



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

Thomas Klobucar, Ph.D., ORH Executive Director

This year, the United States health care system has experienced unprecedented challenges due to the COVID-19 pandemic. While this is a difficult time for all Americans, [rural areas have been particularly hard hit](#).

The pandemic has highlighted long-standing inequities in broadband access, proximity to health care facilities, and childcare options for rural Americans. Additionally, the CDC claims that [rural areas may be at higher risk during the pandemic](#) due to older populations, higher rates of underlying chronic disease, and higher disability rates.

In spite of these challenges, the U.S. Department of Veterans Affairs (VA) has implemented an aggressive public health response to protect and care for Veterans, their families, health care providers, and staff in the face of this emerging health risk.

VA has administered over 813,000 COVID-19 tests nationwide, while taking aggressive steps to prevent COVID-19 transmission. VA has also provided beds, personal protective equipment, and other necessities to caregivers and Veterans in need.

Read more in VA Offers Free COVID-19 Resources and Guidance on page 2.

As COVID-19 shows signs of resurgence, there has never been a more important time to get your yearly flu vaccination. Remember that getting vaccinated is the best way to protect yourself, as well as your loved ones, against the flu virus.

Read more about no cost flu shot options for Veterans on page 2.

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As the nation grapples with the pandemic, our work at ORH continues. The ORH Veterans Rural Health Research Centers (VRHRCs) recently compiled several issue briefs to provide high-level overviews of the latest research and projects they are conducting.

Read more in VRHRC Issue Brief Summaries on pages 7-9.

Stay tuned as we highlight practical, tangible and beneficial ways to increase access to care for rural Veterans and explore the rural connections to VA's top health priorities. To join our rural Veteran community and receive program updates, please contact ORH Communications at ORHcomms@va.gov.

For the latest information about COVID-19 at the VA, please visit <https://www.publichealth.va.gov/n-coronavirus/index.asp> ♦

VA Offers Free COVID-19 Resources and Guidance

By Jasmine Williams, Office of Rural Health, Department of Veterans Affairs

In response to the coronavirus pandemic, and in fulfillment of its [Fourth Mission](#) responsibilities to support the nation during a national emergency, the U.S. Department of Veterans Affairs (VA) now offers guidance and free resources for health care providers across the nation. As part of this effort, VA's Office of Community Care (OCC) recently published a [resource page](#) that includes strong practices, testing information, training, and other resources related to COVID-19.

VA also hosts weekly COVID-19 Extension for Community Healthcare Outcomes (ECHO) webinars through [VHA TRAIN](#), a national learning network that aggregates training opportunities for public health, health care, and preparedness professionals. Webinar topics include:

- COVID-19 in rural areas
- Complications of COVID-19 in adults
- Economic impact of COVID-19
- Outpatient management of COVID-19
- Provider wellness

These resources aim to help both VA and non-VA providers manage the COVID-19 public health emergency, especially in high-risk areas such as rural communities. Specific guidance is also provided for community providers who provide health care services to Veterans on behalf of VA.

More resources and information are being added to the page as it becomes available. Visit the COVID-19 resource page here to learn more information: https://www.va.gov/COMMUNITYCARE/providers/COVID-19_Guidance.asp ♦



