2023 ushered in positive change, both for myself and the VA Office of Rural Health (ORH).

After leading ORH in an acting capacity for nearly two years, I was sworn in as Executive Director in January 2024. As I assumed my new position, I reflected on the many rural health care challenges I’ve witnessed in my career as a researcher and physician – and the critical role ORH plays in addressing them. It’s been a privilege being part of the ORH family for so many years and an honor to support the Office’s continued evolution.

A key part of that evolution is the development of the next iteration of ORH’s strategic plan, a five-year roadmap that outlines major organizational goals and objectives. Over the last year, our office initiated a planning process that will continue into 2024. Aligned with Veterans Health Administration (VHA) goals and rooted in sound metrics, ORH’s new plan will keep us nimble, outcome-oriented, and laser focused on our mission.

Rural Promising Practices (RPP) and Enterprise-Wide Initiatives (EWI) lie at the heart of ORH progress and success. Through RPPs and EWIs, ORH is able to connect with Veterans in rural communities and enact change through new projects of VA program offices to improve access to care for Rural Veterans.

ORH also hosted its spring and fall Veterans Rural Health Advisory Committee (VRHAC) meetings in Anchorage, Alaska and Washington, D.C. During the meetings, VRHAC members met with experts within and outside VA to examine health care access challenges facing rural Veterans. Through those discussions, Committee members compiled recommendations for the Secretary of VA that will inform VA’s national priorities, policies, and approaches to enhance rural Veterans’ access to critical care and services.

As always, these accomplishments can’t be achieved in a vacuum. Through innovative programs, powerful partnerships with rural communities, and inter-agency collaboration, ORH will continue to develop solutions that allow America’s rural Veterans to thrive.

Dr. Peter Kaboli
Executive Director, Office of Rural Health
Every five years, ORH re-examines its strategic plan to meet the evolving needs of rural Veterans. Throughout the strategic planning process, ORH works closely with a range of stakeholders, including the VHA Chief Strategy Office, to ensure its future efforts align with VHA goals as well as VA’s strategic plan and key priorities.

The strategic planning process yields two separate but related governance documents: a strategic plan and an operational plan.

- **The strategic plan** defines high-level goals and objectives necessary for ORH to fulfill its mission. This plan remains unchanged for the duration of the plan cycle.

- **The operational plan** defines the tactics and activities necessary for ORH to achieve its overarching goals. This plan is a living document that can evolve as needed.

ORH initiated the strategic planning process in late 2023, when it convened field and central office staff as well as VHA Chief Strategy Office representatives to develop a working draft of the strategic plan. Currently, completion of the strategic plan is underway and it is set to be completed in fiscal year 2024. This high-level roadmap will serve as the basis for additional planning efforts in 2024, including the creation of the operational plan and further stakeholder engagement.

Planning will conclude with the development of quantifiable key measures that gauge ORH’s progress toward achieving its goals. These metrics are a key part of the planning process, enabling ORH to assess performance, adjust as needed, and pursue continuous improvement.

This comprehensive, collaborative process provides ORH with the vision, strategies, and mechanisms to deliver on its mission – improving rural Veterans’ access to the care they need, when they need it.
Rural Health Challenges

The nation’s 4.4 million rural Veterans face unique obstacles when seeking high-quality health care services. Challenges – including provider shortages, limited broadband coverage, social determinants of health, and geographic and distance barriers – are not only a cause of frustration for rural Veterans, but also impact their quality of life and long-term health.

ORH strives to improve the well-being of rural Veterans by developing and funding a diverse range of programs that address these rural health care challenges.

**Workforce**

Many rural communities experience an ongoing clinical workforce shortage, which greatly impacts rural Veterans’ access to timely and high-quality health care services. To address this unmet need, ORH supports a variety of workforce development programs, including:

- **Clinical Skills Training in Women Veterans Health Care Program**, which trains rural providers in skills unique to the treatment of woman Veterans.
- **Geriatric Scholars Program**, which addresses the shortage of specialized geriatric skills and knowledge in rural VA clinical settings by training rural providers in the treatment of older rural Veterans.
- **Geriatric Research Education and Clinical Centers (GRECC) Connect Project**, which offers educational and clinical support for rural providers managing complex geriatric cases through case-based conferences, electronic consultations, virtual meetings, and clinical video telehealth.

