

# Veterans Rural Health Advisory Committee

**In 2008, The Secretary of the U.S. Department of Veterans Affairs (VA) chartered the Veterans Rural Health Advisory Committee (VRHAC) to “advise the Secretary accordingly on health care issues that affect Veterans residing in rural areas.” VRHAC members:**

- ▶ Examine ways to enhance or improve VA services for Veterans residing in rural areas by assessing the current rural environment, existing health care opportunities, and challenges or barriers to access
- ▶ Recommend solutions to the Secretary designed to enhance or improve VA rural health care services for Veterans

To do this, VRHAC members meet as necessary to discuss programs and policies that impact the provision of VA health care to Veterans in rural areas through dialogue with rural subject-matter experts at the federal, state and local levels.

Committee meetings are forums where members study emerging trends and discuss new ideas in rural health to increase access to health care and services. Led by the Committee Chair, members work throughout the year to understand how the rural health landscape is changing for Veterans. Each year, members convene in Washington D.C. to collect and share information, hear national policy updates, and engage with other experts.

The Committee also makes an annual rural site visit to see firsthand how national policy, health care and services work at the local level. During rural site visits, VRHAC members engage with Veterans in town hall meetings, tour VA and community health care facilities and mobile clinics, meet with local Veteran Service Organization (VSO) leaders, hear expert presentations, and see technologies and programs at work. The Committee uses these visits to identify barriers to care and to elevate successful initiatives. Past Committee visits include:

**Augusta, Maine**  
**Chillicothe, Ohio**  
**Helena, Montana**  
**Spokane, Washington**

**Johnson City, Tennessee**  
**Morgantown, West Virginia**  
**Phoenix, Arizona**  
**Biloxi, Mississippi**

**Reno, Nevada**  
**Salt Lake City, Utah**  
**Uvalde, Texas**

The 12 appointed VRHAC members include Veterans; leaders of local, state and national-level rural health organizations; representatives of Veterans Service Organizations; researchers; and other rural health stakeholders.

Drawing from their expertise, experience, research and rural Veterans’ input, members identify barriers to care and potential solutions in reports to the Secretary of Veterans Affairs.

## A Think Tank for Veterans and Rural Health Access Issues

VRHAC's recommendations highlight the importance of understanding the rural Veteran population, the potential of health care technology, and opportunities for local collaboration. Currently the Committee is concentrating on technological and other solutions to the shortage of health care professionals in rural America.



### WORKFORCE RECOMMENDATION

Create a VA Veterans Integrated Service Network (VISN) rural recruitment and retention system by targeting existing resources and identifying new solutions to support rural VA clinicians and their families.

- ▶ In addition to partnering with Federally Qualified Health Centers, academic medical centers and the U.S. Department of Defense, begin partnerships with community healthcare facilities (e.g. Critical Access Hospitals, private clinics, Rural Health Clinics) in rural areas to share Community Based Outpatient Clinic providers.
- ▶ Enable VISNs to create alternative work schedules in rural areas and develop a pool of support providers that can eliminate gaps in providers' schedules, and increase rural Veterans' access to care.



### TECHNOLOGY RECOMMENDATION

Veterans have benefited from VA telehealth for many years and its value has been proven. Many community rural healthcare entities also have excellent telehealth networks but connecting them to the VA network has proven difficult because of layered IT approvals in VA medical centers and VISNs.

- ▶ Implement a national protocol for VA telehealth security and interfacing instructions to connect VA with community entities. Responsibility for implementing and monitoring IT protocols should be managed by the initiating VA Medical Center.
- ▶ In specialist shortage areas, VA should partner with local community specialists to deliver Veteran care or use telemedicine to connect rural Veterans to non-local community specialists.
- ▶ Facilitate VA partnering with community healthcare entities in their pursuit of federal, state, and private grants that will expand telehealth infrastructure (e.g., broadband and telemedicine equipment) in rural areas.

## Committee Member Nominations

Appointments to VRHAC rotate and are term limited. Members serve an initial three-year term, and the Secretary may reappoint members for an additional term of service. Committee members are expected to attend all meetings and to contribute their time and expertise to Committee projects. ORH actively seeks nominations for new members throughout the year. Submit third-party or self-nominations, including a letter of interest, letters of recommendations and a resume to [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov).

# 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](http://www.ruralhealth.va.gov).

