



VETERANS RURAL HEALTH ADVISORY COMMITTEE

September 19 – 20, 2023

September 19: 9:00 am – 4:30 pm ET

September 20: 9 :00 am – 4 :00 pm ET

NOTES

Attendees:

Committee Members Present:

Marcus Cox, Chair
Andrew Behrman
Lonnie Wangen
Keith Mueller
Joe Parsetich
Pavithra Ellison
Vanessa Meade
David Albright
Thomas Driskill
Juanita Mullen
Angela Renae Mund
Bryant Howren

Ex-Officio Members Present:

Ben Smith
Kristi Martinsen
Kellie Kubena

U.S. Department of Veterans Affairs

Staff Present:

Sheila R. Robinson, DFO
Judy Bowie, Committee Manager
Peter Kaboli
Guy Kiyokawa
Phil Welch
Jeff Moragne
Travis Lovejoy
Sarah Ono
Sergio Romeo
Keith Myers
Carolyn Turvey
Samantha Solimeo (virtual)
Bradley "Vince" Watts
Matthew Vincenti

U.S. Department of Veterans Affairs

Staff Present (cont.):

Byron Bair
Nancy Dailey
David Clay Ward
Paul Dordal
Mark Hausman (virtual)
Karyn Johnstone (virtual)
Kelly Lora Lewis
Thomas Garloch (virtual)

Consultants Present:

Robert Derby
Jasmine Williams
Stephen Miles
Alexah Taylor
Natalie Gaynor (virtual)
Mary Elder (virtual)

Public Attendees:

Tonya Bowers, HRSA
Gina Capra, NACHC
Priscah Mujuru, NIH
Gniesha Dinwiddie, NIH
Tina Nelson (virtual)
Julie Holt (virtual)
Sidath Panangala (virtual)
Morgan Brown (virtual)
Quinn Kennedy (virtual)
Rachel Wall (virtual)
Vanessa Marshall, NIH (virtual)
Morgan Brown (virtual)
Cameron Kroetz, SVAC (virtual)
Katie Grady (virtual)



Meeting Objectives

1. VRHAC will gain an increased understanding of the U.S. Department of Veterans Affairs' (VA) strategic and community partnerships that increase access to health care for rural Veterans.
2. VRHAC will gain an increased understanding of the Office of Rural Health's current programs and research initiatives.
3. VRHAC will develop recommendations for the VA Secretary.

Tuesday, September 19, 2023

Welcome, Introductions and Meeting Overview

Marcus Cox, Chair, Veterans Rural Health Advisory Committee

Robert Derby, Strategic Planner/Facilitator, DCG Communications

- Chair provided introductory remarks and convened the meeting.
- Chair noted presentations will help Committee members better understand the U.S. Department of Veterans Affairs (VA) health care system and help shape Committee recommendations for the VA Secretary.
- Facilitator reviewed meeting protocol including protocol for asking questions and using microphones.

Presentation: Office of Rural Health Update

Peter Kaboli, MD, Acting Executive Director, Office of Rural Health, U.S. Department of Veterans Affairs

- Provided background information on rural health care challenges and Office of Rural Health (ORH) structure and program portfolio, with an emphasis on community and strategic partnerships, Enterprise-Wide Initiatives, and Rural Promising Practices.
- Discussed rural Veteran-focused programs aimed at easing transportation, workforce, and broadband challenges.
- Highlighted ORH's work related to the Committee's fiscal year (FY) 2022 recommendations including a Veterans Health Administration (VHA) rural recruitment and hiring plan, and a rural workforce recruitment and retention evaluation report.
- Answered questions about social determinants of health in rural communities and peer-related telehealth support for Veterans.

Presentation: Advisory Committee Management Office Update

Jeff Moragne, Director, Office of the Secretary, U.S. Department of Veterans Affairs

- Reviewed Federal Advisory Committee requirements.
- Identified Veterans Rural Health Advisory Committee (VRHAC) Designated Federal Officer (DFO).
- Noted differences between in-person, closed, and private meetings.
- Reviewed VA Federal Advisory Committee and member best practices.

Presentation: Office of Rural Engagement and Office of Tribal Government Relations Updates

David Clay Ward, Rural Desk Officer, Office of Rural Engagement; Acting Director, Office of Tribal Government Relations, U.S. Department of Veterans Affairs

- Provided updates on the status of the Office of Tribal Government Relations (OTGR) Tribal Consultation policy and recent events, including the FY23 claims clinic that supported more than 1,300 Veterans.
- Highlighted the establishment of the VA Tribal Advisory Committee and expressed interest in future collaboration with VRHAC.
- Outlined the role of the Office of Rural Engagement (ORE) as an enterprise integrator for rural Veteran issues, connecting Veterans and rural communities with the VA programs available to them.
- Discussed the role of the Rural Partners Network (RPN) in fostering partnerships alongside other federal agencies including the Health Services and Resources Administration (HRSA).
- Answered questions about the availability of co-pay exemption for tribal communities in Canada.

