately 18% live in rural areas. However, a key disparity between urban and rural Veterans with HIV has emerged, in that for a variety of reasons, including social stigma, rural Veterans delay entry into HIV care and are at relatively advanced states of disease when they finally seek care, resulting in higher rates of mortality compared to their urban counterparts. With respect to those rural Veterans with HIV who are receiving care, the majority have to travel long distances to infectious disease specialty clinics in large VA medical centers, often bypassing more nearby Community Based Outpatient Clinics (CBOCs). Although the quality of HIV care in VA specialty clinics is high, access is an issue for rural Veteran because of the travel burden and because infectious disease specialty clinics in distant VA medical centers often lack the resources and care systems necessary to deliver accessible and comprehensive primary care for the aging and geographically-dispersed population of rural Veterans with HIV infection.

To address these issues, ORH has supported the development and evaluation of Iowa City VA Healthcare System's Telehealth Collaborative Care (TCC) program for rural Veterans living with HIV. Results of this evaluation were presented at the Infectious Diseases Society of America (IDSA) national meeting in San Diego last month. TCC integrates HIV specialty care delivered through clinical video telehealth (CVT) to rural CBOCs with primary care delivered by CBOC patient aligned care teams (PACTs). Key TCC principles are: 1) clear delineation of specialty and primary care clinic roles in co-managed care, 2) creation of processes to improve care coordination between specialty and primary care teams, such as including structured TCC clinical notes in VA's computerized patient record system (CPRS) and distributing patient brochures on navigating co-managed care, and 3) use of a regional HIV patient registry to facilitate population management across multiple sites.

Here's how the program works. First, there is a face-to-face encounter between the Veteran and a CBOC primary care provider and a televideo encounter with the HIV specialty team in Iowa City, which includes a physician specializing in HIV care, a clinical pharmacist, and a nurse care manager. TCC visits conclude with a "telehealth care coordination huddle", during which the Veteran and the CBOC PACT nurse care manager

meet with the HIV specialty care team by video conference and discuss the Veteran's care. This ensures coordination between the CBOC primary care team and the distant HIV specialty team, and makes the whole process transparent to the Veteran.



During the past two years ending in May 2012, there were 32 Veterans with HIV infection who lived more than a one-hour drive from the Iowa City HIV clinic and who were geographically closer to a CBOC. Thirty of these Veterans chose TCC over traveling to Iowa City for their HIV care. An evaluation comparing pre and post TCC periods found that: 1) TCC maintained the previously existing high quality of HIV care in the Iowa City system, as evidenced by high rates of HIV therapy and virus suppression exceeding 90% both before and after TCC; 2) improved performance measures for self-care particularly important for Veterans with HIV, including smoking cessation and getting vaccinated against the flu; and 3) improved median time travel for care, decreasing from 320 minutes per Veteran per year to 170 minutes. Qualitative analysis of interviews with 13 Veterans in TCC identified two themes relevant to other sites considering implementing TCC. First, it is critical to address Veteran concerns regarding HIV stigma and privacy related to obtaining care in local CBOCs, but when these concerns are openly discussed with Veterans and CBOC staff, they do not impede TCC from the Veteran's viewpoint, and second, nurse care managers in the HIV specialty clinic and CBOC PACTs must play critical roles in coordination of care and helping Veterans navigate the program. In summary, this program has proven to be a feasible alternative model of health care delivery in which rural Veterans with HIV have improved access to high quality, and comprehensive care for their condition. ♦

Trainee Outreach to Rural and Highly Rural Veterans

by Sonya Starling, Project Manager, Rural Health Training and Education Initiative (RHTI)

Rural Health Training & Education Initiative

VETERANS HEALTH ADMINISTRATION
Office of Rural Health & Office of Academic Affiliations

In an effort to develop a clinical education infrastructure at non-traditional training sites that serve rural and highly rural Veterans, the Office of Academic Affiliations (OAA) and the Office of Rural Health (ORH) collaborated to develop the Rural Health Training and Education Initiative (RHTI). Rural health care providers and health professions training programs at affiliated academic institutions will expand or develop VA training and education experiences for students, residents, fellows, and other trainees at seven sites nationally; starting October 1, 2012.