No-Cost Flu Shot Options for Veterans

By Office of Patient Care Services/Public Health, Department of Veterans Affairs

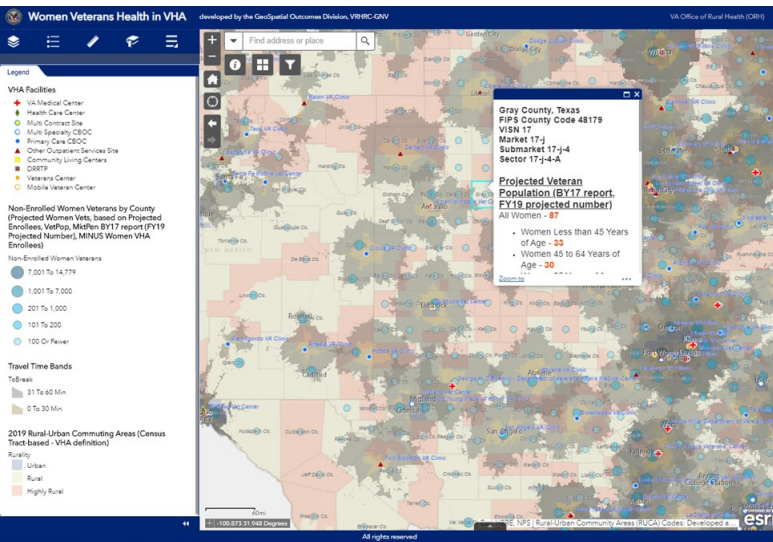


Flu season is here, and getting your flu shot has never been easier. Remember that getting vaccinated is the best way to protect yourself, as well as your loved ones, against the flu virus. This year, enrolled Veterans of the VA health care system have several options to get a flu shot. VA now offers more options, easy access, and seamless records. And the best thing is that your VA medical record, as well as your VA Blue Button, will be automatically updated.

Check out [when and where to get your flu shot today.](#) ♦

Smart Interactive Mapping Helps Leaders Improve Rural Women Veterans' Access to Health Care

By Justin Ahern, Lauren Wilson, and Eric Litt, GeoSpatial Outcomes Division, Veterans Rural Health Resource Center –Gainesville



Interactive map to examine women Veteran population, VA assets, and rurality.

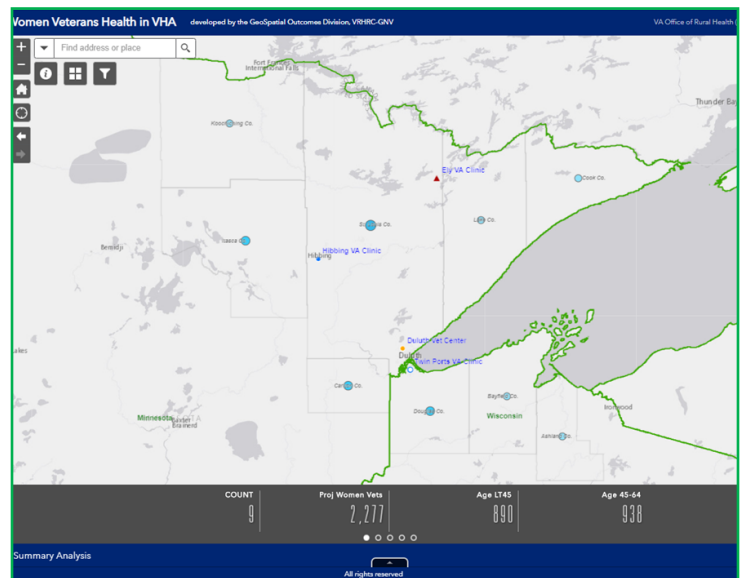
GSOD created a smart interactive web map application to serve as a ‘one stop shop’ resource that provides the most common map data visualization solutions for WHS. The GIS system portrays VA health care site locations, the volume of women enrollees and users by County, and projected women Veteran population to derive market potential. It also includes visual aid map layers for comparison, including rurality and drive-time areas, as well as built-in spatial analysis and infographic visualization tools that work interactively with the map. This collection of visual information and tools, the ability to drill down into specific regions, and additional information about features via pop-ups enable WHS staff to examine all the information in one place to properly target potential areas of outreach in a more focused manner.

GSOD provided mapping tool training to hundreds of WHS staff, who applauded its ability to quickly provide accessible, data-rich situational awareness. This is a compelling example of how GIS can powerfully support informed decision-making in VA as WHS staff plan their outreach efforts and enroll more women Veterans in areas that need it the most.

One program manager commented that prior to the development of the GSOD mapping tool, she was “not only constantly pulling data from several different sites, but also often calculating the data to determine where a potential outreach need may exist, all of which is time consuming, but so very important to do”. She praised the new GSOD web application’s ease of use, noting “all this information, readily at my fingertips, helps me to quickly identify where an outreach need may exist. It is also a great visual tool for sharing important data with leadership.” ♦

With more women serving in the United States Armed Forces, they represent a fast-growing segment of eligible users of U.S. Department of Veterans Affairs (VA) health care services. Targeted outreach to women Veterans, particularly in rural areas of the United States, is a priority and is essential to ensure that they receive the services they need and have earned.