**Rural Interprofessional Faculty Development Initiative (RIFDI)**, which provides training for residency proctors so they can better educate, mentor, and monitor residents serving rural areas.
ORH provides more than $25.4 million in funding for the VTS and HRTGP Enterprise-Wide Initiatives (EWIs). This funding allowed the VTS EWI to serve 16,435 rural Veterans and the HRTGP EWI to serve 4,457 rural Veterans. The VTS EWI provided 190,443 trips and the HRTGP EWI provided 14,741 trips.

Geography

Geographic and distance barriers are a major hindrance to Veterans in rural communities. VHA has established sites of care throughout the country to help Veterans access health care services close to home, including:

- 172 VA medical centers¹
- 1,138 VHA outpatient clinics¹

While these sites of care are located across the nation, not all Veterans have access to transportation. In fact, lack of transportation is one of the top five reasons Veterans cite for missing or canceling medical appointments.²

To help address these barriers, ORH supports various transportation, home care, and virtual care initiatives, including:

**VA Veterans Transportation Service (VTS)**, which is part of the Veterans Transportation Program (VTP). VTS provides safe and reliable transportation for Veterans who require assistance traveling to and from VA health care appointments.

**Highly Rural Transportation Grants Program (HRTGP)**, which expands transportation access for health care services to Veterans living in highly rural areas.

**Home Based Primary Care**, which expands home-based Patient Aligned Care Team services to rural areas and includes VA medical teams providing care in Veterans’ homes.

**Telehealth programs**, which allow rural Veterans to connect with providers in real-time from the comfort of their homes.


² VA’s Veterans Engineering Research Council.
Digital Divide

Not all Veterans living in rural communities have access to highspeed internet, which limits their ability to participate in at-home telehealth appointments. Of the 18.2 million Veterans, between 1 and 7 million do not have access to sufficient broadband access to participate in telemedicine.3

ORH supports a multitude of initiatives that offer creative health care delivery solutions for Veterans with limited broadband coverage, including:

**Telehealth programs**, which not only allow rural Veterans to connect with providers in real-time from the comfort of their home, but also from VHA outpatient clinics if their residence doesn’t have suitable broadband access.

**Clinical Resource Hubs**, which support rural VA sites of care by providing gap coverage for staffing shortages in primary, mental health, pharmacy, and specialty care.

Social Determinants of Health

Social determinants of health, like income, housing status, and level of community engagement, can greatly impact the health equity and outcomes of rural Veterans. ORH works to address and offset negative social determinants through Enterprise-Wide Initiatives (EWIs) and Rural Promising Practices (RPPs).

ORH fosters innovation through RPPs, which are field-tested projects that improve rural Veterans’ access to critical health services. One example is the Rural Community Clergy Training program, which educates rural community clergy on available VA health care resources and trains them to recognize common symptoms of posttraumatic stress disorder and readjustment issues in rural Veterans transitioning to civilian life. In addition to providing rural Veterans with mental health support, this program promotes community interaction and engagement.

ORH’s 2024 portfolio of 36 EWIs increases access to care by expanding national VA program offices’ health care efforts to sites that serve rural Veterans. One EWI, Rural Access Network for Growth Enhancement, provides intensive case management services to mentally ill Veterans in rural areas. This includes outreach for homelessness, which is a principal social determinant of health.

---

To address systematic health care and access challenges experienced by rural Veterans, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) established two types of programs: Enterprise-Wide Initiatives (EWIs) and Rural Promising Practices (RPPs).

RPPs are field-tested innovative projects that meet ORH criteria demonstrating improved access to care for rural Veterans. EWIs expand national VA program offices’ access to health care efforts to sites that serve rural Veterans.

Enterprise-Wide Initiatives

EWIs increase access to services for the nearly 3 million rural Veterans who rely on VA for life-sustaining care. They were developed to rapidly address systematic health care and access challenges rural Veterans experience and provide a consistent standard of care, regardless of where Veterans reside.

