



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

Thomas Klobucar, Ph.D., ORH Executive Director

As medical facilities across the nation deal with the impact of the coronavirus pandemic, the U.S. Department of Veterans Affairs (VA) is not only executing on existing plans and procedures to best serve and protect the health and well-being of Veterans, but is also committed to supporting community providers in caring for all Americans.

As a part of VA's 4th Mission, "Beyond the VA Walls," VA is working closely with government agencies, non-governmental organizations, and community providers to find ways to help our nation through this challenge.

Whether providing coaching and training, testing, personal protective equipment (PPE) support, or even patient care, VA's doors are open to helping communities during this pandemic and beyond. As part of this effort, this office is contributing to VA's efforts within rural communities.

VA offers support to the community in

escalating levels of engagement, which include:

- Coaching and training to mitigate operational failure
- Testing where VA resources are available
- Hands-on support when necessary, possible and under appropriate conditions (e.g., FEMA Mission)

A few examples of how the VA Office of Rural Health (ORH) is sharing knowledge and best practices with community providers:

Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO)

The VA SCAN-ECHO program uses video teleconferencing technology to link providers, many of whom work in rural communities, to specialists at VA medical centers to exchange information and provide consultation.

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VA developed, in just a few weeks, a nationwide VA SCAN-ECHO on COVID-19. This program is already available to VA providers. On June 17, SCAN-ECHO opened up to participation from all providers regardless of their affiliation.

This exchange of information enables rural community clinicians to get access to best practices and the latest advances in health care delivery from VA experts across the nation.

[Remote, Home-Based Cardiac Rehabilitation](https://www.ruralhealth.va.gov/docs/promise/ORH_Promising_Practice_Cardiac_Nov2016_508.pdf) (https://www.ruralhealth.va.gov/docs/promise/ORH_Promising_Practice_Cardiac_Nov2016_508.pdf)

Remote, home-based delivery of cardiac rehabilitation (HBCR) uses telehealth to connect patients with a cardiac rehab professional to tailor counseling sessions from their home on exercise prescription, heart health nutrition, tobacco cessation, stress management and medication adherence.

ORH is making the ORH Rural Promising Practice in [Remote, Home-Based Cardiac Rehabilitation](https://www.youtube.com/watch?v=S3tl3vMaDJs) (https://www.youtube.com/watch?v=S3tl3vMaDJs) available to rural non-VA providers to support cardiac rehab while maintaining social isolation. This award-winning program from the ORH Veterans Rural Health Resource Center (VRHC) in Iowa City will provide program course materials, toolkits, and mentored guidance on program start-up to community providers.

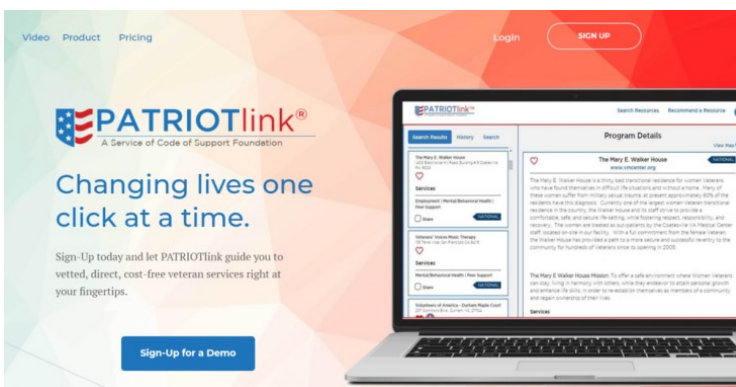
We need to continue to share our extensive data, knowledge, and expertise with rural, Veteran, and health care communities alike to bring about greater impact for the rural communities we serve. Together, we are stronger.

Another way VA builds stronger community health care is through expanded telehealth. When a person suffers a stroke, time to care is critical. With about 4,500 Veterans diagnosed with strokes each year, VA has found a way to quickly connect rural Veterans with stroke care 24/7/365. **Read how VA's Telestroke Program is Saving Veterans' lives on Page 3**

A Veteran caregiver's job is filled with many responsibilities, and often, many caregivers navigate all of the duties without support for themselves. And if you're a rural caregiver, the closest help or support may be hours away. VA uses technology to virtually connect with caregivers the support they need, so they can help Veterans live to their fullest potential. **Read more in Supporting Rural Caregivers Where They Live on Page 4**