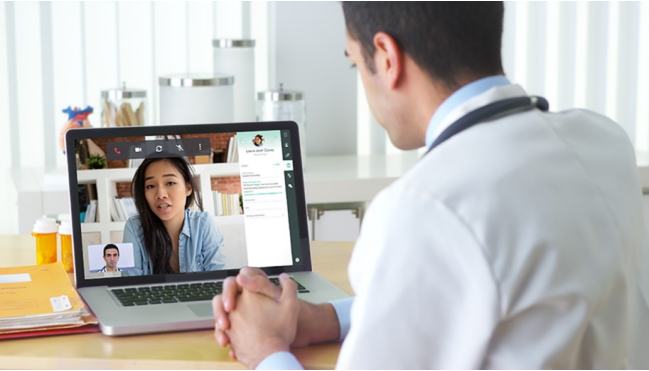
The Office of Rural Health’s (ORH) GeoSpatial Outcomes Division (GSOD) provides geospatial solutions and develops Geographic Information Systems (GIS) map products for VA program offices and staff to visualize layers of geospatial data and empower meaningful insight, understanding, and decision making. VA Women’s Health Services (WHS) Office, called upon the expertise of the GSOD team to build a specialized mapping tool to assist WHS directors and program managers with their strategic planning and targeted outreach. WHS leaders nationwide recognized they could use the power of GIS to identify rural or underserved geographic areas where there may be opportunities to enroll women Veterans currently not enrolled in VA health care services.



Interactive map feature that summarizes population data in drilled down area.

VA National TeleMental Health Center Connects World-Renowned Experts to Providers and Veterans with Complex Mental Health Disorders Nationwide

By **Ellen Edens, MD**, VA National TeleMental Health Consultation Center



The National TeleMental Health Center (NTMHC) is a collaboration between the VHA Office of Connected Care/Telehealth Services and VHA Office of Mental Health and Suicide Prevention. The NTMHC's goal is to provide every Veteran with access to the VA's world-renowned expert clinicians. These clinicians are selected based upon their extensive knowledge and specialized experience in their respective fields. The NTMHC's programs were specifically chosen to address difficult to treat/manage mental health diagnoses.

Since its inception in 2010, the National TeleMental Health Center has provided services to over 140 VA facilities within all VISNs and to multiple Department of Defense sites. This translates to well over 26,000 encounters for more than 6,400 unique Veterans and military personnel.

Expert Consultation Services Offered

- Real-Time Video Expert Consultation – National TeleMental Health Center expert clinicians conduct a clinical video consultation session with the Veteran, following a comprehensive review of the Veteran's medical history. Based upon this assessment, the NTMHC experts help develop specialized treatment plans to fit the needs of each Veteran.
- Expert E-consults – National TeleMental Health Center expert clinicians will review the Veteran's medical record to complete an electronic consultation with recommendations for care.
- "Ask the Expert" – Veterans can e-mail the National TeleMental Health Center's expert clinicians with any general questions (i.e., those which do not involve protected health information) about Bipolar Disorder, Psychosis, and Substance Use Disorder. Email addresses are as follows:
 - ◆ Bipolar Disorder: AskTheExpert-BipolarDisorder@va.gov
 - ◆ Psychosis: AskTheExpert-Psychosis@va.gov
 - ◆ Substance Use Disorder: AskTheExpert-SubstanceUseDisorder@va.gov

Expert Clinical Programs

The National TeleMental Health Center has developed a portfolio of national services, each with a team of expert clinicians. Consultative services provided by these nationally recognized expert clinicians include a comprehensive chart review, clinical assessment, and psycho-pharmacologic evaluation.

After conducting their review, expert clinicians will offer recommendations to address specific questions of the referring clinician. Program specific tele-interventions may be available. These programs are time-limited in scope and are adjunctive to the care provided by the local clinical teams – day-to-day care of the Veteran continues to be managed by the local clinician.

The National TeleMental Health Center currently supports the following patient conditions:

- Bipolar Disorder
- Non-Epileptic Seizure & Epilepsy
- Parkinson's Disease Neuropsychiatry
- Psychosis
- Substance Use Disorder – including evaluation of long-term prescribed opioid use
- Memory Disorder – *starting Oct. 1, 2020*

Getting Started

For assistance in placing a video or e-consult, please contact the National TeleMental Health Center at VHANTMHCAdminStaff@va.gov or **203-479-8181**. "Ask the Expert" is available for every VA clinician nationwide for questions regarding Bipolar Disorder, Psychosis, and Substance Use Disorder. ◆

Women’s Culture Change Campaign



For generations, women have answered the call to serve in the U.S. military with courage, loyalty and pride. However, both in deployment and at home, women Veterans continue to face challenges their male counterparts do not. [Only 37% of the 256](#) women Veterans who participated in a survey by nonprofit The Mission Continues said they felt "recognized, respected and valued" as a women Veteran within non-Veteran culture.