ORH leverages resources to research, innovate, and disseminate EWIs through local and national partnerships. EWI program managers work in tandem with ORH to provide oversight, mentorship, and continuous evaluation throughout each program’s tenure. EWI programs center around the following focal areas:

- Primary Care
- Workforce Training and Education
- Specialty Care
- Innovation
- Mental Health
- Clinical Resource Hubs
- Transportation

ORH Programs at a Glance

- 1 million+ Veterans are estimated to be impacted by ORH’s EWIs and RPPs
- $267 million in funding has been dedicated to EWIs and RPPs
- 36 EWIs have been developed in coordination with VA program office partners
- 10 RPPs (based out of ORH’s Veterans Rural Health Resource Centers) have been developed
- 100% of VA health care systems offer ORH EWIs
Three hallmark EWI programs are the:

**Mobile Prosthetic and Orthotic Care (MoPOC) program**, which helps to restore function, mobility, and independence for rural Veterans with limb loss and movement disorders by bringing artificial limb and bracing care to their communities.

**National Teleneurology program**, which establishes telehealth sites to ensure access to neurology services in rural areas where providers are unavailable.

**Supporting Community Outpatient, Urgent Care, and Telehealth Services (SCOUTS) program**, which is a post-emergency department complementary service that utilizes intermediate care technicians to support care transitions. This ensures that unmet care needs, geriatric syndromes, and digital divide concerns are addressed in an acute time frame.

For more information, please see the complete list of EWIs in the appendix or visit the ORH website.

**Rural Promising Practices**

A core mission of ORH is developing, refining, and promoting successful innovative projects that increase rural Veteran access to quality health care services. After careful evaluation, the strongest rural health innovations are designated as RPPs. These programs:

- **INCREASE** access to care and services for rural Veterans and their families
- **SHARE** clinical and operational knowledge among health care delivery professionals who serve rural Veterans
- **MENTOR** program champions so they can successfully implement strong practices
- **CONTRIBUTE** to long-term improvements in the rural health care delivery system

In fiscal year 2023, ORH oversaw eight RPPs in mentored implementation, spread to more than 120 sites across VA. RPPs address ORH’s key focus areas, including health care workforce shortages, mental health, primary care, and telehealth. Examples include the:

- **Rural Community Clergy Training program**, which educates rural community clergy on available VA health care resources and trains them to recognize common symptoms of posttraumatic stress disorder and readjustment issues in rural Veterans transitioning to civilian life.

- **Geriatric Research Education and Clinical Centers (GRECC) Connect project**, which trains VA providers to manage medically complex cases through case-based conferences, electronic consultations, virtual meetings, and clinical video telehealth.

Since 2014, the GRECC Connect Project has:

- Served 10,273 Veterans and 4,721 providers and staff
- Saved, among Veterans served, 885,938 miles of travel time (an average of 86 miles per Veteran served)
Veterans Rural Health Resource Centers

ORH’s five Veterans Rural Health Resource Centers (VRHRCs) are dedicated to supporting its mission to improve the health and well-being of Veterans in rural communities. ORH VRHRCs are conduits for innovative health care research, innovation, and dissemination that yield practical interventions that directly benefit rural Veterans.

This is achieved by collaborating with various partners, including VA medical centers and health care systems, VA program offices, Rural Promising Practices program managers, State Departments of Veterans Affairs, State Offices of Rural Health, academic institutions, and community care partners.

The mission of ORH’s VRHRCs is to:

- Improve understanding of the challenges rural Veterans face
- Identify disparities in the availability of health care for rural Veterans
- Formulate practices and programs to deliver health care to rural Veterans
- Develop special practices and products for the benefit of rural Veterans system-wide

ORH’s VRHRCs conduct research to identify gaps in the delivery of care for rural Veterans and use the findings to develop and pilot innovative solutions. Initiatives that show significant impact are implemented nationwide.

- Gainesville, Florida
- Iowa City, Iowa
- Portland, Oregon
- Salt Lake City, Utah
- White River Junction, Vermont
Research done through ORH’s VRHRCs falls into a wide range of categories, including:

- Workforce recruitment, retention, and training
- Rural special populations
- Rural disparities
- Care coordination
- Rural access to care
- Operational adoption
- Practice infrastructure
- Health policy

In 2023, ORH's VRHRCs conducted and developed 492 studies and innovations, which have fostered partnerships and collaborations as well as resulted in the authoring of manuscripts, briefs, and reports. Each ORH VRHRC oversees a wide array of studies, cutting-edge pilot programs, and other initiatives focused on expanding rural Veterans’ access to care.