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. ♦

Veterans Search for FREE Resources through PATRIOTlink®



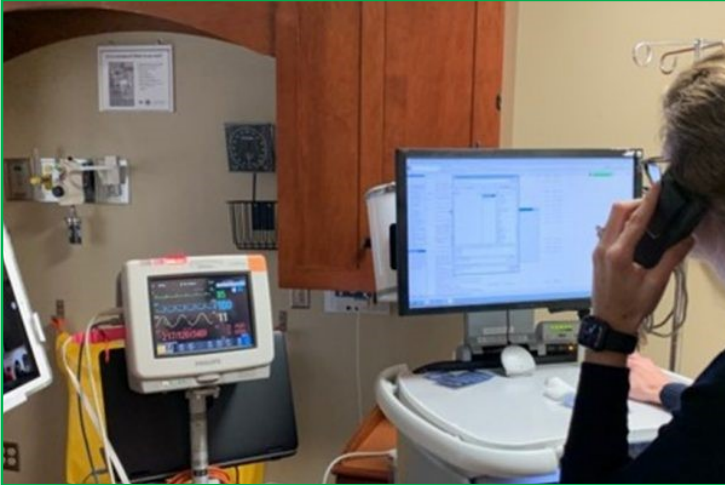
Rural Veterans and their families should not have to struggle with finding resources and services, so VA encourages them to use the free services from partners like the Code of Support Foundation.

The Code of Support's PATRIOTlink® platform is a free online resource database that includes thousands of programs tailored to the military and Veteran community. Through PATRIOTlink®, users can search vetted, direct, cost-free services specific to their needs.

Now, users can complete searches by entering less information and can view events and job opportunities in their area through a news feed feature. For more information, please visit <https://www.blogs.va.gov/VAntage/71957/free-resources-code-support-patriotlink/>. ♦

VA's Telestroke Program is Saving Veterans' Lives

By **David J. Adriansen**, Director of Simulation, VA National Telestroke Program, Department of Veterans Affairs



A Birmingham VA nurse uses mobile technology to consult with an NTSP neurologist.

Each year, medical staff diagnose approximately 4,500 Veterans with an acute ischemic stroke (AIS). Stroke is the fifth leading cause of death in the United States and the leading cause of serious, long-term disability.

The VA National Telestroke Program (NTSP) serves Veterans with acute stroke symptoms at VA emergency departments, urgent care centers and hospitals.

The NTSP is comprised of a virtual “hub” of VA stroke neurologists located around the country. They participate in a 24/7/365 call schedule to provide coverage to participating facilities. Dr. Sharyl Martini, NTSP medical director, said the program has 22 neurologists covering Telestroke services for 40 VA facilities, with 20 additional facilities forecast to be added annually from fiscal year 2021 through 2023.

VA grew the program to provide acute stroke expertise to VA facilities that lack around-the-clock acute stroke coverage, Dr. Glenn Graham, VA Deputy National Director of Neurology, said. Graham is the program’s executive champion and founded the program in 2017.

When a Veteran with acute stroke symptoms presents at a participating VA facility, front-line staff use a mobile device to videoconference with the Telestroke neurologist. The neurologist examines the patient and reviews the medical record and CT images. They then advise the local treating physician of the diagnosis and recommend treatment. The staff enters the recommendation in the patient’s record. The local treating provider executes the recommendations.

VA’s Office of Connected Care partners with VA’s Office of Rural Health on the VA National Telestroke Program to supply the mobile tablets to VA facilities throughout the country, which make remote tele-care possible.

Simulation scenarios

“Before a VA Telestroke facility activates Telestroke services, the NTSP team conducts a 2 1/2 day go-live course onsite, including three to four Telestroke simulations,” said Dr. Jane Anderson, NTSP director of education.

The team uses standardized patients in simulation scenarios involving a patient presenting with stroke symptoms. Simulation Learning, Education and Research Network (SimLEARN) registered nurse faculty support the program. Each simulation involves mobile technology and simulated waveforms on actual patient monitors to increase simulation fidelity. Staff follow the patient through initial diagnosis, communications with the Telestroke neurologist, CT scan and medication administration.

According to Bill Cerniuk, NTSP chief technology officer, the field of VA Telemedicine continues to expand and is positively impacting care for our Veterans.

VA Mobile Technology and Simulation supporting the Telestroke Program are helping reinforce provider learning and improve patient care. The technology is provided via Virtual Reality, Serious Gaming, Artificial Intelligence and Standardized Patients.



Telestroke simulation January 29th in the Nashville VAMC Emergency Department

Get the [facts about strokes](https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/ss20170502-stroke-factors-effects-prevention) (https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/ss20170502-stroke-factors-effects-prevention) from VA’s My HealthVet. ♦

Supporting Rural Caregivers Where They Live

By **Bret Hicken**, Psychologist, VRHRC-SLC and **Vicki Brienza**, Office of Rural Health, Department of Veterans Affairs

The role of a Veteran caregiver can mean wearing many different hats, including the necessity to provide a whole cadre of services such as physical care, emotional support, medical advocacy, and sometimes financial and legal support advice. Caregivers often navigate all these duties without support for themselves. And if you're a rural caregiver, the closest help or support may be hours away.

The Department of Veterans Affairs (VA) Caregiver Support Program (CSP) understands these unique challenges and is here to help improve the quality of life of caregivers so they can help Veterans live to their fullest potential.

An important way that CSP connects with rural Veteran caregivers across the miles is through the use of

[VA Video Connect](https://www.myhealth.va.gov/mhv-portal-web/ss20200320-va-video-connect) (VVC) (<https://www.myhealth.va.gov/mhv-portal-web/ss20200320-va-video-connect>.)



