VHA | OFFICE OF RURAL HEALTH

VETERANS RURAL HEALTH ADVISORY COMMITTEE
Meeting Notes

October 9 – October 10, 2018
Washington, D.C
9:00AM – 5:00PM

Attendees:

Committee Members Present:
Dale Gibbs, Chair
Stephanie Birdwell
Angeline Bushy
Deanna Lamb
Michael McLaughlin
Brenda Moore
Keith Mueller
Joe Parsetich
Lonnie Wangen

Vicki Brienza
Bryant Howren
Casey Hutchison
Karyn Johnstone
Emily Oehler
Daniel Palmeri
Blaine Reynolds
Carolyn Turvey
Matt Vincenti

Ex-Officio Members Present:
Gary Bojes, United States Department of Agriculture (*alternate*)
Wakina Scott, Health and Human Services (*alternate*)
Ben Smith, Indian Health Service

Public Attendees:
John Ashley, Senate Veterans Affairs Committee
Cicely Bates, Senate Veterans Affairs Committee
Steven Colley, Senate Veterans Affairs Committee
Sophie Friedl, Senate Veterans Affairs Committee
Anna Johnson, Indian Health Service
James Moss, Veterans of Foreign Wars
Ben Williams, Veterans Transportation Program
Wilbur Woodis, Indian Health Service

Department of Veterans Affairs Staff Present:
Thomas Klobucar, Designated Federal Officer
Janice Garland, Alternate Designated Federal Officer
Judy Bowie, Committee Manager

Guests and Consultants Present:
Byron Bair
Meeting Objectives
- VRHAC will gain increased understanding of U.S. Department of Veterans Affairs' rural-centered initiatives.

- VRHAC will gain increased understanding of the Office of Rural Health's fiscal year 2019 initiatives.

- VRHAC will discuss fiscal year 2019 recommendations.

Tuesday, October 9, 2018

Welcome, Introductions and Meeting Overview
Dale Gibbs, Chair, Veterans Rural Health Advisory Committee (VRHAC)
- Convened the meeting, reviewed the meeting objectives, and stressed how the committee serves the Secretary's priorities with a focus on rural Veterans' health and well-being
- Conducted committee and ex officio member introductions

Presentation: Advisory Committee Management Office
LaTonya Small, Program Specialist, Office of the Secretary, U.S. Department of Veterans Affairs
- Explained the U.S. Department of Veterans Affairs (VA) has 28 federal advisory committees which adhere to the Federal Advisory Committee Act
- Reviewed requirements of each federal advisory committee
- Shared the Secretary's priorities to improve customer service, implement the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, manage the electronic health records (EHR) contract and conduct business modernization
- Explained a focus on specialty care, including Parkinson's and mental health
- Answered question on the interaction between the Deborah Sampson Act (H.R.2452) and specialty care

Presentation: State of the Office of Rural Health (ORH)
Dr. Thomas Klobucar, Acting Executive Director, ORH
- Outlined legislative mandate, strategic plan goals and office structure
- Mentioned the President's new Broadband Interagency Working Group, of which ORH is a member
- Shared that Congress continued $20M increase into fiscal year 2019, for a $270M total budget
  - Explained ORH is conducting a Veterans Integrated Service Network (VISN) Director needs assessment to inform budget allocations, research and innovations
  - Revealed ORH-funded programs (e.g., Enterprise-Wide Initiatives and Rural Promising Practices) are in 97% of VA medical centers, and provided list of funded programs that are available at ruralhealth.va.gov
- Expounded on the new ORH-funded VA Farming and Recovery Mental Health Services (FARMS) congressionally mandated program that connects rural Veterans with agricultural training and behavioral health care services
- Outlined the Secretary's priorities and their rural implications

- Answered question on possibility of VA privatization

Panel: Innovation in ORH Veterans Rural Health Resource Centers (VRHRC)
Dr. Carolyn Turvey, Clinical Director, VRHRC Iowa City, Iowa
Dr. Byron Bair, Clinical Director, VRHRC Salt Lake City, Utah
Dr. Matthew Vincenti, Operations Director, VRHRC White River Junction, Vermont

