



MEETING MINUTES

March 29- 30, 2012

The Veterans' Rural Health Advisory Committee (VRHAC) convened its spring conference on Thursday and Friday, March 29-30, 2012.

Committee members present:

Charles Abramson
James Ahrens, *Chairman*
Bruce Behringer
Michael Dobmeier
James Floyd
Rachel Gonzales-Hanson
Hilda Heady

**Ex-officio members*

Rich Davis
Susan Karol, M.D.

Committee members absent:

Cynthia Barrigan
Terry Schow
Tom Morris*

Presenters and other participants:

Judge William R. Mitchell, Uvalde, Texas
Mary Beth Skupien, Ph.D., MS, RN, Director, Office of Rural Health (ORH)
Rachel Gonzales-Hanson, Chief Executive Officer, Community Development Inc.
Dr. Gregory Baber, Chief Dental Officer, Community Development Inc.
Lawrence Biro, Network Director, VISN 17
Wade Vlosich, Associate Director, STVHCS, Medical Center Director VISN 17
Mike Jaeger, Texas Veterans Commission, VA Outpatient Clinic
Dr. Peter Kaboli, Veteran Rural Health Resource Center (VRHRC) - Central Region Director
Dr. Greg Smith, Chief Health Information Officer, South Texas Health Care System
Stephen Shomion, Health Care for Homeless Veterans Center (HCHVC) Director, Homeless Veterans Program
Ramon Garcia, Health Care for Homeless Veterans Center (HCHVC), Social Worker, Homeless Veterans Program
Nancy Dailey, VRHRC-Western Deputy Director
Ismael Castillo, Maverick County Veterans Service Officer (VSO)
Judy Bowie, Designated Federal Officer (DFO), VRHAC and Management Analyst, ORH
Lindsay Knauff, Visual Information Specialist, ORH

Thursday March 29, 2012

Welcome and Introductions

Judge Mitchell welcomed the VRHAC members, and presented them with "Honorary Colonel" plaques.

Chairman Ahrens opened the meeting with welcoming remarks.

Approval of the January 31, 2012 teleconference call occurred. The Committee unanimously approved the minutes from the January teleconference call.

Community Health Development Inc.

Rachel Gonzales-Hanson, Chief Executive Officer and Dr. Gregory Barber, Chief Dental Officer

The meeting started with a tour of the Community Health Development, Inc. (CHDI) facilities. The overview highlighted how CHDI's healthcare delivery system operated, and they described the comprehensive health care services provided to Veterans, and the difficulties they face trying to provide specialty care services.

VA Leadership Remarks

Lawrence Biro, Network Director, VISN 17

Mr. Biro shared the history of the VISN 17 Healthcare System. The system currently serves 380,605 Veterans in four locations throughout Texas. As a very large state, Texas continues to improve access to healthcare benefits offering specialized services such as:

- Blind Rehabilitation Program – Waco
- Spinal Cord injury – Dallas & San Antonio
- Substance Abuse Residential Treatment Program – Bonham & San Antonio
- Post-Traumatic Residential Treatment Program-Waco
- Psychosocial Residential Rehabilitation Program – All Sites
- Bone Marrow Transplant Program - San Antonio
- Interventional Chronic Pain Procedures – Dallas
- Polytrauma Rehabilitation Center-San Antonio
- Comprehensive Homeless programs (Including housing)- All Sites

Overview of San Antonio Health Care Delivery System

Mr. Wade Vlosich, Associate Director STVHCS, Medical Center Director, VISN 17

Mr. Vlosich provided an overview of the South Texas Veterans Health Care System (STVHCS). He highlighted new projects that have been completed and ongoing projects and services provided in VISN 17. One of the successes highlighted was the October 25, 2011, dedication of the Polytrauma Rehabilitation Center. This is a model Polytrauma Center for VHA.