Sites will implement training and education for Associate Health (AH), Graduate Medical Education (GME), and Nursing positions for 3-years, as well as receive approximately \$250,000 per year for program support. It is expected that trainee positions awarded as part of this program will be made permanent at sites that are successful in implementing the RHTI and that plan to sustain the program beyond the funding period. The RHTI also strongly encourages linkages to and collaboration with nearby Area Health Education Centers (AHECs).

Fourteen applications were reviewed by an ad hoc, inter-professional review committee appointed by OAA and ORH. Reviewers demonstrated expertise and leadership in graduate medical education, associated health education, nursing education, clinical care, or rural health. Applications were scored according

to the selection criteria for sites and the justifications provided for each discipline requested.

ORH/OAA have worked hand-in-hand over the past several months to ensure due diligence in selecting the most qualified sites to develop and implement the Rural Health Training and Education Initiative. After a thorough application review process and interviews with the top finalists, the seven funded sites, for three fiscal years, have been announced and brief details of the sites are as follows:

James J. Peters Bronx VA Medical Center and the Hudson Valley VA Healthcare System

Judith Howe, MD, Principal Investigator

Nurse Practitioner, Pharmacy, and Social Work trainees will focus on Geriatric Rural Healthcare. Established affiliates/partnerships are: Consortium of New York Geriatric Education Centers, Catskill Hudson Area Health Education Agency, and Mount Sinai School of Medicine.

VA Maine Healthcare System

Ray Lash, MD, Principal Investigator

The Nurse Practitioner, Optometry, Pharmacy, and Psychology trainees will be exposed to education integration into Togus' already existing extensive Rural Health Care system, which includes care through Mobile Health Units, Program ARCH (Access Received Closer to Home), Community-Based Outpatient Clinics (CBOCs), and the Patient Aligned Care Team (PACT). VA Maine will be collaborating to receive trainees from The University of Southern Maine and The New England College of Optometry.

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ORH Director's Message *(Continued from page 1)*

To ensure that rural VA providers are fully trained in women's health care issues, ORH supported 7 didactic and simulation educational programs on important topics such as breast and cervical cancer screening, and gender-specific pain and mental health issues. To improve rural women Veterans' access to care, ORH supported 6 field based telehealth pilot projects including tele-gynecology, tele-pharmacy and e-consults with an Obstetrician for newly pregnant Veterans. Finally, we highlight one of ORH's rural clergy training programs. This particular program, developed by the South Central Arkansas Mental Illness Research Education and

Clinical Center (MIRECC), has created a self-sustaining approach by forming a community advisory board comprised of key members of local faith, mental health, and military groups to address the needs of Veterans living in their communities.

The Office of Rural Health is committed to ensuring that the health care needs of rural Veterans are met. With a multipronged approach of increasing access to primary and specialty care, chronic disease management, rural Veteran outreach, and rural provider training initiatives, the VHA is making great strides in their mission to 'honor America's Veterans by providing exemplary services that are both patient-centered and evidence based.' ♦

Developing a VA-Clergy Partnership Project for Rural Veterans in South Central VA Health Care Network

by Greer Sullivan, MD, MSPH, Steve Sullivan, M.Div., Th.M., and Tiffany Haynes, PhD, Central Arkansas Veterans Healthcare System South Central Mental Illness Research, Education and Clinical Center (MIRECC)

It can be difficult for individuals with mental illness to access mental health care, especially in rural areas where resources may be limited.¹ Additionally, individuals in need of care may be reluctant to seek services due to the stigma associated with mental illness.² This problem has become particularly urgent for Veterans, as the VA estimates that one-third of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans will return from active duty to rural or highly rural areas, many with mental health issues such as post-traumatic stress disorder (PTSD).

To address this issue, the South Central MIRECC, with funding from the VA Office of Rural Health (ORH), started the South Central MIRECC-Clergy Mental Health Partnership Project in 2009 to improve access to mental health care for rural Veterans in Jefferson County, Pope County, Union County, and White County, Arkansas. Our approach is unique within the VA in that we use a community participation approach to build programs from the “bottom up.” We work with community churches, mental health providers, military support services, and the nearest VA facility to identify local needs and available resources for the creation of programs that engage local Veterans in need of formal mental health care.