VA Women’s Health Services has launched several campaigns in recent years to highlight the experiences of women Veterans, recognize their military service, and demand their need for respect in healthcare settings. This summer, the most recent culture change campaign focused on the unique health and cultural challenges that women Veterans face. The campaign highlights VA benefits and services for women Veterans including [updated facilities](#), [mental health](#)

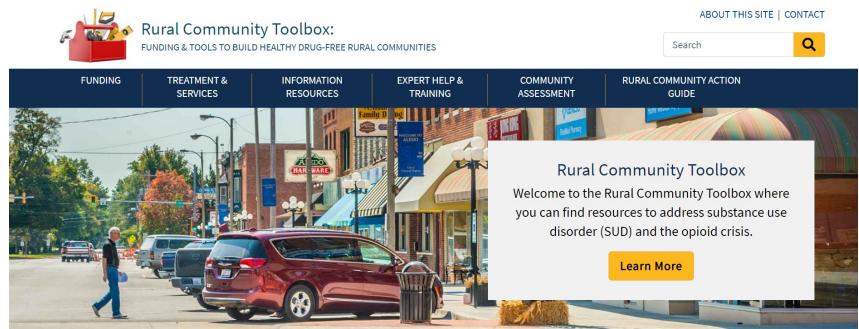
[care](#), the [Women Veterans Call Center](#) and the [Women’s Health research database](#). ♦

Office of National Drug Control Policy (ONDCP) Launches Rural Community Toolbox

By **Beth Schwartz**, Office of Rural Health, Department of Veterans Affairs

In 2018, nearly 68,000 Americans died due to a drug overdose. While that figure represents the first decline in the number of drug overdose deaths in 30 years, it still accounts for nearly 200 people each day. Rural areas lack many of the resources needed to keep people healthy and free from addiction, including critical assets like treatment centers, mental and behavioral health counselors, support groups, and transportation.

As a committed partner to local leaders combating the addiction crisis in rural America, the Office of National Drug Control Policy (ONDCP) recently launched a [rural community toolbox](#), an online clearinghouse designed to connect rural leaders with funding, data and information to combat drug addiction in rural America. With resources from 16 different Federal departments and agencies, the Rural Community Toolbox is a one-stop shop for those seeking help in building strong, healthy and drug-free rural communities. In addition to funding and technical assistance, the RCTB includes resources on over 40 key topics related to addiction in rural America as well as Federal resources about treatment and recovery support for individuals who have been impacted by substance use disorders.



Federal resources that can help rural communities become strong, healthy, prosperous, and resilient places to live and work.

Built to be a comprehensive resource for rural communities, the Rural Community Toolbox also houses the [Community Assessment Tool](#) and [Rural Community Action Guide](#) to provide rural leaders with data, background information and recommended action steps to address addiction in their community.

- The [Community Assessment Tool](#) offers county-specific data about overdose deaths and factors that may make a community more vulnerable to addiction, such as unemployment rates and education levels. In June 2020, the Rural Inter-agency Working Group added new data sets to the tool including broadband availability, transportation, treatment facilities, healthcare professional shortage areas, economic development districts and persistent poverty counties. The tool was also updated to include a rural prosperity index to help rural leaders think about community resiliency.

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Office of National Drug Control Policy (ONDCP) Launches Rural Community Toolbox (continued from page 5)

- The [Rural Community Action Guide](#) provides background information and recommended action steps from rural stakeholder partners on 15 different topics related to addiction – ranging from stigma to recovery housing and broadband access.

For more information and to view the entire toolbox, visit <https://www.ruralcommunitytoolbox.org/>. ♦

Understanding the Complexities of Care Coordination for Rural Veterans

By Pamela W. Lee, Ph.D. and Matthew Vincenti, Ph.D., Veterans Rural Health Resource Center—White River Junction

Many Veterans simultaneously use VA and community-based healthcare services, a practice that was facilitated by the 2014 Veterans Choice Act and expanded by the 2018 VA MISSION Act. While this practice can improve rural Veterans' care access, it also creates challenges for care coordination.

