

**DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
OFFICE OF RURAL HEALTH**

**Veterans Rural Health Advisory Committee Meeting
George E. Wahlen Department of Veterans Affairs Medical Center
500 Foothill Drive
Salt Lake City, UT 84148
January 14-15, 2014**

Meeting Summary

The Veterans' Rural Health Advisory Committee (VRHAC) convened its winter meeting on Tuesday and Wednesday January 14 -15, 2014.

Tuesday, January 14, 2014

Chairman Schow opened the meeting with welcoming remarks and Committee members gave self-introductions.

The Committee members present at the meeting were:

- Chairman Terry Schow
- Mr. Verdie Bowen
- Mr. Caleb Cage
- Ms. Janice Casillas
- Ms. Syreeta Long
- Mr. John Mengershausen
- Ms. Margaret Puccinelli
- Mr. Buck Richardson
- Mr. Donald Samuels
- Ms. Debra Wilson
- Dr. Susan Karol.

Committee Members Absent:

- Mr. Gary Cooper
- Mr. Clyde Marsh
- Mr. Richard Davis (Ex Officio Member, U.S. Department of Agriculture)
- Mr. Tom Morris (Ex Officio Member, U.S. Department of Health and Human Services)

Present from the Veterans Health Administration (VHA) Office of the Under Secretary for Health (USH):

- Dr. Robert A. Petzel, Under Secretary for Health

From the VHA Office of Rural Health (ORH):

Ms. Gina Capra, Director
Dr. Thomas Klobucar, Deputy Director
Ms. Judy Bowie, Management Analyst and Designated Federal Officer
Dr. Byron Bair, Director, Veterans Rural Health Resource Center-Western Region
Dr. Peter Kaboli, Director, Veterans Rural Health Resource Center-Central Region
Ms. Kristen Wing, Deputy Director, Veterans Rural Health Resource Center, Eastern Region

From the VHA Chief Business Office Veterans Transportation Program (VTP)

Mr. David Riley, Director
Mr. Paul Perry, Deputy Director

From VHA Veterans Integrated Service Network (VISN) 19

Mr. Ralph T. Gigliotti, Director

From the VHA Salt Lake City Health Care System

Mr. Steven W. Young, FACHE, Director
Ms. Jill Atwood, Public Affairs Officer
Mr. Jim Stritikus, Emergency Management Coordinator
Mr. Jeff Bennett, Health System Specialist
Mr. Todd Peterson, AV Production Specialist

Mr. Terry Schow, Chairman of the VRHAC introduced Dr. Petzel and Ms. Capra. He also expressed his appreciation to Dr. Petzel, Ms. Capra, invited guests, and recognized the newly appointed VRHAC members. He personally thanked each member for their service to rural Veterans.

Under Secretary for Health Presentation

Dr. Petzel recognized the newly appointed VRHAC members, presented them with their appointment certificates, and personally thanked them for their commitment to serving rural Veterans.

Dr. Petzel started the discussion by sharing the VHA's mission and vision statement: *To Honor America's Veterans by providing exceptional health care that improves their health and well-being.* He further stated that VHA's goal is to create a platform for providing exemplary services that are patient-centered and evidenced-based that includes cost, quality, access, and satisfaction.

Dr. Petzel shared information about the Department's preventative health system platform that delivers personalized, proactive, patient-driven healthcare needs.

- Personalized – Focused to on what the individual needs
- Proactive – A large component is prevention

- Patient-driven – The patient is in control of his or her healthcare needs (i.e., the patient must have access to their records and be able to make decisions about their healthcare)

Dr. Petzel mentioned that approximately 3.1 million Veterans enrolled in the VA health care system live in rural areas. VA continues to expand access to rural Veterans through community based outpatient clinics (CBOCs), non-VA medical care, home-based telehealth, mobile clinics, rural health care partnerships, and telehealth outreach clinics.

Dr. Petzel said VHA's priorities are to improve the quality and accessibility of new models of care/patient aligned care teams, homelessness, mental health care, connected health, access and standardization while optimizing value and increasing Veteran Client satisfaction with telehealth, benefits, education and mental health services.

Dr. Petzel shared information on how the agency is approaching the Affordable Care Act (ACA). Strategies and initiatives shared are reflective of the agencies core values. He shared that VA's health benefits plan meets the coverage requirements under the health care laws and Veterans not currently enrolled in the VA health care system are being encouraged to apply.

An additional, one million uninsured Veterans may be eligible to enroll in VA care and some Veterans who are already enrolled will have increased choices for health care coverage under ACA. The VA estimates a net increase in enrollment of 66,000 in 2014.