At each of the three sites, we began building relationships with key members of the local faith, mental health and military communities who are interested in participating in the partnership. We held regular meetings with key community stakeholders, eventually helping them form a community advisory board (CAB). With direction from the CAB, we provided or participated in programs that the local CAB believes will have impact. For example, we provided training to increase the faith community’s mental health literacy, awareness of Veterans in their community, and knowledge of available resources. Throughout this process, we emphasized sensitivity, confidentiality, and inclusiveness of all faiths as well as military perspectives. By sharing power and control with CAB members, we aimed to in-

crease the chances that the programs created locally will become self-sustaining. For example, in Union and Jefferson Counties the community partners chose a name, adopted a mission statement, and, with our assistance, applied for outside funding to support their efforts to reach rural Veterans with mental health needs.

Each site developed unique activities to address the needs of Veterans in their communities. In Union County, our community partner, “Project SOUTH” (Serving Our Units at Home), offers practical support to military families in need, such as a camp for military children. In Jefferson County, we have used ORH funds to hire a Mental Health Navigator who serves as a liaison between the faith community and VA mental health services, connecting Veterans identified by the faith community to available mental health services. The program has had many successes, including increased awareness of the needs of rural Veterans and their families in the faith community; increased communication and cooperation among military support groups, VA mental health providers, and the local faith community; and greater numbers of family members being referred to mental health services by clergy and the faith community. Most notably, this is a community driven partnership program with a very good chance of becoming self-sustaining for a number of years to come.

For more information about the South Central MIRECC-Clergy Mental Health Partnership Project, please visit http://www.mirecc.va.gov/VISN16/docs/Clergy_Project_Summary_Brief.pdf or contact Greer Sullivan at GSullivan@uams.edu.

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Update on Project ARCH (Continued from page 3)

(a 26% decrease). This decrease in drive times has resulted in a very low no-show rate of 1%, a critical measure in health care delivery efficiency.

Project ARCH is now in its second year of a three year pilot program. A comprehensive evaluation of ARCH by an independent third party, Altarum Institute, will assess the program’s cost-patient volume, quality of care, patient satisfaction and improve-

ment in access to care. A final report will be completed in the fall of 2014 that will include recommendations to continue the program, extend the pilot program to other or all Veterans Integrated Service Networks of the Department and/or make the pilot program a permanent part of VA health care.

To learn more about Project ARCH visit our website at <http://www.ruralhealth.va.gov/arch/index.asp>. ◆

VA Expands Women's Health Practitioner Training

by the VA Women Veterans Strategic Health Care Group and VA Patient Care Services

The Department of Veterans Affairs has trained nearly 1,500 providers through its flagship National Women's Health Mini-Residency Program, one of many training opportunities for VA clinicians to sharpen their women's health skills. "We have collaborated throughout VA to develop training that keeps VA providers and staff at the forefront on women's health issues," said VA Secretary Eric K. Shinseki. "This training will help VA prepare for the continuing increase in women Veterans and the accompanying complexity of their health care needs." To reach VA's more remote locations, Women's Health Services recently partnered with VA's Office of Rural Health to sponsor 15 Women's Health Education Innovation Grants. These grants are providing resources to produce creative ideas for women's health education training at 15 VA locations nationwide. Lessons learned from this grant program will be used to

shape future national training initiatives. Additionally, the VA Women's Health Advanced Fellowship Program, which provides stipends to trainees in health care professions, has been expanded from seven to eight sites. Previously available only to physician trainees, the program has begun an interprofessional approach incorporating training of associated health and nursing professionals. The Women's Health Advanced Fellowship Program is sponsored by VA's Office of Academic Affiliations. Women Veterans are one of the fastest growing segments of the Veteran population. By 2020, VA estimates women Veterans will constitute 10 percent of the Veteran population and eight percent of VA patients. For more information about VA programs and services for women Veterans, please visit: www.va.gov/womenvet and www.womenshealth.va.gov. ◆

Trainee Outreach (Continued from page 5)

Tuscaloosa VA Medical Center

Kristin Pettey, MSW, Principal Investigator

The University of Alabama Family Medicine, Nursing, Psychiatry, Psychology, and Social Work trainees will be integrated with the Patient Centered Medical Home (PCMH) and PACT models in rural settings in rural Alabama.