To inform VA policy and develop strategies for effective care coordination in rural areas, Dr. Christopher Miller and colleagues from the VA Boston Healthcare System, Center for Healthcare Organization and Implementation Research partnered with ORH's Veterans Rural Health Resource Center (VRHRC) in White River Junction to investigate challenges in care coordination between VA Clinics and community providers serving rural Veterans. The study was published in the *Journal of Rural Health* in May 2020.

Study sites were chosen from across the United States and included VA facilities and community clinics that shared the care of at least one rural Veteran. Researchers conducted telephone interviews with 57 healthcare administrators, care coordinators and front-line clinicians between March 2017 and May 2018. Interviews focused on care coordination processes, structures, relationships, and organizational context. This work preceded full implementation of the MISSION Act in June of 2019, so it is unclear if the issues discussed below persist in the current environment.

These interviews identified rural geography and provider shortages as significant barriers to effective care coordination. Distance to care presents transportation challenges for patients and impedes in-person care coordination between VA and community providers. Moreover, regions experiencing VA provider shortages experience similar community provider shortages, and this may be particularly acute for mental health and substance abuse services. Even when community providers are available, they may not have the training to treat combat-related conditions such as posttraumatic stress disorder and traumatic brain injury. Thus, expanded access to community care may not be meeting the needs of many rural Veterans.

Study participants were often troubled by the complexity of the care coordination process. While the VA Office of Community Care (OCC) was created to centralize care coordination duties, this additional oversight has created confusion about patient ownership and clinical responsibilities. Frequently, multiple care coordinators are assigned to a single Veteran. As a result, community clinic respondents expressed the desire for a consistent, knowledgeable VA contact person to address care coordination issues. However, if this VA contact leaves their position, care coordination efforts can be severely hampered. Therefore, robust succession plans are needed to ensure new care coordination staff are quickly trained in procedures and contacts that were previously put in place. Interviewees also reported that scheduling, eligibility, and reimbursement administration through third party administrators has resulted in additional inefficiencies that have delayed care and impeded coordination.

Respondents from VA and community clinics similarly described cultures which place the care of patients at the center of practice. However, VA clinics were often seen as more impersonal, insular, and rigid; an impression expressed by both community and VA staff. Thus, in addition to procedural improvements, on-going growth in organizational understanding and cultural alignment is needed to optimize care coordination between the VA and community. ♦



VRHRC Issue Brief Summaries

Last year, the ORH Veterans Rural Health Research Centers (VRHRCs) compiled several issue briefs to provide high-level overviews of the latest research and projects they are conducting. The briefs are summarized below.

Home-Based Cardiac Rehabilitation Improving Function

Background: Cardiac rehabilitation (CR), an essential treatment for cardiovascular disease, focuses on lifestyle treatment and risk reduction by promoting optimal physical and psychosocial functioning. In 2010, as a solution to address access barriers for our rural Veterans in obtaining CR, the Iowa City VA medical center developed and implemented a home-based cardiac rehabilitation (HBCR) program.

Findings: Data was collected and analyzed on 572 Veterans from across the country. Veterans who completed the HBCR program demonstrated significant improvement in exercise capacity.

Implications: The HBCR program has addressed and reduced barriers to Veteran access to CR by bringing individualized care into the patients' home. The success of the program continues to drive expansion to additional VA facilities across the country.

Subject Matter Expert:

Kariann Drwal, MS, CCRP, RCEP, ATC/LAT

Identification of Military Veterans Upon Implementation of a Standard Screening Process in a Federally Qualified Health Center

Background: Many rural Veterans face barriers to care including living long distances to both primary and specialty care services. Veterans often choose to receive care in community-based settings, such as Federally Qualified Health Centers (FQHCs), many times in conjunction with VHA services. The identification of Veteran patients receiving community-based care is important and has implications for healthcare access and delivery as well as workforce training and development.

Findings: Standardizing the method in which Veteran status is captured within an FQHC resulted in a significant increase in the number of Veterans identified who received community based care.

Patients identified as Veterans at FQHC

| Reporting Year | Number of Unique Patients (less children under age 18) | Number of Veterans identified | Percentage of total patients | Percentage of adult patients |
|----------------|--|-------------------------------|------------------------------|------------------------------|
| 2015 | 17,459 (11,937) | 56 | .32% | .46% |
| 2016 | 16,221 (11,306) | 229 | 1.41% | 2.02% |
| 2017 | 16,827 (11,370) | 506 | 3.01% | 4.45% |
| 2018 | 17,976 (12,182) | 527 | 2.93% | 4.33% |

Source: HRSA Uniform Data System

Implications: Knowing Veteran status has enormous implications for screening and care, including awareness of conditions more likely to impact Veterans such as PTSD, and may inform increased opportunities for providers to engage in Veteran-centric education and training, in-service opportunities, and a general awareness of global Veterans' issues.