Information and description of the Center:

- \$66 Million, 84,000 Sq Ft.
- Comprehensive Physical Medicine and Rehabilitation Services
- 12 Acute Rehabilitation Care Beds
- 120 Employees

There are two Pending Projects for FY 2012:

1. Transitional Housing Unit

- Construction completion – Spring 2012
- \$9.9 Million; 18, 000 Sq Ft
- 12 Transitional Rehabilitation Beds/Apartments
- 28 Employees

2. South Texas VA Fisher House

- Groundbreaking March 5, 2012
- Construction completion – Fall 2012
- \$6 Million; 15,000 Sq Ft.
- 16 guest rooms families of Veterans
- 3 employees

Texas Veterans Commission – VA Outpatient Clinic

Mike Jaeger, County Service Officers

Mr. Jaeger discussed the program areas of service provided to Veterans, their dependents and survivors, in all matters pertaining to Veterans’ disability benefits and rights. He highlighted the following programs for Veterans:

- General Assistance Grants Funds for Veterans Assistance (FVA), which are funded by the Scratch-off tickets from Texas.
- Pizner Wagner Act – Priority of Service Criteria.

Veterans Rural Health Resource Center (VRHRC) – Central Region

Dr. Peter Kaboli, Director

Dr. Kaboli shared an overview of the field-based clinical projects for demonstration/pilot projects. The VRHRCs are the repository for rural information and facilitates information dissemination, and conduct policy-oriented studies and analysis. Additionally, he discussed maps created by the Eastern Region Geographic Information System (GIS) team for the State of Iowa collaborative, to identify areas of greatest need for rural Veterans. Needs assessments were done in all VISNs in 2011.

- The VRHAC requested ORH to provide the committee with a review of all the successful “Best Practices Projects” as we move forward and limit priorities to successful models. Dr. Kaboli and his team are taking the lead on this for ORH. (This will be done by ORH by December 2012.)

Office of Rural Health (ORH) Leadership Briefing

Dr. Mary Beth Skupien, Office of Rural Health, Director

Dr. Skupien provided an overview of the ORH accomplishments in the past six months. She provided highlights on the six areas of focus for the ORH Strategic Plan.

- The VRHAC requested additional copies of the Strategic Plan Refresh. Ms. Bowie will mail copies to the members next week.
- Dr. Skupien provided an update of appointments and reappointments for the VRHAC through 2013.
- Dr. Skupien shared with the committee that she met with Tom Morris and the Director of the Workforce Management Team at Health Resources Services Administration (HRSA) to conduct a “Joint National Rural Health Workforce Study,” as the VRHAC recommended. This recommendation is not realistic at this time, and the VRHAC agreed to reach out to their partners in rural communities and see how we can approach this in another way.
- Dr. Skupien shared that she is actively participating in the President’s Rural Council Initiatives. Dr. Skupien is working with Tom Morris, on developing a Memorandum of Understanding (MOU) for data exchange and three pilot sites will be the focus in Montana, Alaska, and Virginia.
- ORH is collaborating with the Veterans Transportation Service (VTS) and the Volunteer Office to address transportation needs and developing efficient and effective transportation services in rural communities.

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- Mr. Behringer asked if there is a report available, that is tracking how the VA is doing across all VISNs in the area of telehealth services. Is the VA keeping track of the penetration of telehealth in all VISNs
- The VRHAC made a recommendation to quantify all of the telehealth projects that were funded by ORH. Have all the VISNs engaged? What is the outcome? Best-Practices should be pushed out in rural communities. Lindsay Knauff agreed to work with Dr. Hoffman and the Geographic Information System (GIS) team to map where these were funded for the rural communities.
- ORH funded a project where the Western Region implemented a toolkit for “Outreach.” The toolkit process will be tested at the Uvalde outreach event and Nancy Dailey will describe the process Friday at the VRHAC meeting.
- ORH funded \$35M for Project ARCH this year (FY12). The program has served about 1200 Veterans to date.
- For FY2011, ORH conducted a comprehensive review process based on the policies and criteria established by ORH, and as recommended by the Office of the Inspector General in their 2011 ORH audit. The following summarizes the results of the review process:
 - 83 (19%) proposals were approved immediately after the review.
 - 168 (38%) proposals were disapproved primarily due to the following reasons: 1) insufficient number of rural Veterans are currently or will be served; 2) funding is duplicative of other funding requests; 3) incongruent with ORH objectives and missions; or 4) limited or no demonstrated measurement or performance data.
 - 189 (43%) proposals were returned to the VISN Rural Consultants (VRC) to re-work/revise the proposal in order to receive approval and were approved after final submission of all required documents.

Meeting adjourned at 4:30 p.m.