Two years ago, CSP partnered with the VA Office of Rural Health (ORH) via the Veteran Rural Health Resource Center (VRHRC) in Salt Lake City to develop a pilot project to incorporate the use of VVC to complete regular monitoring visits with caregivers and Veterans enrolled in the Program of Comprehensive Assistance for Family Caregivers.

Nineteen Caregiver Support Coordinators (CSC) from 16 sites participated in the pilot project. Over approximately seven months, all 19 CSCs successfully implemented VVC at their site and conducted at least one visit over VVC, completing 213 visits in total. CSCs and caregivers were satisfied with VVC on 86% to 87% of visits throughout the pilot implementation.

Pilot participants quickly learned that VVC is an incredible tool for both providers and caregivers. Not only was it easier for rural caregivers to connect to VA support virtually, but appointments were more easily scheduled around the caregivers' busy schedules. Veterans and caregivers found it convenient to connect online, rather than having to travel to VA for an appointment. VVC reduced travel time and the virtual encounter enabled a visual connection for the caregiver, Veteran and clinician to see each other during the visit (versus a phone visit). All these elements were important benefits of VVC.

Based on the success of the pilot, CSP and the VRHRC held a strategic planning meeting (with the pilot project's CSCs) in December 2019 to develop a national plan to help all CSCs across VA to implement VVC at their own facilities. The meeting attendees developed an implementation plan that covered strategic areas including training, marketing, support, and local adaptations of VVC. This plan included multiple strategies to support local CSCs' adoption of VVC, including:

- 12-module implementation guide tailored to CSCs
- Subject Matter Expert (SME)-led training sessions from CSCs who participated in the pilot project, CSP staff, and experts from both CSP and ORH
- Buddy Program where CSCs experienced in using VVC assist with technical problems, issues or questions, or conduct practice sessions.
- VVC weekly support call for questions, answers and feedback from SMEs

With ORH support, CSP implemented this plan just as COVID-19 began to push much of VA care to virtual platforms. The module guide was released to CSCs at the end of March and more than 1,300 attendees logged into two virtual training sessions in April. VVC support calls have been attended by an average of approximately 200 clinicians each week.

CSCs are using VVC in other ways to work with caregivers. They also offer individual support and assistance to caregivers and facilitate support groups for caregivers in the comfort of their own homes.

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Supporting Rural Caregivers Where They Live (continued from page 4)

VA CSCs: What resources are available for you to get started?

- **Download the 12-module guide** - Find the easy-to-use guide at: <http://r03cleapp06.r03.med.va.gov/hub2/app/cgvr/library/record/visit?id=82054> (Internal VA)
- **Expert Training** - The team of SMEs includes CSCs who participated in the pilot project, CSP staff and experts from both CSP and ORH. The experts are available to support CSCs to implement this modality in the program.
- **VVC Buddy Program** - To request assistance, CSP created a VVC Buddy Program where a SME can help assist with technical problems, issues or questions, or conduct practice sessions. The VVC Buddy Assistance Request Form is available on SharePoint. The link can be accessed through the VA Video Connect (VVC) Library.
- **VVC Weekly Support Call** - Please join experts every Thursday at 2pm EST for an open Q&A session to get answers and feedback from SMEs.
- **Visit the Caregiver Support Program Hub** for other caregiver resources at <https://r03cleapp06.r03.med.va.gov/hub2/cgvr/index.html> (Internal VA)

For Caregivers of Veterans:

VA has two programs for caregivers: The Program of General Caregiver Support Services (eligible Veterans of all eras) and the Program of Comprehensive Assistance for Family Caregivers (eligible post-9/11 Veterans). If you'd like to find out how to get support, please visit www.caregiver.va.gov. ♦

National Rural Health Association Selects VA for the 2020 Journal of Rural Health Article of the Year Award

The Journal of the Rural Health (JRH) just recognized a Department of Veterans Affairs' (VA) study as their 2020 Article of the Year award recipient. JRH is a quarterly peer-reviewed journal published by the National Rural Health Association.



After considering all peer-reviewed articles, JRH's Editorial Board chose the "[Utilization of Interactive Clinical Video Telemedicine by Rural and Urban Veterans in the Veterans Health Administration Health Care System](https://onlinelibrary.wiley.com/doi/10.1111/jrh.12343)" by Scott V. Adams, PhD; Michael J. Mader, MS; Mary J. Bollinger, PhD; Edwin S. Wong, PhD; Teresa J. Hudson, PhD; and Alyson J. Littman, PhD. (<https://onlinelibrary.wiley.com/doi/10.1111/jrh.12343>) as the award recipient this year.

This study explores the use and impact of using clinical video telemedicine (CVT) for care in large integrated health care systems. According to the authors, interactive CVT has the potential to benefit health care systems and patients by improving access, lowering costs, and more efficiently distributing providers. The study concludes that CVT utilization in the Veterans Health Administration (VHA) increased quickly and exceeds published rates in the private health care market. The availability of CVT has likely increased access to VHA care for rural veterans, especially for mental health care.