**Salt Lake City, Utah**

ORH’s Salt Lake City VRHRC was established in 2008 at the VA Salt Lake City Health Care System. The ORH VRHRC is led by Clinical Director Byron Bair, MD, and focuses on efforts related to underserved and vulnerable rural Veteran populations, including:

- Studying and innovating in rural geriatric care, complex care, and chronic conditions
- Leveraging VA and other data sources to create tools for research and operations staff to identify needs and gaps in care for rural Veterans
- Developing culturally competent models of outreach and care for rural American Indian/Alaska Native Veterans
- Identifying needs and developing innovative solutions to improve access for rural Veterans with mental health concerns

**Iowa City, Iowa**

ORH's Iowa City VRHRC was established at the Iowa City VA Health Care System in 2008. The ORH VRHRC is led by Clinical Director Carolyn Turvey, PhD, and Operations Director Samantha Solimeo, PhD, MPH. Its focus areas include:

- Improving care coordination for dual use Veterans, including purchased care and dual Medicare/VA enrollees
- Using VA telemedicine and informatics tools to improve access to care
- Developing innovative interdisciplinary treatment models, including collaborations with federally funded non-VA community providers
- Developing innovative mental health treatment delivery models for rural Veterans
- Assessing, understanding, and improving equitable delivery of services to rural Veterans of historically underserved populations across Center initiatives

**White River Junction, Vermont**

ORH’s White River Junction VRHRC was established in 2008 at the White River Junction VA Medical Center. The ORH VRHRC is led by Clinical Director Bradley Watts, MD, MPH, and Operations Director Matthew Vincenti, PhD. Its areas of focus include:

- Conducting research on health care disparities affecting rural Veterans
- Piloting and evaluating mental health and other programs serving rural Veterans
- Developing training on evidence-based practices for rural VA providers
- Serving as a field resource for ORH program evaluation
Gainesville, Florida

ORH’s Gainesville VRHRC was established at the Malcom Randall VA Medical Center in 2019. The ORH VRHRC is led by Clinical Director Keith Myers, DPT, MBA, and Operations Director Sergio Romero, PhD. Its focus areas include:

- Improving independent living for rural Veterans
- Strengthening rural workforce recruitment, retention, and education
- Using geospatial solutions to drive rural geographic database design, rural policy analysis, and strategic planning in support of rural Veteran health care

Portland, Oregon

ORH’s Portland VRHRC was established in 2019 at the Portland VA Medical Center. The ORH VRHRC is led by Clinical Director Travis Lovejoy, PhD, MPH, and Operations Director Sarah Ono, PhD. Its areas of focus include:

- Increasing rural Veterans’ access to care
- Finding innovative ways to combat the pain and opioid epidemics
- Preventing Veteran suicide
- Addressing health disparities in rural populations
National Rural Health Day (NRHD) provides ORH an opportunity to highlight the unique health care challenges facing rural Veterans and the Office’s efforts to address them.

In 2023, ORH’s NRHD campaign highlighted the Home-Based Cardiac and Pulmonary Rehabilitation (HBCPR) programs, which allow rural Veterans with heart and lung conditions to receive specialized telehealth rehabilitation services from their own homes. These programs eliminate barriers to rehabilitation services, such as lack of transportation and provider shortages, to increase rural Veterans’ access to life-sustaining cardiopulmonary care.

Under a partnership with the National Institute of Health (NIH) Learn More Breathe Better® program, ORH’s HBCPR programs were spotlighted on NIH’s social media and newsletter platforms. Additionally, ORH Executive Director Dr. Peter Kaboli participated in an NRHD roundtable webinar with the Health Resources and Services Administration which focused on innovations in rural health care delivery.

ORH also developed a motion graphics video highlighting the HBCPR programs’ impact on rural Veterans. VA promoted the video through Department-level communications channels, offering Veterans and rural health care stakeholders an accessible introduction to cardiopulmonary care challenges and solutions.

ORH’s partnership with NIH yielded impressive results. The 2023 NRHD campaign generated nearly 2 million potential impressions among health care providers, Veterans, public health organizations, VA employees, and community organizations.
Chartered in 2008 by the Secretary of VA, The Veterans Rural Health Advisory Committee (VRHAC) examines ways to enhance and improve VA’s services for rural Veterans by assessing the current rural environment, existing health care opportunities, and challenges or barriers to access. The Committee meets twice annually: once in the spring to participate in rural site visits and once in the fall to develop recommendations that inform VA’s national priorities, policies and approaches for how rural Veterans receive care and services.