VA Pacific Islands Health Care System

Rick Hayashi, MD, Principal Investigator

The Pacific Island CBOCs will host trainees in Family Medicine, Internal Medicine, Pharmacy, Psychology, and Social Work that will receive training in specific disease driven health care delivery to these highly rural Veterans. The University of Hawaii (UH), Hawaii Pacific University School of Social Work, UH School of Nursing, VA Nursing Academy (VANA), UH John A. Burns School of Medicine, UH School of Pharmacy, UH Department of Public Health, and local AHEC are the established affiliates/partners.

Salem VAMC

Mehdi Kazemi, MD, Principal Investigator

Salem will provide education on rural health care at CBOCs and at the Beckley West Virginia VAMC in addition to tele-health care for trainees in Family Medicine, Physician Assistant, and Nursing from the affiliate/partnerships at The University of Virginia School

of Medicine, Edward via College of Osteopathic Medicine VCOM, and Jefferson College of Health Sciences.

Salisbury VA Medical Center

Robin Hurley, MD, Principal Investigator

Trainees in general dentistry, optometry, psychology, psychiatry, rheumatology, PharmD, Immunology, and physical medicine-rehabilitation from Wake Forest School of Medicine/Baptist Medical Center (WFSM), East Carolina University (ECU) School of Dentistry, and Edward Via College of Osteopathic Medicine, will complete rural health training at the Salisbury VAMC. These trainees will be exposed to the top five diagnoses in the area in 2011: hypertension, diabetes mellitus Type II, posttraumatic stress disorder, hyperlipidemia and depression.

Omaha VA Medical Center

Joann Porter, MD, Principal Investigator

The Omaha VA Medical Center will enhance rural education and training to trainees, by utilizing telehealth in some of the eight CBOCs surrounding the tertiary care facility, including placing students at the Grand Island, NE CBOC. Their existing collaboration is with the Creighton University Medical Center, the University of Nebraska Medical Center, and the University of Nebraska Omaha, will place the following trainees: pharmacy, nurse practitioners, dental residents, social work, and a psychiatry resident. ◆

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

With **VA Blue Button**, Veterans are able to see a listing of their VA Immunizations in their My HealtheVet Personal Health Record. Their VA Immunizations can now be printed, saved or downloaded through the **VA Blue Button: Download My Data**.



To view their VA Immunizations, a Veteran needs to:

- be enrolled at a VA health care facility,
- be registered on My HealtheVet ,
- have a My HealtheVet Premium* account.



**To get a My HealtheVet Premium account, Veterans will need to go through authentication. This is a process by which VA verifies a Veterans' identity. This is done before allowing access to their VA health record.*

If Veterans have received any immunizations outside of the VA, like a flu shot given by a non-VA provider or local pharmacy, My HealtheVet allows the Veteran to self-enter that information. Veterans can also self-enter any allergies and/or adverse reactions they've had in the past.

Veterans with a My HealtheVet Premium Account may also use Secure Messaging to send a message to their VA health care team. They can ask about their VA Immunizations and what they can do to improve their health. By using Secure Messaging, VA patients can also request VA prescription renewals, follow-up on medical conditions, request VA Appointments, and more. Secure Messaging gives Veterans quick, easy access to communicate their non urgent messages with members of their VA health care team. It can be done anytime, anywhere, at their convenience. ♦

For more information, visit My HealtheVet at www.myhealth.va.gov!

Upcoming Rural Health Events and Conferences

National Organization of State Offices of Rural Health (NOSORH)



Second Annual National Rural Health Day, November 15, 2012

NOSORH and their partners will be "Celebrating the Power of Rural" November 11-17, showcasing Rural America and highlighting the efforts of State Office of Rural Health and others in addressing the unique healthcare needs of rural communities. National Rural Health Day is November 15th.

Learn more about National Rural Health Day events at: <http://www.nosorh.org/news/calendar.php>.

National Rural Health Association (NRHA)



NRHA Rural Multiracial and Multicultural Health Conference, December 4-6, 2012, Asheville, North Carolina

The Rural Multiracial and Multicultural Health Conference is one of the National Rural Health Association's fastest growing conferences. This event offers attendees the opportunity to meet with peers and experts dedicated to bringing quality health care and health care services to this underserved and often under-represented portion of the rural population.

Learn more about this NRHA meeting at: <http://www.ruralhealthweb.org/mm>.



www.ruralhealth.va.gov

VHA Office of Rural Health

"Using Innovation and Technology to Improve Access and Quality"

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