Key Questions and Answers:

Q: What are the criteria for the distance the Veteran lives that qualifies him/her for telehealth services?

A: Whether a Veteran receives care using telehealth varies from market to market—there is no standardization, and it is based on whatever is needed in terms of making the experience appropriate for the patient.

Q: In terms of interoperability of electronic health records, is it working with the private sector and contract health services?

A: In terms of interoperability VA has its own problems. There are VA test sites where VA is using the Virtual Lifetime Electronic Records (VLER) project to interface with beacon sites where we upload health care data into a "black box" and Department of Defense (DOD) and the private sector uploads their data into a black box and the data can be extracted from there. In general, most of the community (non-VA) fee basis providers don't have an electronic medical record system. In other cases

there is no electronic inoperability, but wherever possible, VA requires the submission of an electronic bill into the VA system.

Q: Do you pay for SCAN-ECHO.?

A: SCAN-ECHO is within our own system, so we don't pay for it in the traditional sense.

VA Salt Lake City Health Care System (VA SLCHCS) Orientation

Mr. Steven W. Young, Director, welcomed the Committee to the State of Utah. He shared information about the facility. VA SLCHCS is 121-bed facility located on an 81-acre campus at the foot of the Wasatch Range. The VA SLCHCS has an active academic affiliation with the University of Utah and a host of other academic institutions promoting research and education. The VA SLCHCS provides surgical, medical, and a broad range of specialty clinics in the main facility, and operates clinics in Utah, Colorado, and Nevada.

The VA SLCHCS covers 125,000 square miles with 10 Community Based Outpatient Clinics (CBOCs) in the surrounding area. Total funding is \$400 million; with \$17.6 million devoted to research. In Fiscal Year (FY) 2013, the VA SLCHCS treated 51,701 patients in 635,661 outpatient visits. The VA SLCHCS recently constructed a 72-bed transitional housing facility for homeless Veterans (Valor House) in partnership with the Salt Lake City Housing Authority.

Key Questions and Answers:

Q: Could you elaborate on the homeless efforts and how you have approached it here in the city versus rural populations?

A: VA SLCHCS has established partnerships in the community and with the Veterans Service Organizations (VSO) to address this issue. VA SLCHCS also conducts periodic "stand-downs" during which we go out into communities in the catchment area to identify homeless Veterans. VA SLCHCS is responsible for 125,000 square miles and we understand that the entire catchment area is our responsibility.

Agenda Overview and Remarks

Ms. Capra thanked Mr. Gigliotti, Mr. Young, and their team for their support of the Committee. Ms. Capra provided an overview of the two day agenda. She informed the Committee of additional reference materials provided in hard copy pertaining to the Affordable Care Act.

Introduction to the VA SLCHCS Women Veterans Program

Ms. Gina Painter, LCSW, Women Veterans Program Manager shared with the Committee that VHA has made the Women's program one of the strongest in the nation. Additionally, while the total Veteran population is decreasing, women are the fastest growing group within the Veteran population. Currently 15-18% of the Veteran population is comprised of women. VHA's Women Veterans' Health Care addresses the health care needs of women Veterans and works to ensure that timely, equitable, high-quality, comprehensive health care services are provided in a sensitive and safe environment.

Women coming to VHA for care tend to be younger than their male counterparts and may suffer from Post-Traumatic Stress Disorder (PTSD), military sexual trauma, homelessness, higher divorce rates, substance abuse, mental health issues and medical disorders. There is also a higher need for reproductive services.

General care provided includes health evaluation and counseling, disease prevention, nutrition counseling, weight control, smoking cessation, and substance abuse treatment, as well as gender-specific primary care, e.g., cervical cancer screens (Pap smears), breast cancer screens (mammograms), birth control, and menopausal support (hormone replacement therapy).

Mental health provided may include evaluation and assistance for issues such as depression, mood, and anxiety disorders, intimate partner and domestic violence, sexual trauma, elder abuse or neglect, parenting and anger management, marital, caregiver, or family-related stress, and post-deployment adjustment or PTSD. Some alternative activities that address women's special health care needs include celebrating major life events i.e., baby showers, birthdays, providing baby pump rooms, mental health individual and group counseling sessions and activities such as scuba groups.

Special services are available to women who have experienced Military Sexual Trauma (MST). VHA provides free, confidential counseling and treatment for mental and physical health conditions related to MST.

Comprehensive prenatal care is provided, which includes monthly visits from 8-28 weeks, bi-weekly visits from 28-36 weeks, and then weekly visits from 36 weeks until delivery at the University of Utah.