In April 2023, the Committee traveled to Anchorage, Alaska for the first in-person VRHAC meeting since 2019. During the meeting, the Committee heard presentations on the local Veteran health care system and health care challenges faced by American Indian and Alaska Native Veterans. Committee members also discussed VA’s health care programs and ORH’s ongoing and future initiatives. During the Anchorage meeting, the Committee visited the Joint Base Elmendorf-Richardson VA Medical Center and the Alaska Native Medical Center.

In September 2023, VRHAC committee members met in Washington, D.C. at the American Legion headquarters. The fall session included highlights of ORH programs and research projects as well as VA strategic and community partnerships that increase access to health care for rural Veterans. The Committee members leveraged insights from the spring and fall meetings to develop recommendations for Secretary McDonough.

In 2024, the Committee will travel to Fayetteville, North Carolina to continue to discuss the rural Veteran health care landscape.
The Road Ahead

Building upon a successful 2023, ORH looks ahead to a 2024 defined by growth and strategic renewal.

Continuing the promising work begun last November, ORH will finalize its five-year strategic plan, develop the associated operational plan, and define the core metrics by which it will gauge performance for years to come. These efforts are crucial to ORH’s long-term success and its ongoing ability to deliver on its mission.

ORH will continue to support the Nation’s rural American Indian/Alaska Native Veteran populations in collaboration with the newly expanded VA Office of Tribal Health. ORH subject matter experts and senior leadership will lend guidance to the execution of the Veterans Health Administration-Indian Health Service Memorandum of Understanding (MOU) and offer input on programmatic enhancement and reporting.

ORH also continues to leverage lessons learned about adoption and expansion of telehealth during the coronavirus pandemic in its current programs as well as in the development of future programs. Telehealth continues to be a critical part of the services and programs offered by ORH through its Rural Promising Practices and Enterprise-Wide Initiatives.

Throughout 2024, ORH will remain dedicated to connecting rural Veterans to the life-sustaining care they deserve. ORH and its partners will work together and put innovation, collaboration, and workforce development at the forefront of their efforts to ensure current and future rural Veterans have the resources they need to thrive.
### Fiscal Year 2024 Enterprise-Wide Initiatives (EWIs)

#### Primary Care

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Based Primary Care</td>
<td>Home Based Primary Care expands home-based Patient Aligned Care Team services to rural areas.</td>
</tr>
<tr>
<td>Medical Foster Home</td>
<td>Medical Foster Home provides an alternative to nursing home for Veterans who need daily assistance, are unable to live independently, and have no available family caregiver.</td>
</tr>
<tr>
<td>SCOUTS (Supporting Community Outpatient, Urgent Care &amp; Telehealth Services)</td>
<td>SCOUTS (Supporting Community, Outpatient, Urgent care and Telehealth Services) is a post emergency department complementary service utilizing intermediate care technicians to support care transitions by ensuring unmet care needs, geriatric syndromes, and digital divide concerns are addressed in an acute time frame.</td>
</tr>
</tbody>
</table>