"Both the editor and editorial board of the Journal of Rural Health see this article as addressing an important issue and offering practical and actionable recommendations for improving access to telemental health services," says Carrie Henning-Smith, Editorial Board chair in NRHA's press release. "This article can make a positive difference in the effort to address widespread barriers to mental health care in rural areas. We applaud the authors for their work and are pleased to disseminate this work through the JRH."

"This is a big deal." Dr. Thomas Klobucar, ORH executive director of the VA Office of Rural Health, shared. "We are so proud of the work our team does on behalf of rural Veterans. Then to have it recognized by both your highly-esteemed medical peers and the JRH board is exemplary."

Funding for this partnered evaluation project was provided by the Health Services Research and Development Service (HSR&D), Quality Enhancement Research Initiative (QUERI) and the VA ORH (PEC 16-002).

To read the study in full please visit, <https://onlinelibrary.wiley.com/doi/10.1111/jrh.12343>. ♦

Gerofit's Dr. Morey Receives the VA Rehabilitation Research and Development Service's Highest Honor

By **Office of Research & Development**, Department of Veterans Affairs

Dr. Miriam Morey received the Department of Veterans Affairs' (VA) Rehabilitation Research and Development Service's highest honor—the Paul B. Magnuson Award. It is given to recognize humanitarianism and dedication in service to Veterans.

Morey is considered a leading researcher in the field of exercise and aging. She serves as the associate director of research at the Geriatric Research, Education, and Clinical Center at the Durham VA Health Care System in North Carolina. She is also professor of medicine and co-director of the [Claude D. Pepper Older Americans Independence Center](https://sites.duke.edu/centerforaging/claude-d-pepper-older-americans-independence-center/) at Duke University Medical Center.

"Dr. Morey's research is a compelling example of blended clinical and research activities," said Dr. Jean Beckham, co-chair for the research and development committee at the Durham VA Medical Center. "Her clinical demonstration program, Gerofit, has provided robust improvements to aging Veterans by increasing their physical fitness, functional status, and well-being."



Dr. Miriam Morey is associate director of research for the VA Geriatric Research, Education, and Clinical Center, Durham, North Carolina, and program director for Gerofit.

Gerofit is a supervised [exercise program](https://www.research.va.gov/currents/1117-Stepping-up-their-game.cfm) designed to help aging Veterans improve their physical strength and functional independence. Morey developed the program in the mid-1980s to help reverse functional decline in older Veterans. The Office of Geriatrics and Extended Care and the Office of Rural Health in VA committed \$10 million over the past five years to expand the program and develop new delivery models like tele-video exercise for rural Veterans. To date, Gerofit has been implemented at 17 VA health care systems across the U.S.

Morey is known for her collaborative approach to geriatrics research, having fostered research projects that extend across multiple disciplines such as nursing, engineering, surgery, oncology, cardiology, physical therapy, orthopedics, and community and family medicine.

In 2016, Morey and her team published a landmark study called "Physical Performance Across the Lifespan ([PALS](https://www.ncbi.nlm.nih.gov/pubmed/27356977))" followed 775 individuals between ages 30 and 90 for two years. Participants were assessed for mobility, strength, endurance, and balance. They also contributed blood samples and completed a medical history. The researchers found that physical performance in study participants started to decline in their 50s, earlier than typically detected. Based on these findings, the research team recommended the use of physical assessments across an adult's lifespan to facilitate early intervention.

Morey has been instrumental in mentoring young physicians studying clinical biomarkers of functional decline in older adults. Dr. Thomas Povsic, with guidance from Morey, published [research](https://www.ncbi.nlm.nih.gov/pubmed/26511012) that identified depletion of progenitor cells as a possible marker for age-related functional decline. The team used data from Morey's VA-funded [clinical trial](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448120/) that examined the effects of home-based counseling on older Veterans with prediabetes.

Morey's work is of particular relevance to VA, noted Dr. Gregory Eagerton, acting director of the Durham VAMC. Older Veterans over the age of 60 represent more than half of the VA population and they tend to use more health care. In 2017, the mean age of all Veterans in the U.S. was 64 years. Preserving physical function and building greater endurance in old age can make a significant impact on quality of life for Veterans.

The Magnuson Award honors the life and [legacy](https://www.rehab.research.va.gov/award/magnuson.html) of surgeon Dr. Paul B. Magnuson, who continuously sought new treatments and devices for his patients as they faced disability. Magnuson understood his duty, not just to cure, but to also restore a patient "to his family, his job, and his life."

Visit the [Gerofit website](https://www.va.gov/geriatrics/gerofit/gerofit_Home.asp) for more information. ♦

The Power of Telehealth Used in Substance Abuse Treatment

By **A.D. Savell, DNP** and **B. Bain, MD**, V23 Clinical Resource Hub, Department of Veterans Affairs

Mr. Jones* lived where he grew up, under wide open Western skies and hours away from a medical clinic. Combat wounds during the Gulf War left him with 100% service-connected disabilities. Further multiple back surgeries and degenerative joint disease left him with a physiological dependence on pain medication. He didn't want to need the drugs and tried a hospital treatment program for substance abuse. He was put on methadone maintenance but craved and continued to use opioids. He nearly died injecting heroin.