Tour of the VA SLCHCS Women's Specialty Telehealth Program

Dr. Susan Rose, MD, OB-GYN, led the committee on a tour of the Women's Tele-OB and Tele-GYN at the VA SLCHCS to see the connection first hand. The Committee members were able to talk to a Veteran using the telehealth equipment and ask questions and receive feedback via tele-video. The female Veteran shared with the committee that she relies on VA healthcare and would not otherwise be able to afford the insurance.

Telehealth capabilities continue to expand. In addition to the OB/GYN services Veterans can receive specialty care, genetic counseling and medication management/education.

Tour of the Central Utah State Veterans Home

Jeff Hanson, Director, Payson Veterans Home, led the committee on a tour of the Central Utah Veterans Home in Payson, Utah. It is a new, state-of-the-art facility that was built to provide the very best accommodations for Veterans in need of long term care. Veterans, their spouses, and the parents of Veterans who died in combat are all eligible for long term care. The facility has nine separate communities with a unique home-like environment. Each of the nine communities, or pods, offers a kitchen, a dining room, a living room, and twelve spacious, fully furnished private rooms with private bathrooms and showers. For Veterans who are not disabled, more than half of the cost of care is covered by the State. For Veterans that have a 70% or higher service connected disability, the entire cost is covered. Currently, 54 Veterans have been admitted to the Payson Veterans Home program. There are 10 pre-qualified Medicaid beds at the facility. The facility is Medicare and Medicaid certified and provides the following services:

- Rehabilitative Services
- Memory Care
- Hospice Care
- Daily Entertainment
- Laundry Service

The Veterans Transportation Program (VTP):

Mr. David Riley and Mr. Paul Perry provided the Committee with an overview of the VTP; the program has three separate activities:

- Veterans Transportation Service (VTS)
- Beneficiary Travel Program (BT)
- Highly Rural Transportation Grants Program (HRTG)

VTP is an evolving organization as the three sections integrate and outreach expands. VTS provides resources to transport Veterans to health care facilities. The BT program provides oversight and guidance to the field governing payments and allowances for Veteran beneficiary travel to and from VHA facilities. The HRTG program provides grants to Veteran Service Organizations (VSOs) and State Veterans Service Agencies (SVSAs) to supply transportation services for Veterans in highly rural areas to travel to VAMCs.

Other VTP initiatives include:

- Continued integration of VTS, BT, and HRTG to change the way VA does business around transportation;
- Expansion of partnerships inside and outside VA to improve coordination of travel services and resource utilizations;
- MOUs to expand collaborative partnerships (VHA Fleet, ORH, VAVS, VHA FAO); and
- Development of a VTP and VISN operational partnership.

The Veterans Tracking System: State of Utah Database Demo

Mr. Terry Schow and staff from the State of Utah Veterans Affairs Office provided a brief overview and demo of the Veterans Tracking Database. He shared with the Committee that the State Offices of Veterans Affairs have information concerning all rural Veterans residing within their states, including newly discharged rural Veterans.

Mr. Schow underscored that, by compiling data that many State agencies already collect in the routing course of their business, the system produces constantly updated information on Veterans within a State, a reliable means of contacting rural Veterans, and a method to improve outreach activities designed for rural Veterans.

The Rural Veterans Forum:

The VRHAC held a Veterans Forum from 6 p.m. to 7:30 p.m. on January 14, 2014 at the Central Utah State Veterans Home. Open to the public, the meeting provided a forum for Veterans and their families to ask questions and present issues relevant to rural Veterans to the VRHAC and local VA SLCHCS leadership. About 40 Veterans attended the event, including interested Veterans from rural communities, several caregivers and healthcare providers from the local communities, and Veterans from local Veterans Service Organizations, including the AmVets, Veterans of Foreign Wars, and the American Legion,

Key Questions and Answers and Key Points from the Rural Veterans forum:

Q: *Outreach Centers* – Why are outreach centers being closed instead of opening more in the SLC catchment area? Particularly, the Nephi center, is it a landlord/leasing issue? Are there alternatives?

A: *Response from VA SLCHCS Director:* The Nephi issue was specific to that location and that landlord. We are looking at putting centers into Ridgefield or Logan North to get centers back in the area.

Q: *Transportation* – DAV vans do their best but is there a better system to transport Veterans residing in rural areas? The airport shuttle system seems to work.

A: *Response from VTP Director:* VTS partners with the DAV and beneficiary travel mileage reimbursement is provided to Veterans who

qualify for that; it can be very helpful for Veterans who live a long distance from Salt Lake City, Utah.