Presentation: National Association of Community Health Centers

Gina Capra, Senior Vice President, Training and Technical Assistance, National Association of Community Health Centers

- Provided background information on the history of the health center movement and the ways health centers address the comprehensive needs of historically underserved communities.
- Discussed the importance of interagency communication and collaboration to ensure seamless Veteran care coordination.
- Highlighted how community health centers play a role in providing value-based care to communities nationwide, noting that national reporting indicates that health centers served more than 400,000 Veterans in 2022.
- Recommended Committee members explore a VHA – HRSA Memorandum of Understanding (MOU) to systematize and formalize health care infrastructure.
- Answered questions about opportunities for population health management data sharing and dual-funded tribal operated community health centers.

Presentation: Health Resources and Services Administration

Kristi Martinsen, Director, Federal Office of Rural Health Policy, State Hospital Division, Health Resources and Services Administration

Tonya Bowers, MHS, Deputy Associate Administrator, Bureau of Primary Care Health, Health Resources and Services Administration

- Provided a high-level overview of HRSA programs, noting that though not all programs are rural Veteran focused, most programs touch rural communities and are accessible to the Veteran population.
- Noted that HRSA is the largest public health grant making agency through the federal government, with more than \$14.3 billion of grant programming dispersed annually.
- Highlighted several specific programs including a maternal mental health hotline that provides emotional support resources and referrals for women pre- and post-childbirth.
 - Noted the hotline launched in May 2023 and produced more than 12,000 referrals to date.
- Outlined the role of the Bureau of Primary Health Care at HRSA in providing care to all segments of the population, with a specific legislative focus on uninsured and underserved populations including individuals impacted by housing instability.
- Noted the need for continued modernization efforts so that community health centers have the capability to report clinical data directly to HRSA.
- Answered questions about the specific qualities of a rural emergency hospital.

Presentation: Rural Community Clergy Training Program

Chaplain Paul Dordal, National Program Coordinator, Transitional Care, National Chaplain Service, U.S. Department of Veterans Affairs

- Provided overview of the Rural Community Clergy Training Program and the importance of educating rural clergy about challenges faced by returning Veterans and their families.
- Highlighted the program's work with local Veteran centers to ensure Veterans, their family members, and spouses can access important counseling resources.
- Highlighted the emerging need for moral injury repair support, and the need to distinguish between symptoms of posttraumatic stress disorder and moral injury.
- Outlined how chaplains can bridge the gap between Veterans and mental health care.
- Answered questions about how the chief of chaplains is trained to address any spiritual needs, regardless of the Veteran's faith.

Presentation: The U.S. Department of Veterans Affairs

Guy Kiyokawa, Acting Deputy Secretary, U.S. Department of Veterans Affairs

- Thanked Committee members for their service to the rural Veteran community.
- Reviewed the administration's current priorities for Veterans including partnerships with the Department of Defense, Indian Health Service, and the Department of Health and Human Services as an opportunity create initiatives that provide necessary care to rural communities.
- Outlined previous work and military service including his role as the Assistant Secretary for Enterprise Integration at VA.
- Highlighted the PACT Act as an important piece of legislation aimed at increasing benefits to Veterans nationwide.
- Encouraged Committee members to ensure all recommendations presented to the Office of the Secretary are realistic and executable.
- Answered questions about the viability of a VA-wide standardized electronic health records system.

Panel: Veterans Rural Health Resource Center (VRHRC) Clinical Directors

Dr. Carolyn Turvey, Clinical Director, VRHRC Iowa City, IA

Dr. Bradley "Vince" Watts, Clinical Director, VRHRC White River Junction, VT

Dr. Keith Myers, Clinical Director, VRHRC Gainesville, FL

Dr. Travis Lovejoy, Clinical Director, VRHRC Portland, OR

Dr. Byron Bair, Clinical Director, VRHRC Salt Lake City, UT

- Outlined the role of the Veterans Rural Health Resource Centers (VRHRC) in overseeing portfolios of research and dissemination projects, noting that the VRHRCs have the largest portfolio of rural Veteran health focused research in any given fiscal year.
- Discussed the specific research focus of each VRHRC including mental health, workforce, suicide prevention, rehabilitation and independent living, substance use disorders, and minority rural Veteran populations.
- Reviewed several active VRHRC programs and partnerships aimed at improving health care access and health outcomes for rural Veterans including the rural scholars program, tele-rehabilitation creative arts therapy, and the Rural Native Veteran Health Care Navigator program.
- Highlighted existing resources including systematic reviews of the efficacy of cannabis on chronic pain and PTSD, and the rural Veteran outreach toolkit.
- Recommended utilizing the VRHRCs as resources to expand community and strategic partnerships.

Wrap Up & Close

Marcus Cox, Chair, Veterans Rural Health Advisory Committee

Robert Derby, Strategic Planner/Facilitator, DCG Communications

- Committee reviewed highlights, concerns, and outstanding questions regarding the day's presentations.

Wednesday, September 20, 2023

Welcome, Introductions and Meeting Overview

Marcus Cox, Chair, Veterans Rural Health Advisory Committee

- Chair reconvened meeting and reviewed agenda.