Subject Matter Expert:

M. Bryant Howren, PhD, MPH

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An M-Health Intervention to Increase the Activity Levels of Rural Veterans

Background: Nearly one-third of all U.S. Veterans are obese, and an additional 44% are overweight. MapTrek, an m-health intervention developed by collaborators at the University of Iowa, is a mobile-phone-based web app that allows users to take a virtual walk in interesting locations around the world while tracking their progress against that of others like themselves on an interactive map.

Findings: A total of 274 Veterans (or 73 percent of the total goal) have enrolled in the program.

Implications: Most Veterans in the intervention group have expressed positive opinions of VA MapTrek. Many have expressed interest in continuing to play it if they had access. Additionally, many believe that it influenced their physical activity behavior.

Subject Matter Expert:

Shelby L. Francis, PhD

Population Health Approach Improves Access to Bone Health Care

Background: Osteoporosis is a chronic condition which increases patients' risk of broken bones. While Osteoporosis testing and medication are widely available to VA enrollees, few Veterans at risk are evaluated or treated. Men and Veterans living in rural areas of the country are less likely than others to receive bone health care. The Rural Bone Health Team (BHT) was started to deliver osteoporosis care to rural Veterans.

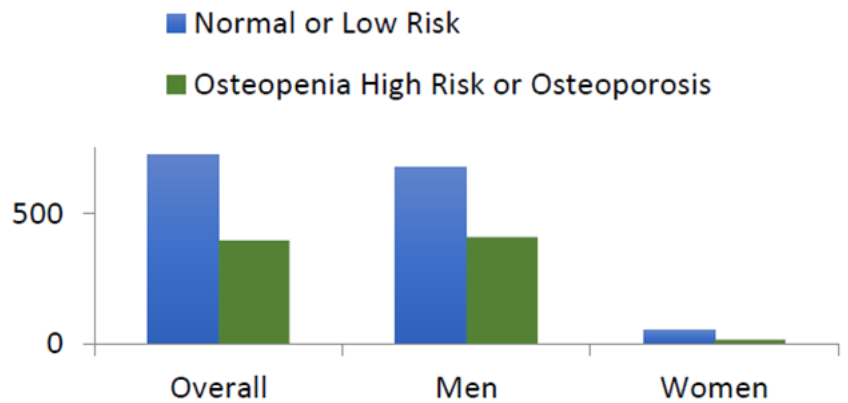
Findings: BHT identified and reached out to more than 4500 Veterans with unevaluated bone health risk. More than 1000 received care, resulting in roughly 400 new diagnoses. Under BHT's care, more than 90 percent of those Veterans started a medication to reduce their risk of a life-changing fracture.

Implications: While the population health model taken by BHT has been effective, primary care providers suggest there may be missed opportunities to improve care coordination, including communications to improve PCPs' own osteoporosis knowledge through the electronic health record or providing feedback on PCP performance related to bone health.

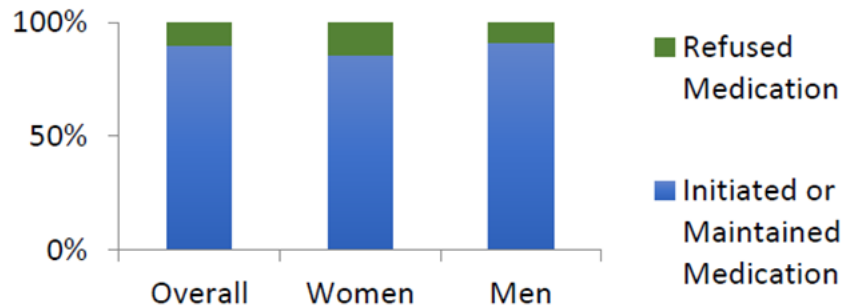
Subject Matter Experts:

Karla Miller, MD and Samantha Solimeo, PhD, MPH

Number of Veterans Evaluated by Diagnosis



Percent of Veterans Initiating Treatment



(Continued on page 9)

Telephone Cognitive Behavioral Therapy to Prevent Chronic Postsurgical Pain

Background: Among U.S. Veterans enrolled in the VA Health Care System, up to 50% of males and 75% of females experience chronic pain. Through support from ORH, this team developed a Telephone Cognitive Behavioral Therapy (TCBT) intervention tailored to managing post-surgical pain and stressors during the perioperative period.