Q: *Timely Access to Health Care* - Local Community Based Outpatient Clinic is at capacity, what plans are in place to ensure more timely access to local appointments?

A: *Response from VA SLCHCS Director:* Orem, Utah has an acute shortage of healthcare providers at the moment. The alternative is to be seen at the Salt Lake City facility.

Q: *VA ID card* – latency and slow response on local VA website to get card intended to be convenience for Veterans utilizing VA campus or location. Can I get a card faster?

A: *Response from VA SLCHCS staff:* Please see me after the meeting and I will get your contact information and follow-up with you.

Q: *Vet Centers* –There is a lack of available Vet Centers in rural Utah, is there some possible collaboration on how to potentially transition clinical data as needed from Vet Centers to clinical and medical staff?

A: *Response from VA SLCHCS Director:* Vet Centers provide confidential counseling to Veterans and utilize a separate system to safeguard the information. If the Veteran requests a release of the information it can be released.

Q: *Community Benefits Point of Contact (POC)* – There is a need for a local POC in the community on all VA issues, like a one stop shop for a Veteran to be a community advocate and knowledgeable on numbers and needs of Veterans in a certain community. Can the Tribal Veterans Representatives (TVR) program be adapted here?

A: *Response from VA SLCHCS Director and Committee member Mr. Richardson:* The VA and VHA have similar programs called the Veterans Tribal Program and the Rural Veterans Training Program. We will explore the applicability of the TVR program to rural Veteran advocate training.

Q: *Citizen Engagement* – are there ways to better engage rural citizens in Veterans' issues so they can be a resource and assistance to Veterans in their community?

A: *Response from VA SLCHCS Director and Public Affairs Officer:* Cross coordination and collaboration with the VISNs, media, advertisement, public affairs, communications and outreach team are some of the ways that can be done.

Key Point from forum attendee: *Care Coordination with Community Providers* - Care Coordination should be better among VA Medical Centers and community hospitals or providers for patients requiring coordination of health care and benefits.

Key Point from forum attendee: *Access to Health Care Close to Home:* To reduce Veteran travel burdens, VA should refer Veterans for medical care to the closest VAMC no matter what VISN it is in. Referrals to facilities across VISN boundaries often provide more geographical accessible care to rural patients. Please support this broadly.

Wednesday, January 15, 2014

Greeting and Introduction

The meeting was convened by Terry Schow, Chairman of the Committee. He provided an overview of the first day and asked the Committee members to share their perspective on what took place.

Office of Rural Health Orientation

Ms. Capra provided an overview highlighting the ORH activities. She emphasized that the ORH mission is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support the unique needs of enrolled Veterans residing in geographically remote areas. She provided a brief overview of the various components of ORH including:

- Office of Rural Health (ORH) Central Office;
- Veterans Rural Health Advisory Committee (VRHAC);
- Veterans Rural Health Resource Centers (VRHRCs); and
- Veterans Integrated Service Network (VISN) Rural Consultants (VRCs).

Ms. Capra then provided an overview of ORH FY14 Performance Priorities:

- Rural Health Project Administration;
- Administration of the Veterans Administration/Indian Health Service (VA/IHS) Memorandum of Understanding;
- Assessment of VISN Rural Consultants (VRCs) positions;
- Engaging Veterans Rural Health Advisory Committee (VRHAC); and
- Development and implementation of the Fiscal Year (FY) 2015-2019 ORH Strategic Plan

Veterans Rural Health Resource Center-Western Region (VRHRC-WR) Overview

Dr. Byron Bair and Dr. Jay Shore provided an overview of the VRHRC-WR history that emphasized tremendous change and growth in how we serve Veterans and how we can impact Veterans in rural communities. Some areas of activity that the VRHRC-WR is concentrating on include:

- Understanding the challenges faced by Veterans living in rural areas;
- Identifying disparities in the availability of health care to Veterans living in rural areas;
- Understanding the importance of meeting the needs of the aging Veteran population;
- Focusing on rural women Veterans; and
- Being mindful of business governance processes, including operational, economic, and technical influences and constraints in the environment in which VHA operates.

Dr. Bair briefly highlighted a few of the VRHRC-WR FY14 Portfolio Projects, including:

- The Rural Native Veteran Telehealth Collaborative Education & Consultation (NV-TEC);
- The Rural Native Veteran Web-based Resource Exchange (RNVRE);
- Development of Peer Support Networks for Rural Women Veterans;
- Rural Patient Education; and
- Rural Provider Education--A Collaborative Approach with Area Health Education Centers.