What could be done to help this Veteran

His best option was a U.S. Department of Veterans Affairs (VA) Residential Rehabilitation Treatment Program (RRTP), which delivers care to Veterans for whom outpatient substance use disorder (SUD) treatment has not worked in some way. It offers a safe place to receive in-depth, evidence-based SUD treatment. Mr. Jones was admitted into an RRTP that leverages telehealth technology to deliver expert psychiatric care.



How does telehealth psychiatry work in a residential program?

Before telehealth treatment begins, the nurse discusses the use of telemedicine with the Veteran and addresses any concerns they might have about this technology. The nurse gathers relevant screening information just the same as for an in-person visit, then situates the Veteran in a private room with a large screen, which allows the tele-psychiatrist to talk with the Veteran in real-time.

In clinical video visits with his tele-psychiatrist, Mr. Jones discussed many things, including why the outpatient treatment hadn't worked for him. His post-traumatic stress disorder (PTSD) and Opioid Use Disorder required more frequent medical support, but the time and distance to drive to a mental health appointment was itself a source of increased stress and challenges.

Together they determined to try a different medication-assisted treatment approach, buprenorphine. Treatment included monthly urine testing for the presence of buprenorphine and the absence of other opioids. Post-discharge planning from the RRTP involved Mr. Jones trying VA Video Connect (VVC) visits to his home. This meant his tele-psychiatrist would essentially come to him to check on how he was doing, determine if medication adjustments were needed, or if a change in his mental health treatment plan was indicated to better support him living free of substance abuse.

After several successful months of outpatient treatment, Mr. Jones stated that buprenorphine kept him honest. He understood that if he took it and then took another opioid, there was no effect. Conversely, if he took another opioid first and then buprenorphine, he suffered withdrawal symptoms. He especially appreciated the VVC visits, which not only eliminated several hours driving in all kinds of weather, but also let him keep the doctor he'd come to trust.

How does a telehealth provider work with RRTP and Mental Health Clinic staff on-site?

The telehealth provider interacts closely with other RRTP and mental health personnel through seamless communication using secure instant messaging, phone, and synchronous video. Like any other doctor prescribing controlled substances, the tele-psychiatrist follows the Ryan Haight requirements. Mr. Jones' tele-psychiatrist has received repeated recognition from Veterans and co-workers at the VA facility regarding his dedicated, compassionate, and excellent care. He is a valued member of their team.

This case shows how telehealth technology can be leveraged to bring SUD psychiatric expertise to Veterans in RRTP and help Veterans get treatment, no matter where they live.

* Some names and details may have been changed to protect the privacy of individuals. ♦

VA Office of Rural Health Funds Virtual Mental Health Programs

By **Jasmine Williams**, VA Office of Rural Health Communications, Department of Veterans Affairs

According to [the American Journal of Preventive Medicine](https://www.ajpmonline.org/article/S0749-3797(16)30205-7/fulltext#secsect0025) ([https://www.ajpmonline.org/article/S0749-3797\(16\)30205-7/fulltext#secsect0025](https://www.ajpmonline.org/article/S0749-3797(16)30205-7/fulltext#secsect0025)), more than 60 percent of Veterans who died by suicide experienced a mental health problem or depressed mood prior to their death.

For rural Veterans, finding mental health care treatment can sometimes be difficult because there are often fewer providers located in rural communities. The U.S. Department of Veterans Affairs (VA) recognizes this challenge and takes responsibility to help provide the nearly three million enrolled rural Veterans with high-quality health care, including crucial mental health services.

As the largest telehealth provider in the country, VA utilizes telehealth technology to provide Veterans with certain mental health care services from the comfort of their home. VA's Office of Rural Health (ORH) also funds several mental health [programs](https://www.ruralhealth.va.gov/aboutus/programs.asp) (<https://www.ruralhealth.va.gov/aboutus/programs.asp>) that are available to rural Veterans via telehealth, such as:

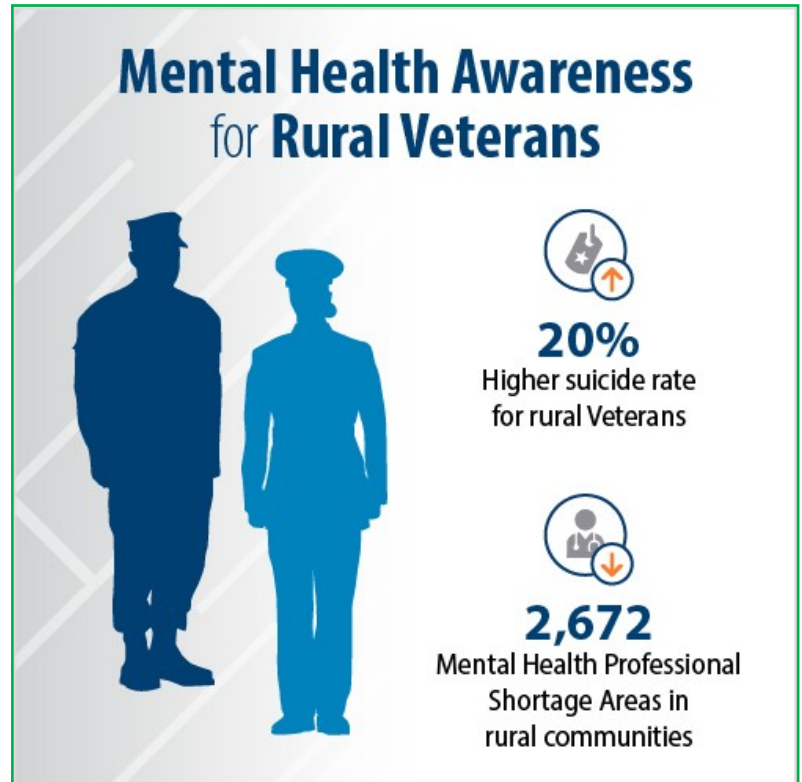
- **Rural Suicide Prevention** connects Veterans to comprehensive suicide prevention services and resources through enhanced education, public awareness campaigns, community training, crisis support, firearm safety, and care management for high risk individuals.
- **Clinical Resource Hubs – Telemental Health** connects specialists with rural Veterans to ensure access to mental health care services in rural areas.
- **Vets Prevail Web-Based Behavioral Support** provides Veterans who suffer from depression and/or post-traumatic stress disorder with tools to overcome these challenges. The program focuses on Veterans returning from recent conflicts, Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.
- **Military Sexual Trauma Web Based Therapy** uses telehealth to deliver specialized mental health care directly to the homes of Veterans who have experienced military sexual trauma.

Many Veterans continue to rely on VA for necessary mental health services. VA conducted 154,000 mental health consultations in March alone, which was nearly four times the number conducted in February.

If you are a Veteran in crisis — or you're concerned about one — free, confidential support is available 24/7. Call the Veterans Crisis Line at **1-800-273-8255** and **Press 1**, send a text message to **838255**, or [chat online](http://www.veteranscrisisline.net/ChatTermsOfService.aspx?account=Veterans%20Chat) (<http://www.veteranscrisisline.net/ChatTermsOfService.aspx?account=Veterans%20Chat>).

Data Citations in graphic:

- McCarthy, J.F., Blow, F.C., Ignacio, R.V., Ilgen, M.A., Austin, K.L., & Valenstein, M. (2012). Suicide among patients in the Veterans Affairs health system: Rural–urban differences in rates, risks, and methods. *American Journal of Public Health*, 102(S1), S111-S117. doi: 10.2105/AJPH.2011.300463
- Via RHI Hub: As of September 4, 2018, HRSA had designated 2,672 Mental Health Professional Shortage Areas in rural areas. It is estimated that it would take 1,851 practitioners to remove the designations. For the most current figures, see HRSA's Designated HPSA Statistics. ♦



Individualized Telephone Outreach Reduces COPD Acute Episodes

By **Maureen Jerrett**, VA Geriatric Scholars Program, Department of Veterans Affairs



A telephone outreach intervention, launched by U.S. Department of Veterans Affairs (VA) Geriatric Scholar Tammy McCoy, DNP, reduced acute episodes of chronic obstructive pulmonary disease (COPD) among older Veterans. This intervention reduced patients' use of VA health care resources and helped Veterans improve their quality of life.

Dr. McCoy and her Patient Aligned Care Team (PACT) from VA's rural outpatient clinic in East Liverpool, Ohio, randomly recruited a group of 10 geriatric Veterans with a range of COPD severity. After receiving a flu vaccine, that included protection from pneumonia, each Veteran received individualized, proactive health care visits by telephone each week for six weeks.

Improvements in health

During the outreach intervention, none of the Veterans required emergency care for the treatment of escalating COPD. This proved a stark contrast from the same period a year earlier when the 10 Veterans used VA emergency care resources six times in six weeks. Their clinic visits dropped by half, from eight to four, and the Veterans also made fewer calls to the clinic.

Optimizing VA resources

The team's proactive outreach intervention increased Veterans' access to care using resources already on hand.

"They felt their care was personalized. They felt empowered. We're making the patient happy. And we're freeing those resources for other Veterans," said McCoy.

VA Geriatric Scholars Program

McCoy is an alumna of the [VA Geriatric Scholars Program](https://www.va.gov/GERIATRICS/Geriatric_Scholars.asp) (https://www.va.gov/GERIATRICS/Geriatric_Scholars.asp), a workforce development program to integrate geriatrics into primary care practices. VA's Office of Rural Health and Geriatrics/Extended Care fund the program.