- Reviewed new portfolio innovations at Iowa City, Iowa VRHRC that included looking at the U.S. health care system and VA's role in it, such as with Federally Qualified Health Centers, EHRs with Cerner implementation, My Health*e*Vet, and mental health (e.g., screening, opioid use disorder, community-based substance above providers)
- Reviewed new portfolio innovations at Salt Lake City, Utah VRHRC that address population issues that pertain to rural Veterans, such as suicide prevention coordinator activities, bone health, caregiver support and primary care workforce
  - Outlined the sustainment of three ORH Rural Promising Practices that Salt Lake City VRHRC clinical experts disseminate and mentor nationally
  - Explained the focus on building links between ideas, studies, published papers, pilots and national dissemination
  - Discussed integration between "bottom up" (grass roots innovations) and "top down" (policy) alignment
  - Clarified what ORH means by "rural innovations" and that they must focus on clear delivery to rural Veterans, facility, Veterans Integrated Service Networks and nationally within the health care system; as well as an additional focus on implementation (scalable and adaptable) and outcomes (metrics)
  - Spotlighted VA Video Connect to Home study of 331 rural Veterans in fiscal year 2018 and geriatric-centered programs designed for rural Veterans over 65 years of age
- Reviewed new research initiatives at White River Junction, Vermont VRHRC,
  - Outlined the rural research agenda: (1) identify and measure disparities in rural health care access, utilization and standards of care; (2) design, pilot and access novel clinical approaches that improve quality, access and efficiency of rural health care; and (3) cultivate a community of rural health science that can report and review research findings, as well as disseminate knowledge
  - Walked through the rural research domains: workforce, rural special populations, rural disparities, care coordination, rural access to care, operational adoption, practice infrastructure and health policy
  - Reviewed new innovations on care coordination in rural communities and post-traumatic stress disorder care at rural VA facilities with low access to evidence-based practices
  - Explained ORH's adoption of the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) evaluation model

- Answered questions on opioid crisis care, suicide prevention, telehealth adoption by public and private sectors, care coordination between VA Community Based Outpatient Clinics (CBOC) and Federally Qualified Health Centers, and transgender care

Presentation: Center for Minority Veterans
Dennis May, Acting Director, Center for Minority Veterans, U.S. Department of Veterans Affairs
- Outlined the establishment of Center for Minority Veterans and Advisory Committee on Minority Veterans Public Law 103-446 in 1994
  - Stated that VA serves more than 300,000 minority Veterans
  - Mentioned local Veteran minority coordinators are at every VA medical center
- Outlined key challenges and working solutions
  - Awareness of VA benefits (e.g., National Minority Veterans Summit, lunch and learns with Federal agencies, Veteran Service Organization conferences)
  - Chronic diseases (e.g., Million Veteran Program, Center for Health Equity Research and Promotion, and Charleston Health Equity and Rural Outreach Innovation Center)
  - Unemployment (e.g., Veteran Employment Services Office, Fleet Reserve Association, Veterans of Foreign Wars, Women Veterans Interactive)
  - Homelessness (e.g., stand downs and Veterans and Community Oversight and Engagement Board)
- Confirmed potential to collaborate on advisory committee recommendations in the future
- Answered questions on minority Veterans' enrollment in and use of VA services, current advisory committee recommendations, specific chronic diseases, Million Veteran Program, provider bias, and Native American Veteran care

Presentation: Workforce Modernization Update
David Perry, Acting Chief Officer, Workforce Management & Consulting, U.S. Department of Veterans Affairs
James Marfield, National Healthcare Recruitment Consultant, U.S. Department of Veterans Affairs
- Reviewed VA modernization efforts and transition from a decentralized human resources (HR) delivery model to a HR shared service model with standardized operations across VA (e.g., training, metrics, systems, reporting)
- Shared HR goal to remove local variations and standardize by fiscal year 2020 – with a focus on more of a consultation role at the local level with greater bench strength at the national level for transactional services
- Stressed need to implement a new business model to address 16% turnover rate

- Explained rural and non-rural staffing shortages (e.g., clinical and non-clinical, nurses, physicians)
- Provided VA vacancy rates that were similar to the national industry rates, and clinical loss rates and mentioned that rural physician loss rate is 13% compared to 9.2% for non-rural
- Shared that the time-to-hire rural physicians is 152 days and rural nurses is 97 days – both are longer than urban hiring
- Outlined major recruiting challenges: high vacancy and loss rates, community infrastructure, longer time-to-hire, lack of vacancy forecasting, physician burnout, smaller talent pool for rural location, local labor markets, inflexible work schedules, and lack of academics and research
- Provided possible solutions that included National Healthcare Recruitment Services and Facility Recruitment Liaison utilization, Graduate Medical Education and trainee hiring, non-citizen hiring, Veterans Health Administration Health Professions Scholarship Program, Education Debt Reduction Program, competitive compensation, flexible schedules, Interim Staffing Program and improved on-boarding
- Offered ideas for reducing physician burnout
- Answered questions on self-service HR model, location of recruitment activities, reducing time-to-hire, staffing caps, employee referrals, matching program, education debt reduction and the National Health Service Corps