Dr. Shore provided an overview of the national resources for Rural Native Veterans Health Issues—these Veterans include American Indian, Alaska Natives, Native Hawaiians and Pacific Islanders. He shared with the Committee that the overall goal of the Native domain is to foster partnerships between VA, external agencies, and Native communities to improve access and services for rural Native Veterans, their families, and their communities.

The VRHRC-WR rural Native Veteran program has a national scope, to tend to the needs of Veterans across the United States, and a local focus on adapting national efforts to the needs of individual tribes, villages, islands, communities, and environments of rural native Veterans.

NV-TEC's overall programmatic goal is to expand collaborative VA Telemental Health Services for rural Native Veterans through mentorship consultation. This year, the program is focusing on continued collaboration and mentorship with the Alaska VA Health Care System's Sitka Clinic, and continued consultation and mentorship at the Battle Creek and Muskogee VAMC clinics with the Nottawaseppi Huron Potawatomi Band, the Pokagon Potawatomi Band, and the Creek Nation.

Committee Discussion

Mrs. Debra Wilson, VRHAC Committee Recommendations Workgroup Chair, shared with the Committee the findings on her analysis of the Committee's 2009 and 2011 recommendations to the Secretary. She developed a crosswalk that identifies duplicate recommendations, overlapping findings, completed recommendations, and current status of pending recommendations. Mrs. Wilson shared with the Committee a working strategy and approach for writing the annual report or recommendations letter to the Secretary.

Mrs. Wilson reported that emerging themes from the May 2013 Committee meeting discussion focused on an education agenda for the FY 2014 meetings to further inform recommendation development for an annual report to the Secretary. Several topics were raised and specific recommendations from the May 2013 discussion were presented, and the Committee agreed to continue discussion following the FY14 winter meeting.

Recommendations previously under development and/or consideration for the VRHAC Annual Report to the Secretary include:

- Increase the number of Vet Centers and telehealth services in rural areas for primary and mental health care;
- ORH should take an active and robust role on the White House Rural Council and perform as designee of the Secretary if necessary;
- Identify and eliminate common barriers to transportation by developing a robust transportation program for rural Veterans through collaboration and partnerships with non-VA organizations; and
- Support innovative collaboration with State Offices of Veterans Affairs/Assistance to expand and develop rural Veterans access to care.

Committee Current Working Recommendations for their report to the Secretary:

- Increase the number of Vet Centers and telehealth services in rural areas for primary and mental health care;
- Identify and eliminate barriers to transportation for rural Veterans through collaboration and partnerships with non-VA organizations;
- Support innovative collaboration with ORH and State Offices of Veterans Affairs /Assistance to expand and develop Veterans access to care; and
- The Secretary should designate a Rural Deputy Under Secretary for Health.

Mr. Schow then facilitated a discussion regarding recommendations for changes to the Committee Charter to include:

- Membership terms be changed from a 2-year to a 3-year initial staggered term;
- Adding an additional ex-officio member from the Department of Defense and/or specifically the National Guard to the membership;
- Strike the word “enrolled” from the Charter and replace it with the word “qualified” Veterans;
- Insert the word “honorarium” in Charter paragraph 7 so that it reads “All members will receive an honorarium, travel expenses, and a per diem allowance in accordance with the Federal Travel Regulations for any travel made in connection with their duties as members of the committee.”

The Committee agreed to renew their charter this year in accordance with the two-year renewal requirement. The Office of Rural Health will work closely with Chairman Schow and the VA Advisory Committee Management Office to pursue renewal prior to the June 2014 expiration.

Committee Recommendations for Education and Training Speakers for future Committee meetings:

- Delivery Models of Care;
 - Fee based care coordination
 - “Blue Card” Program
 - Streamlining the contracting process for primary care services;
- Recruitment and Retention of Rural Health Providers;
- Telehealth (i.e. home telemonitoring with nurse care and coordinator); and
- Program Structures (i.e. Women Veterans, Minority Veterans, and VBA).

Committee Management Items and Upcoming Meeting

Committee members discussed and agreed the next VRHAC meeting will occur in Washington, DC on June 24-25, 2014.

Public Comments

There were no public comments for the record.

Adjournment

The meeting adjourned on January 15, 2014, at 5:00 p.m. MDT.

Respectfully submitted,

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 14-15, 2014, meeting of the Veterans' Rural Health Advisory Committee are true and correct.

Terry Schow
Chairman
Veterans' Rural Health Advisory Committee

The Committee will formally consider these minutes, and any corrections or notations will be incorporated in the meeting minutes.

Adjournment

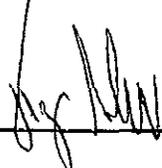
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