A core learning component for all Geriatric Scholars is to develop a local quality improvement (QI) project relevant to their older patients. Geriatric Scholars use the [Model for Improvement](http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx) (<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>), which requires a demonstration that any change is a measurable improvement.

The team sought to implement PACT proactive care management interventions. Their goal was to reduce VA resource use while improving patient quality of life—by achieving a 50% reduction in acute episodes of COPD during the project period. The measures of improvement were participants' total number of clinic telephone calls, clinic visits, and acute care visits, either inpatient or at the emergency department.

Effective management of COPD

The project team identified the leading causes of recurrent COPD exacerbations that led to the increased use of VA resources. The causes included multiple, complex health conditions, such as heart failure, diabetes, or high blood pressure; poor lifestyle choices, such as alcohol abuse or substance and tobacco use; lack of exercise, or poor diet; and non-compliance with inhaled therapies for COPD or miseducation about how to use them.

(Continued on page 10)

Individualized Telephone Outreach Reduces COPD Acute Episodes (continued from page 9)

The team identified the root causes that led to the development of talking points for the team's patient outreach. "We all got on the same page so that we're giving the same information to the patient," said McCoy.

The team contacted these Veterans weekly to review medications, positive lifestyle changes, signs and symptoms of infection and prevention, reportable symptoms, and immunizations. They engaged patients to remain compliant with medications and the flu vaccine to help reduce COPD flare-ups.

Transforming the patient experience

"Key to our project is making sure that it's mindful management of the patients. They get individual time on the telephone while their medications are in front of them to really focus," said McCoy. "Patient empowerment and satisfaction are at the core of the project. That's the bottom line."

The PACT team exceeded their project goals. They achieved a 100% reduction in participants' hospital or emergency room visits, a 50% reduction in clinic visits, and a 95% reduction in inbound clinic calls.

McCoy plans to extend her Geriatric Scholar project beyond her East Liverpool outpatient clinic to engage more patients enrolled with the VA Northeast Ohio Healthcare System. "I'm working with nursing management to expand to other chronic disease management and to make these proactive interventions standard operating protocol so that we can integrate them into the PACT model," added McCoy.

For more information, visit the [VA Geriatric Scholars Program](https://www.gerischolars.org/mod/page/.php?id=677) (https://www.gerischolars.org/mod/page/.php?id=677). ♦

Coordinated Interdisciplinary Pain Care for Home-bound Veterans

By **Maureen Jerrett**, VA Geriatric Scholars Program, Department of Veterans Affairs

Veterans enrolled in the U.S. Department of Veterans Affairs' (VA) [Home-Based Primary Care](https://www.benefits.gov/benefit/302) (HBPC) (https://www.benefits.gov/benefit/302) program receive in-home care because of severe illness or mobility restrictions, which prevent them from traveling to VA health care facilities. The [VA Geriatric Scholars Program](https://www.gerischolars.org/mod/page/view.php?id=677.asp) (https://www.gerischolars.org/mod/page/view.php?id=677.asp) integrates geriatrics into primary care practices, relevant to the needs of the patients.

For his project, Dr. Noll and his HBPC team created a communication template to coordinate that pain care with the Veteran's interdisciplinary health care team. Those HBPC teams are staffed with psychologists, physical and occupational therapists, speech therapists, social workers, nutritionists, pharmacists, registered nurses, licensed practical nurses, nurse practitioners, physicians, and physician assistants. Each profession offers complementary approaches to pain management.



U.S. Department of Veterans Affairs (VA) Geriatric Scholar Dr. Lief Noll—and colleagues from the Cincinnati VA Medical Center—have launched a network of shared practices for VA pain clinics to help rural home-bound Veterans, improving their satisfaction and quality of life.

"Because our Veterans are home-bound, they can't take advantage of all the great resources at the hospital," said Noll, a VA clinical psychologist. "Chronic pain is a tough nut to crack with very old, very ill Veterans, especially for our Veterans who are bed-bound or chair-bound," he continued. "The more they sit in the chair, the more they're going to hurt when they stand up. But it hurts when they stand, so they stay in the chair. It's hard to find a reason to get up and move. It's difficult from a behavioral standpoint, unless someone has a clear goal."

(Continued on page 11)

Coordinated Interdisciplinary Pain Care for Home-bound Veterans (continued from page 10)

VA Innovation

Noll's team used the [IHI Model for Improvement](http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx) (<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>) and the Plan, Do, Study, Act (PDSA) framework, which guides users through the formal and iterative steps of quality improvement. Using the PDSA framework to develop, evaluate, and implement the project, Noll's team spread the plan to the five HBPC teams who serve an average of 600 enrolled Veterans from the Cincinnati VA Medical Center. The aim of Noll's project was to implement the use of the new template in the Computerized Patient Record System (CPRS) by 60% of HBPC providers within a six-month period.

In PDSA 1, the team developed the template idea into a tangible system. In PDSA 2, the team identified home-bound Veterans who might benefit from alternative pain management strategies beyond opioids. Priority Veterans included those admitted to HBPC with existing chronic opioid therapy, those receiving new opioid prescriptions, or those rated high-risk for overdose/suicide-related adverse events. Veterans who agreed to participate received a pain assessment and [VHA patient education resources](https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp) (https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp).