#### Specialty Care

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centralized Anticoagulation Services Hub (CASH)</td>
<td>Centralized Anticoagulation Services Hub (CASH) provides anticoagulation clinical pharmacy services via highly efficient infrastructure that standardizes clinical processes, employs innovative data tools, and delivers virtual care modalities.</td>
</tr>
<tr>
<td>Clinical Pharmacy Specialist Providers</td>
<td>Clinical Pharmacy Specialist Providers delivers medication and chronic disease management services to rural Veterans using pharmacists’ expertise through telehealth into Veterans’ homes, VAMCs, or CBOCs.</td>
</tr>
<tr>
<td>Gerofit</td>
<td>Gerofit provides physical activity therapy to elderly rural Veterans using telehealth technology.</td>
</tr>
<tr>
<td>Improving Rural Veterans’ Access to Rheumatology Care Nationwide</td>
<td>National Tele-Rheumatology Program provides access to rheumatology care for Veterans living in rural areas with systemic autoimmune diseases and other complex rheumatic conditions.</td>
</tr>
<tr>
<td>Increasing Access for Rural Veterans by Leveraging Clinical Pharmacist Providers (CPP) to Deliver COPD Care</td>
<td>Clinical Pharmacist Practitioners increase patient access, improve quality of care, and decrease provider burden through the delivery and optimization of comprehensive medication management and Chronic Obstructive Pulmonary Disease (COPD) services for rural Veterans within primary care teams.</td>
</tr>
<tr>
<td>Specialty Care</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>Mobile Prosthetic and Orthotic Care (MoPOC)</td>
<td>Mobile Prosthetic and Orthotic Care (MoPOC) helps to restore function, mobility and independence for rural Veterans with limb loss and movement disorders by bringing artificial limb and bracing care to their communities.</td>
</tr>
<tr>
<td>National Cardiology Hub and Spoke Network</td>
<td>The National Cardiology Hub and Spoke Network provides rural Veterans streamlined access to invasive cardiovascular procedure care in high-complexity VA medical centers (hubs) through initial access to VA cardiology services close to home, nurse navigation, and travel support to and from hub VA facilities.</td>
</tr>
<tr>
<td>National Telecritical Care Program</td>
<td>Telecritical Care connects VA facilities that do not have intensivists on staff with VA intensivists nationwide via telehealth to increase access to TCC services and specialty inpatient care for rural Veterans.</td>
</tr>
<tr>
<td>National Tele-Hospital Medicine (Tele-HM) Program</td>
<td>The National Tele-Hospital Medicine (Tele-HM) Program is a hub-and spoke telehealth program that provides access to hospital medicine services and expertise to rural and underprovided VA Medical Centers with acute care needs that cannot be met by the local workforce.</td>
</tr>
<tr>
<td>National Telenephrology Hub and Spoke Network</td>
<td>National Telenephrology Hub and Spoke Network works with local providers to offer specialist nephrology services to Veterans in rural areas with kidney disease or difficult to control hypertension.</td>
</tr>
<tr>
<td>National Teleneurology Program</td>
<td>National Teleneurology Program establishes telehealth sites to ensure access to neurology in rural areas where providers are unavailable.</td>
</tr>
<tr>
<td>Pharmacist Providers Improve Access for Rural Veterans with Opioid Use Disorder</td>
<td>Pharmacy Providers Improve Access for Rural Veterans with Opioid Use Disorder delivers greater access to medication assisted treatment for rural Veterans by integrating Clinical Pharmacy Specialist Providers in collaborative care models.</td>
</tr>
<tr>
<td>Sleep Telemedicine</td>
<td>Sleep Telemedicine supports diagnosis, care and remote monitoring of Veterans with sleep apnea via web-enabled devices.</td>
</tr>
<tr>
<td>Technology-Based Eye Care Services</td>
<td>Technology-based Eye Care Services is a telehealth-based eye screening initiative that places ophthalmology technicians in rural VA clinics to collect information about a patient’s eyes and transmit to VA ophthalmologists for diagnosis and follow-up.</td>
</tr>
<tr>
<td><strong>Specialty Care</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Teleaudiology</strong></td>
<td>Teleaudiology provides audiology remote fittings and aftercare services, remote diagnostic testing, and audiometric testing for rural Veterans.</td>
</tr>
<tr>
<td><strong>Teledermatology</strong></td>
<td>Teledermatology expands store-and-forward tele-dermatology to rural sites; includes primary care training on dermatologic consults and minor procedures.</td>
</tr>
<tr>
<td><strong>Telerehabilitation Services</strong></td>
<td>Telerehabilitation Services expands an integrated network of specialists who are specifically trained in delivering physical and rehabilitative therapy to rural Veterans using telehealth technology.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mental Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advance Care Planning via Group Visits</strong></td>
</tr>
<tr>
<td><strong>Rural Access Network for Growth Enhancement</strong></td>
</tr>
<tr>
<td><strong>Rural Suicide Prevention</strong></td>
</tr>
<tr>
<td><strong>Social Work in Patient Aligned Care Teams</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Workforce Training and Education</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Acute Inpatient Medicine - High Reliability, Learning Environment and Workforce Development Initiative (AIM-HI)</strong></td>
</tr>
<tr>
<td><strong>Clinical Skills Training in Women Veterans Health Care</strong></td>
</tr>
</tbody>
</table>
### Workforce Training and Education

