

Long distances between hospitals and a limited number of local primary care providers and specialists can seriously affect the health and well-being of Veterans who live in rural communities.



By the Numbers

Although nearly 20 percent of Americans live in rural communities, only about 11 percent of physicians practice there.¹ Additionally, the National Rural Health Association reports that 77 percent of rural U.S. counties are currently considered to be a primary care health professional shortage area. Nearly 2.8 million rural Veterans rely on the U.S. Department of Veterans Affairs (VA) Veterans Health Administration (VHA) for health care.

The VHA Office of Rural Health (ORH) uses the President's Rural Health Initiative budget line item of \$250 million to build rural-focused health care solutions that enable Veterans, regardless of where they live, to obtain a similar standard of care. In fiscal year 2017, ORH used 4.2 percent of its budget (\$10.6 million out of \$250 million) to fund 7 Enterprise-Wide Initiatives that provide training to rural health care teams at 67 VA medical sites nationwide. The training initiatives combine in-person and virtual training to elevate local provider's skills so they can offer basic specialty care services to rural patients including geriatric, obstetrics and gynecology, nephrology, and psychiatry. This expansion of clinical skills helps offset the specialty care provider shortage in rural communities through a focus on provider and student learning.

Rural Health Training Initiative

This program provides rural clinical training sites for health professionals, students and residents. Trainees include social workers, nurse practitioners, pharmacists, psychiatrists, optometry students, and dental and family medicine residents.

Suicide Prevention

Through simulation-based learning, rural clinicians train and improve their identification, interaction and treatment of rural Veterans at risk for suicide.

The Geriatric Scholars Program

The Geriatric Scholars Program addresses geriatrician shortages through targeted education for rural health care providers, clinical pharmacists, social workers and psychologists. This initiative incorporates educational courses, virtual mentoring by specialists and clinical training exercises to increase geriatric care expertise throughout the local care team.

Women's Health

Rural clinicians receive onsite education from a mobile training team in order to provide fundamental women's care to Veterans such as breast and pelvic exams.

Specialty Care

Through VA's Extension for Community Healthcare Outcomes (ECHO) expansion, rural providers use telehealth technology to train on a wide variety of specialties, including treatment for chronic kidney disease, hepatitis C, diabetes, and pain management; as well as transgender Veteran care.

SimLEARN

This initiative expands infrastructure and provides resources to develop and implement simulation-based training programs to enhance the quality of rural providers' skills by bringing the training opportunity to their location.

"A priority for VA is to provide care for Veterans that is accessible, near where they live," states Dr. Kathleen Klink, Office of Academic Affiliations' chief of health professions education. "The provision of high-quality health care is dependent on a well-trained, competent workforce."

¹ Rural Healthy People 2020—"Rural Healthy People 2020: A Companion Document to Healthy People 2020." Volume 1. <https://srhrc.tamhsc.edu/docs/rhp2020-volume-1.pdf>.

Office of Rural Health

Congress established the Veterans Health Administration Office of Rural Health (ORH) in 2006 (38 USC § 7308) to conduct, coordinate, promote and disseminate research on issues that affect the nearly five million Veterans who reside in rural communities. The mandate also requires ORH to develop, refine and promulgate policies, best practices, lessons learned, and innovative and successful programs. Learn more at www.ruralhealth.va.gov.