In PDSA 3, the team improved their template based on user feedback and launched a pilot program. By the end of the cycle, 59% of the providers were using the template to communicate with team members about Veteran pain status.

Aligned with patient goals

When clinicians invite a new participant into the program, they ask the Veteran, "What are your goals?" After the Veterans describe their goal in their own words, and by using the template, the HBPC team selects interventions within their scope of practice that might best achieve the Veteran's goal. In line with VA's [Whole Health](https://www.va.gov/wholehealth/) (<https://www.va.gov/wholehealth/>) approach to care, the team lets the patient decide whether to accept or decline each intervention, encouraging Veterans to engage in the development of their care plan. The team assesses the Veteran's progress monthly with a full update every 90 days.

"A pain patient was initiated into the program today," said Dr. Maxey. "We had an entire team get involved with what the plans were to meet this gentleman's goals of getting back to going to flea markets and doing his craft again. It went really well."

Veteran Darryl Paragin, 78, wants to fish again. "I haven't been able to do that in a number of years," he said. "I've still got all my equipment, if I could get back to going occasionally."

"I want to get out more," said Veteran Leonidas Woodruff, 82. Woodruff described his back pain: "It hurts when I lay here, and it hurts when I sit up. Boy, I'm hurting so bad, you can't even understand it."

Paragin and Woodruff were open to alternative pain management strategies. "They asked me if I would try it. I'll try anything," Woodruff said. In addition to physical therapy, he opted for a series of acupuncture treatments. His first round of treatment eased his pain for three or four days. Woodruff finds that when he is immersed in his hobbies, it takes his mind off the pain. He enjoys baking, woodworking, and jewelry making. "Although you hurt, your mind is not on that. It gives me something I can do. The happiness is giving it to people. That's what I really enjoy doing," he said.

Team culture

Noll reflected on the project's impact on clinical outcomes and team dynamics. "The template gives us a structure for pooling together resources from each discipline and measuring whether we carried out the care plan successfully," he said. "This interdisciplinary approach is now the team culture."

"Our project brought a systematic approach and more disciplines into the mix, melding our expertise to align with our patient's goals and supporting them on their journey, creating a relationship dynamic between the treatment team and Veteran."

Learn about [VHA pain management resources](https://www.va.gov/PAINMANAGEMENT/Veteran_Public/index.asp) (https://www.va.gov/PAINMANAGEMENT/Veteran_Public/index.asp) for Veterans and the public.

Learn more about the [VA Geriatric Scholars Program](https://www.gerischolars.org/mod/page/view.php?id=677.asp) (<https://www.gerischolars.org/mod/page/view.php?id=677.asp>). ♦



ORH Partnered Evaluation Center Drives Improvement and Innovation for Rural Veterans

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) is excited to announce the creation of the ORH Center for the Evaluation of Enterprise-Wide Initiatives (CEEWI). This VA Quality Enhancement Research Initiative (QUERI) Partnered Evaluation Center is led by Dr. Heather Reisinger and her team in Iowa City, Iowa.

Working closely with ORH's program staff, ORH CEEWI will:

- Provide expertise in program evaluation
- Take responsibility for assessment of implementation evaluation designs submitted by our Enterprise-Wide Initiative (EWI) partners
- Monitor the activity of ongoing implementation efforts, including those currently in the field
- Evaluate the performance of third-party implementation evaluation teams working on our EWIs
- Provide technical assistance to ORH program staff, EWI partners, and ORH leadership



Heather Reisinger, PhD

Since 2007, ORH has supported field-based pilot programs, Enterprise-Wide Initiatives (EWIs), and Rural Promising Practices to improve the health and well-being of rural Veterans. Program evaluation is required of projects to drive improvement and determine if objectives and goals are being met.

This comprehensive review of all ORH-funded programs is essential to identify the best practices and strategies to improve the quality and safety of care for rural Veterans, and to inform dissemination and implementation (D&I) science

“The establishment of CEEWI marks a major step forward for ORH because not only will they help ORH better understand the ongoing implementation evaluation effort, but they will also be able to draw generalizable conclusions about what it takes to implement new innovative programs.”
— Dr. Thomas Klobucar, ORH Executive Director

This will lead to the creation of implementation guidelines and best practices that will advance rural innovation across the system in new and exciting ways.

Over the last several months, Dr. Reisinger and her CEEWI team have already been donating their time to work with ORH program staff and the team at the ORH Veterans Rural Health Resource Center in White River Junction to familiarize themselves with the evaluations currently in the field.

ORH is excited to work with Dr. Reisinger's team to drive program improvement and to support its ultimate goal: to help drive better health care solutions for rural Veterans. ♦



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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:

Vicki Brienza, Editor
Emily Oehler, Co-Editor

Questions? Comments?
Please feel free to email us at:
ORHcomms@va.gov