Perceived impacts of TCBT



Findings: The interim analyses indicate positive effect of the TCBT intervention on pain outcomes at three months post-surgery.

Implications: This pilot demonstrated that a telephone-based cognitive behavioral therapy intervention prior to and following surgery may benefit rural-dwelling Veterans and reduce the incidence of persistent post-surgical pain.

Subject Matter Expert:

Katie Hadlandsmyth, PhD

Improving VHA Medication List Accuracy – An Intervention to Improve Quality and Safety for Veterans Who Seek Care in the Community

Background: Between 40 and 70 percent of Veterans received care from providers outside the U.S. Department of Veterans thereby requiring measures to improve care continuity between healthcare systems. This study aims to improve the accuracy of the comprehensive VA medication list for Veterans who also seek care in the community.

Findings: Two weeks prior to the Veterans primary care VHA appointment, staff sent out a pre-appointment packet which included step-by-step instructions with illustration on how to conduct home medication review. The study found that simple, paper-based instructions were effective in helping Veterans identify errors in their medication list and tell their VA provider about these errors. To-date, 477 Veterans completed the form and brought it in to their provider. Of these, 26 percent resulted in providers making changes to the VHA medication list.

Implications: The research team is planning to expand the number of providers participating in the project by engaging other rural CBOCS and the parent facility.

Subject Matter Expert:

Carolyn Turvey, PhD

Expanding Implementation of Comprehensive Telehealth-Based Diabetes Care (ACDC)

Background: Rural Veterans with type 2 diabetes face unique barriers to improved control, including limited access to specialty care and diabetes education. The Advanced Comprehensive Diabetes Care (ACDC) telehealth program at VHA sites is delivered by VHA Home Telehealth (HT) nurses, and augments standard HT telemonitoring with self-management support and specialist-guided diabetes medication management.

Findings: ACDC is proven to improve control of type 2 diabetes even in the most refractory cases, and can be delivered using only existing VHA staffing and infrastructure.

Implications: ACDC is effective enough to reduce VHA's burden of type 2 diabetes costs and complications. It compellingly addresses all 6 ORH Promising Practice criteria (increased access, strong partnerships, clinical impact, return on investment, operational feasibility, and customer satisfaction).

Subject Matter Expert:

Matthew Crowley, MD ♦

Leading Alzheimer's Disease and Related Dementias (ADRD) Initiatives in Rural America



The RURAL MONITOR



Dr. Byron Bair

According to the Centers for Disease Control and Prevention, [dementia is not a specific disease](#). Instead, it's a general term for the "impaired ability to remember, think, or make decisions that interferes with doing everyday activities." Alzheimer's disease is the most common type of dementia. Researchers and experts often refer to these brain disorders as "[Alzheimer's Disease and related dementias](#)," or [ADRD](#).

Dr. Byron Bair, clinical director of the ORH Veterans Rural Health Resource Center in Salt Lake City, was recently interviewed by the [Rural Health Information Hub](#) about ORH programs that focus on the geriatric needs of rural veterans and the providers who care for them. These programs include [GRECC Connect](#), the [Home-Based Primary Care Program](#), the [Dementia Caregiver Video Series](#), and the [Geriatric Scholars Training Program](#).

"In general, the issues around aging are hidden," Dr. Bair said. "Rural issues are often hidden, too. When you combine these hidden issues associated with aging, dementia, and healthcare delivery for rural populations, there's a need to spotlight this diagnosis. Especially with dementia, patients and their families can feel very isolated — and even more so in rural areas — and unaware there is treatment and support available. But, it's also important to recognize that not only do patients and families feel isolated, so do their rural healthcare providers. We have developed programs that specifically address these rural ADRD issues."

To read the full article in *The Rural Monitor*, visit <https://www.ruralhealthinfo.org/rural-monitor/dementia/>. ♦



www.ruralhealth.va.gov

VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

Thomas Klobucar, Ph.D., ORH Executive Director
Sheila Robinson, DHA, ORH Deputy Director

The Rural Connection Editorial Team:

Beth Schwartz, Editor

**Questions? Comments?
Please feel free to email us at:**

ORHcomms@va.gov