| Maximizing Ongoing Development and Educational Leadership (MODEL) for VHA Hospitalists | Maximizing Ongoing Development and Educational Leadership (MODEL) for VHA Hospitalists is an interactive faculty development series tailored to the unique needs of VA hospital medicine providers and utilizes a facilitation-based format to promote collaboration among participants. |
| National Mental Health and Suicide Prevention Extension for Community Healthcare Outcomes (ECHO) | National Mental Health (MH) and Suicide Prevention (SP) Extension for Community Healthcare Outcomes (ECHO) connects rural providers to national MH and SP specialists for regular discussion of clinical cases and targeted skill-building training on suicide prevention and substance use disorder treatment. |
| Rural Interprofessional Faculty Development Initiative | Rural Interprofessional Faculty Development Initiative (RIFDI) provides training for residency proctors, enabling them to better train, mentor, and monitor residents serving rural areas. |
| VA-ECHO Expansion in Specialty Care | VA-ECHO Expansion in Specialty Care provides live, virtual, case based learning to a wide variety of clinical team members in over 20 medical specialty areas, including nephrology, pain management, pulmonology, diabetes/endocrinology and COVID-19. |
| Virtual Care Integration | The Virtual Care Integration (VCI) EWI program seeks to instruct and coach primary care staff in population health outreach and chronic disease management aligned with virtual technologies, tools, and other innovative designs to reach the most rural Veterans. |

### Innovation

| Rural Innovation Ecosystem | Rural Innovation Ecosystem supports new service delivery innovations and the national implementation of standardized best practices intended to improve access to care and services for rural Veterans. |

### Transportation

| Highly Rural Transportation Grants Program | Highly Rural Transportation Grants Program (HRTGP) expands transportation access for healthcare services to Veterans living in highly rural areas. |
| Veteran Transportation Services | Veteran Transportation Services provides medical transportation services for rural Veterans and includes leases of vehicles, salaries for drivers and mobility managers. |
Clinical Resource Hubs

<table>
<thead>
<tr>
<th>Clinical Resource Hubs</th>
<th>These Veterans Integrated Service Network hubs provide primary, mental health, medical specialty, rehabilitation and extended care, and surgery services to Veterans in underserved areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Video Connect Patient Tablet Program</td>
<td>Patient Tablet Program provides rural Veterans with video telehealth tablets to connect patients with and transmit patient data to a remote VA health care provider through a secure internet connection.</td>
</tr>
</tbody>
</table>

Fiscal Year 2024 Rural Promising Practices (RPPs)

Community Clergy Training to Support Rural Veterans’ Mental Health educates rural community clergy on available VA health care resources and trains rural clergy to recognize common symptoms of post-traumatic stress disorder, military sexual trauma and readjustment issues in Veterans returning to their rural communities upon separation from military service.

Veterans Rural Health Resource Center - Gainesville, Florida

Clinical Video Telehealth to Care for Rural Veterans with Multiple Sclerosis uses telehealth to deliver comprehensive rehabilitation care to rural Veterans with multiple sclerosis.

Veterans Rural Health Resource Center - Salt Lake City, Utah

Geriatric Research Education and Clinical Centers (GRECC) Connect Project trains VA providers to manage medically complex cases through case-based conferences, electronic consultations, virtual meetings and clinical video telehealth.

Geriatric Scholars Program addresses the shortage of specialized geriatric skills and knowledge in rural VA clinical settings by training VA general clinicians in the treatment of older rural Veterans.

Veterans Rural Health Resource Center - Iowa City, Iowa

Remote, Home-Based Delivery of Cardiac Rehabilitation 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.

Remote, Home-Based Delivery of Pulmonary Rehabilitation uses telehealth to connect patients with a pulmonary rehab professional to tailor counseling sessions from their home on exercise prescription, nutrition, tobacco cessation, stress management and medication adherence.

Advanced Comprehensive Diabetes Care (ACDC) leverages VA’s Home Telehealth program to provide effective telemonitoring, self-management support, and medication management for Veterans whose Type 2 diabetes does not respond to standard care.

Telehealth Collaborative Care for Rural Veterans with HIV Infection uses video telehealth to deliver HIV specialty care to rural Veterans.