Friday March 30, 2012-Day 2 of the VRHAC

Chairman Ahrens provided an overview of the first day of the meeting. The committee discussed broadband issues in rural areas. Are we impacting quality of care? Is broadband an issue for rural communities? These issues will be covered in the October Telehealth presentation.

TeleHealth Update for San Antonio Health Care System

Dr. Greg Smith, Chief Health Information Officer, South Texas Veterans health Care System

Dr. Smith presented an overview of the telehealth system, which allows VA providers to serve Veterans where they are. This is done by utilizing health information, disease management, and new technologies utilized to target care and case management to improve access to care, improving the health of Veterans.

The three models of care presented were:

- Clinical Video Telehealth (CVT)
- Home Telehealth (HT)
- Store and Forward Telehealth (SFT)

Mr. Behringer, asked what the impact has been for rural communities? Good discussion followed about the successes and challenges of telehealth in rural communities.

Homeless Veterans Program Highlights

Stephen Shomion, Health Care for Homeless Veterans Center Director
Ramon Garcia, Social Worker

Mr. Shomion and Mr. Garcia presented an overview of the “Right-size” programs and services for homeless and new initiatives that promote transformation efforts and optimize the six integrated pillars of VA’s Homeless Plan.

They Include:

1. Outreach and Education
2. Treatment Services
3. Prevention Services
4. Housing and Supportive Services
5. Income and Employment/Benefits
6. Community Partnerships

They covered all components of these six program areas in their presentation.

ORH National Outreach Tool Kit

Nancy Dailey, VRHRC-Western Region, Deputy Director

Nancy and her team provided an overview of the ORH Tool Kit implemented by the Western Region this fiscal year. It describes a systematic process to collaborate with rural community partners, improve rural community leaders’ understanding of benefits and services available to Veterans from the VA, and assist in advocacy for obtaining them. She discussed the following points:

- ANYONE who serves Veterans in the community
- Improves outreach to Veterans living in rural areas
- Help rural Veterans to access local community resources
- Increase Veteran enrollment in rural and highly rural areas
- Increase partnership between VA enrollment programs and community partners

The County Veterans Service Officer (CVSO)

Sgt. Ismael Castillo

Sgt. Castillo provided an overview of the roles and responsibilities of the Veterans Service Officers:

Their role includes:

- Assisting Veterans with benefits Information
- Informing the Veteran of eligibility Criteria
- Explaining the application process
- Explaining the claims process
- Explaining how payments are made
- Explaining how a Veteran is added to the Veterans Benefits Administration (VBA) Database

Recommendations by VRHAC:

1. The VRHAC recommended at least one Veteran outreach event using the ORH “Tool Kit” process be completed for each VISN by December 2012. ORH will provide follow up information on which sites have already completed this task and the ORH Director will report to the VRHAC in October.
2. The VRHAC requested a brief summary of VRHAC accomplishments to date. Ms. Bowie will coordinate this response for the VRHAC and submit it to the committee by June 2012.
3. Telehealth penetration for rural sites will be presented by ORH Director at the October VRHAC meeting including maps and funds spent on all telehealth projects.
4. Ms. Heady and Ms. Hanson will be working with their rural partners to come up with ideas on workforce issues to be addressed.

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5. Ms. Heady provided an overview of the VRHAC Fall Meeting. The travel dates are October 24 -26, 2012, in Potomac Highlands, West Virginia. The meeting will include a tour of the Tucker County CBOC and a town hall meeting.
6. Ms. Heady requested a future meeting with Dr. Skupien and Tom Morris to discuss the Workforce Management issues and its impact on communities. Dr. Skupien will set this up in the near future.

Public Comments

There were no public comments for the record.

Adjournment

The meeting adjourned on March 30, 2012 at 4:00 p.m. EST.

Respectfully submitted,

JUDY D. BOWIE
Judy Bowie
Designated Federal Officer
Veterans' Rural Health Advisory Committee

I hereby certify that, to the best of my knowledge, the foregoing minutes from the January 31, 2012 meeting of the Veterans' Rural Health Advisory Committee are true and correct.



James F. Ahrens
Chairman
Veterans' Rural Health Advisory Committee

These minutes will be formally considered by the Committee, and any corrections or notations will be incorporated in the meeting minutes.