Virtual Presentation: Partnerships with VA's Office of Integrated Veteran Care

Mark Hausman, Executive Director, Integrated Access, Office of Integrated Veteran Care, Veterans Health Administration, U.S. Department of Veterans Affairs

- Outlined the role of the Office of Integrated Veteran Care (IVC) in creating a coordinated approach to access care for Veterans within VA direct health care systems and community care health centers.
- Noted the unique health care access challenges that Veterans in rural communities' face, and rural Veterans' increased reliance on community health care options.
- Discussed several health care access initiatives including VA's Clinical Contact Center Modernization Initiative that aligns call centers.
 - Highlighted that these clinical contact centers field more than 45 million calls a year, serving as an important touchpoint with Veterans.
- Reviewed the four core services of the clinical contact centers, including administration and scheduling, clinical triage, virtual care visits, and pharmacy; and their role in providing Veterans with coordinated health care services.
 - Noted that more than 29,000 rural Veterans used clinical contact center virtual care visits in FY23, more than double compared to FY22.
- Highlighted the structure of VA's community care network, including the authorization process for emergency care, urgent care, and tribal health program care.
- Answered questions about community care scheduling delays and the possibility of one national call center number.

Presentation: Partnerships with the U.S. Department of Agriculture

Kellie Kubena, USDA Rural Health Liaison, Innovation Center, Rural Development, U.S. Department of Agriculture

- Discussed the U.S. Department of Agriculture's (USDA) employment, education, and entrepreneurship opportunities available to Veterans.
- Reviewed the role of the Rural Health Liaison to coordinate with other federal partners to promote rural health programs.
- Highlighted Rural Development's Rural Workforce Innovation Network and its role as a forum for public and private partners to increase access to workforce opportunities in rural communities.
- Outlined ways to address health disparities including having access to current health data and collaborating with community health organizations.

Presentation: National Institutes of Health's Rural Health Interest Group

Priscah Mujuru, DrPH, MPH, RN, Chair, Rural Health Interest Group, National Institutes of Health

- Discussed the structure of the National Institutes of Health (NIH), and the role of NIH clinical centers as the largest hospitals in the world dedicated to clinical research, informing the public about health at a global level.
- Reviewed the goals of the National Institute on Minority Health and Health Disparities including supporting research in minority health, understanding causes and reducing health disparities, training a diverse scientific workforce, and disseminating research and fostering collaboration.
- Outlined the role of the NIH Rural Health Scientific Interest Group in providing scientific leadership, vision, and supporting and strengthening rural health research.
- Noted the need for collaboration with other NIH research groups, as well as federal agencies to identify and address gaps in rural health research and eliminate health disparities.
- Reviewed NIH portfolio, including what percentage of overall funding supports Veteran and rural Veteran populations.
- Answered questions about the limitations of rural focused health research.

Introduction to Afternoon Facilitated Discussions

Marcus Cox, Chair, Veterans Rural Health Advisory Committee

- Provided overview of facilitated discussion process to generate recommendations for the VA Secretary.

Facilitated Discussions: Methodology and Application

Robert Derby, Strategic Planner, DCG Communications

- Explained brainstorm methodology tools and process for facilitated discussion.

Facilitated Discussion, Part 1 (“Idea Generation and “Focus” Tools)

Peter Kaboli, MD, Acting Executive Director, Office of Rural Health, U.S. Department of Veterans Affairs

Robert Derby, Strategic Planner, DCG Communications

- Committee members engaged in rapid idea generation around the topics of community and strategic partnerships.
- Committee engaged in discussion about emergent themes, expanding upon ideas and generating potential solutions to problems raised.

Facilitated Discussion, Part 2 (“Harvest” and “Treatment” Tools)

Peter Kaboli, MD, Acting Executive Director, Office of Rural Health, U.S. Department of Veterans Affairs

Robert Derby, Strategic Planner, DCG Communications

- Committee expressed interest in exploring current and future Memorandums of Understanding to improve inter-agency care coordination for rural Veterans.
- Committee brainstormed strategies to improve and expand existing partnerships and programs.
- Committee used treatment tool to identify potential barriers or challenges to goals developed.

Facilitated Discussion, Part 3 (Qualifying Recommendations)

Peter Kaboli, MD, Acting Executive Director, Office of Rural Health, U.S. Department of Veterans Affairs

Robert Derby, Strategic Planner, DCG Communications

- Committee brainstormed several recommendations based on meeting presentations and discussions, including exploring the potential to renew a VHA-HRSA Memorandum of Understanding.
- Discussed how to standardize and improve partnerships at a local level, including community-based outpatient clinics, federally qualified health centers, critical access hospitals, and rural emergency hospitals.
- Committee discussed the importance of increased research funding for how to access care for marginalized populations (e.g., women, LGBTQIA+).

Wrap Up & Close

Marcus Cox, Chair, Veterans Rural Health Advisory Committee

- Chair thanked Committee members for their work and adjourned meeting.

Public Comment Period

Sheila Robinson, Designated Federal Official, Office of Rural Health, U.S. Department of Veterans Affairs

- Public comment period was closed after 15 minutes.
- No public comments.