Presentation: Transportation at the Intersection of Health Care
Paul Perry, Deputy Director, Veterans Transportation Program, U.S. Department of Veterans Affairs
- Explained Veterans Transportation Services (VTS), beneficiary travel and Highly Rural Transportation Grants business lines
- Outlined major challenges that included distributive ownership, internal vs. external development, regulatory environment and generational change
- Shared that missed appointments decrease three times where there is VTS, and rural Veterans with mental health diagnosis have a higher percentage use of VTS
- Provided recommended solutions such as mobility management, stipend for beneficiary travel and enterprise "on demand" technology
- Mentioned a need for inter-agency collaboration and technology, such as a ride sharing Veteran app
- Explained that approximately 20% of ridership is rural, and that rural Veterans on average travel 65 miles one way to care compared to less than 30 miles each way for urban Veterans
- Answered questions on rural Veteran riders, trip locations, replacing aging DAV shuttle drivers, highly rural travel, and use of rural-urban commuting area codes and VA CBOCs

Presentation: Ethics
Carol Borden, Deputy Ethics Official, Office of General Counsel, U.S. Department of Veterans Affairs
- Delivered required ethics training

Recap: Day 1
Emily Oehler, Director, Grant Thornton
- VRHAC reviewed highlights, concerns and potential recommendations from the day's presentations
- VRHAC expressed appreciation for the VRHRCs and ORH's focus on innovation
- VRHAC communicated concerns about lack of data on minority Veterans, gaps in transportation programs, provider vacancy rates and telehealth inefficiencies
- VRHAC suggested recommendations concentrating on Veteran-to-Veteran solutions, in-house recruiting at VA facilities, transportation and innovation

Wednesday, October 10, 2018

Welcome
Dale Gibbs, Chair, Veterans Rural Health Advisory Committee
- Welcomed committee, speakers and guests

Panel: Connecting Health
Jodie Griffin, Deputy Chief, Telecommunications Access Policy Division – Wireline Competition Bureau, Federal Communications Commission
Josh Seidemann, Vice President of Policy, NTCA – The Rural Broadband Association
John Peters, Deputy Director, Office of Connected Care, U.S. Department of Veterans Affairs
Gary Bojes, Rural Development Program Advisor, U.S. Department of Agriculture
- Shared that the Federal Communications Commission (FCC) provides the Universal Service Fund to cover or supplement broadband internet costs in specific areas, such a rural provider or school broadband
- Explained that FCC seeks comments through a Notice of Inquiry on a new Connected Care Pilot Program to help rural Veterans access broadband, and seeks insights on how to measure effectiveness
- Outlined that NTCA – The Rural Broadband Association supports approximately 850 locally operated, facilities-based broadband providers who serve 5% of the U.S. population and 37% of the U.S. landmass
- Clarified that while 25% of the population resides in rural areas, only 10% of the nation's physicians are in rural America
- Provided recommended solutions that included utilize broadband-enabled telehealth, address adoption challenges and spotlight value (e.g., lost wages, travel time, compliance rates, monitor chronic conditions, and reduced mental health care stigma)
- Mentioned the Virtual Living Room pilot which offers public space in a library for rural Veterans to obtain mental health care via telehealth
- Provided overview on VA telehealth capabilities and how it enhances accessibility, capacity and quality of VA care for Veterans
- Pointed out that in fiscal year 2018, 45% of the 780,000 VA telehealth patients were rural Veterans
- Explained major telehealth challenges such as overstretched or apprehensive providers, clinic bandwidth, no-shows and video quality
- Offered recommended solutions that included hands-on assistance and case studies to providers, bandwidth mapping to plan local expansion, prioritize upgrades for national modernization effort, reconfigure appointments to facilitate video visits, establish consistent virtual care time, arrange test calls with Veterans, and set up telehealth help desks for VA medical centers
- Discussed how 48% of U.S. Department of Agriculture's (USDA) $9.8 billion budget is invested in the health care sector

- Mentioned USDA partners with the National Rural Health Association to focus on the prevention of rural hospital closures
- Highlighted the economic impact on a rural community when a hospital closes; the average Critical Access Hospital creates 170 jobs, generates $71 million in salaries and can represent up to 20% of the community's employment income
- Answered questions on telehealth, Universal Service Administrative Company, telehealth services provided by the Indian Health Service, the White House's rural prosperity task force, distribution of tablets to rural Veterans, Virtual Living Room and VA Video Connect

Presentation: VA MISSION Act Overview
Lynn Streich, Program Specialist, Office of Strategic Integration | Veterans Engineering Resource Center, U.S. Department of Veterans Affairs
- Explained the MISSION Act and its four pillars: (1) consolidate VA community care program; (2) expand eligibility for the Caregivers Program to all service eras; (3) align VA's infrastructure footprint with the needs of our nation's Veterans; and (4) recruit and retain quality health care professionals
- Mentioned the MISSION Act is not a step to privatize VA
- Reviewed the VA MISSION Act titles
    - Title I – Sections 101-109, 111-114, 123-123, 131-134, 141-144, 151-153 and 161-163 (Caring for Veterans)
    - Title II – Sections 201-213 (Asset and Infrastructure Review Act)
    - Title III – Sections 301-306 (Improvements to Recruitment of Health Care Professionals)
    - Title IV – Sections 401-403 (Health Care in Underserved Areas)
    - Title V – Sections 501-512 (Other Matters)
- Provided email to use for MISSION Act related questions – VHAmissionact@va.gov, or the VA Pulse page for employees at https://www.vapulse.net/community/missionact-vha
- Answered questions on use of unused VA buildings, funding for MISSION Act requirements, implementation timeline, community provider recruitment, transition from Veteran Choice Program and accessibility to community care

Presentation: Congressional Updates
Sophia Friedl, Legislative Aide for the Minority, Senate Committee on Veterans' Affairs
John Ashley, Legislative Aide for the Majority, Senate Committee on Veterans' Affairs

- Shared updates on focus around hiring clinical staff to address shortages, expanded rural broadband access and Cerner EHR implementation
- Expressed continued focus on MISSION Act implementation with 60-day check-in with Secretary of Veterans Affairs, deadline status for MISSION Act initiatives and related outcome metrics
- Answered questions on progress made and major milestones regarding MISSION Act, patient safety, Cerner EHR system integration with community providers, health information exchanges and Deborah Sampson Act

Presentation: Women Veterans Health
Patricia Hayes, Chief Consultant, Women's Health Services, U.S. Department of Veterans Affairs

- Explained that the number of women Veterans will increase in the years ahead – 11% in 1991 to 15% in 2017, with average age of 49 and largest group 45-65
- Stressed that VA offers a full continuum of care for women that includes primary care, gynecology, mental health, disease management, fertility, hospice and long-term services
- Stated that Women's Health Services' primary goal is to provide proficient women's health care primary care providers
- Pointed out that 41% of women who use VA for care are diagnosed with mental health issues, adding that this shows women are more dependent on VA for this care not that they have more mental health issues
- Clarified that most VA sites of care have a gynecologist, but the 20 that don't are due to lack of surgical services required to support this specialty
- Highlighted the better quality of women's care within VA compared to commercial, such as breast and cervical cancer, as well as focus on women's improved cardiac care
- Mentioned usage of maternity care in VA increased by 44% in the past five years
- Explained use of ORH funding to provide mini-residency for rural providers and nurses on women's health, which provided 15 trainings as of September 2018
- Answered questions on barriers to women's care, care quality measurement, care coordination grants, patient advocates, and the Deborah Sampson Act

Presentation: VA Customer Experience
Lee Becker, Chief of Staff, Veterans Experience Office, U.S. Department of Veterans Affairs

- Framed the President's and Secretary of Veterans Affairs' priority to improve customer experience within the federal government
- Explained VA's key efforts to improve Veterans' experience
  - Data (e.g., surveys, digital comment box, trust score)
  - Tools (e.g., customer experience training, standard phone greeting, red coat ambassadors)
  - Technology (e.g., digital modernization, contact center modernization, Vet360, unified desktop platform)
  - Engagement (e.g., community Veteran engagement boards, federal advisory committees, Choose Home)
- Answered questions on best-in-class commercial health care providers, community care coordination, ability to pull rural-specific data and local VA patient advocates

Work Session: 2019 Recommendations
Emily Oehler, Director, Grant Thornton

- VRHAC discussed key points from the presentations and established working groups on key issues

Meeting Recap and Evaluation
Emily Oehler, Director, Grant Thornton

- VRHAC gave feedback on meeting content and logistics
- Dr. Klobucar expressed the importance of attendance at the Iowa City meeting in May
- Dr. Klobucar clarified that the committee continually accepts nominations at https://www.ruralhealth.va.gov/aboutus/vrhac.asp#nom

Public Comment Period
Dale Gibbs, Chair, VRHAC

- No public comments