

GRECC Connect Project: Connecting Rural Providers with Geriatric Specialists Through Telemedicine

EXECUTIVE SUMMARY

Although nearly half of Veterans who seek health care annually at the U.S. Department of Veterans Affairs (VA) are over the age of 65, VA has a lower ratio of geriatricians (i.e., specialists who provide health care services and case management to older patients who have multiple chronic diseases, geriatric syndromes, or functional limitations) compared to the U.S. average. This is even more problematic in rural areas, where there are fewer certified geriatricians, the patient population is older than in urban areas, and there is a higher prevalence of chronic disease.^{1,2} Limited access to specialized geriatric care, especially in rural areas, limits a Veteran's ability to receive critical health services.

Transportation and fragmented services are also barriers to health care access for rural Veterans. Rural Veterans on average travel over 30 minutes to receive primary care and 90 minutes for specialty care, almost twice as long as Veterans living in urban areas.³ To avoid excess travel, enrolled Veterans often turn to local providers and rely more on local emergency departments, increasing the likelihood of Veterans experiencing fragmented care.³

Roughly 2.8 million Veterans living in rural communities are enrolled in the VA health care system; 56% of these rural Veterans are 65 or older.² Similar to the general U.S. population, the most commonly diagnosed conditions among rural Veterans include hypertension, type 2 diabetes, hyperlipidemia, posttraumatic stress disorder, and depression.³ As the

Veteran population continues to age, it is expected that the number of older Veterans living in rural communities will continue to grow.

To meet the challenge of supporting an elderly Veteran population, VA established the Geriatric Research, Education, and Clinical Centers (GRECCs) to address the aging Veteran population.⁴ GRECCs are primarily located in urban communities at more than 25 VA medical centers (VAMCs).⁴ This program was established to advance aging research, geriatric training events, clinical care, and the development of the field of geriatrics in the United States.⁴ Through strong partnerships with academic affiliates, GRECCs have successfully advanced their mission of improving health outcomes for older Veterans in both urban and rural settings.⁴

Rural providers have limited opportunities for and access to educational training events and support regarding care management for older Veterans. Additionally, rural providers often struggle to address more medically and psychosocially complex cases that are best managed with real-time input from interdisciplinary geriatric teams. Through the Geriatric Scholars program, experts from several GRECC programs—including the Bronx VA Medical Center, Madison VA Medical Center, Pittsburgh VA Medical Center, and Puget Sound VA Medical Center—developed the GRECC Connect Project, which provides educational and clinical support to rural providers and staff using telemedicine and a network of geriatric

specialists. The GRECC Connect Project teams, located at GRECCs, establish critical partnerships with rural VA providers to enhance care provided to older rural Veterans. The GRECC Connect Project uses multiple modalities to provide consultation and support to the rural providers within their Veterans Integrated Service Networks (VISNs) or at community based outpatient clinics (CBOCs) in the area.

Who Can Use This Rural Promising Practice?

GRECCs, VA facilities with geriatric resources, and VA medical centers that have geriatrics teams can adopt this program, as can other integrated health systems. Other integrated health systems with telemedicine capabilities and established geriatric teams can also use this program. The GRECC Connect Project supports rural providers treating older Veterans living in rural communities. Findings suggest that providing rural providers with educational and clinical consultation increases Veteran access to specialty care and provides additional resources to rural providers.⁵ This program has successfully demonstrated its potential to improve rural providers' ability to provide treatment for older Veterans.⁵

Needs Addressed

Rural Veterans tend to be older, on average, than their urban counterparts.² In 2023, 41% of rural Veterans were between 55 and 74 years old. Those aged >75 years old comprised 27%.² Roughly 20% of older adults have at least five chronic conditions, making them more likely to be taking multiple prescription medications; they are also more likely to experience adverse drug events.¹ Older Veterans living in rural areas often do not have access to specialized geriatric care, which limits their ability to receive critical health services.

Rural communities have limited access to primary and specialty care providers. This may be in part due to the closure of rural hospitals and recent health policies that have a strong focus on urban health delivery.⁶ Another challenge is the limited number of physicians trained in geriatric care. In the U.S., there are an estimated 7,300 certified geriatricians, and the majority are based in urban health care facilities.⁷ As the U.S. population continues to age, the need for geriatricians is expected to grow to 30,000 by 2030.⁸

Locations:

- Atlanta VAMC
- Bedford VAMC
- Bronx VAMC
- Central Iowa VAMC
- Cincinnati VAMC
- Durham VAMC
- Eastern Colorado VAMC
- Finger Lakes Healthcare System (Canandaigua, NY)
- Gainesville VAMC
- Little Rock VAMC
- Madison VAMC
- Miami VAMC
- Palo Alto VAMC
- Pittsburgh VAMC
- Puget Sound VAMC
- Salt Lake City VAMC
- San Antonio VAMC
- Togus VAMC
- Wilmington VAMC

IMPLEMENTATION

In 2013, the GRECC Connect Project was established to provide a network of geriatric specialists to support rural providers using resources from GRECCs. The VA Office of Rural Health supported the establishment of the GRECC Connect Project across nine VISNs as of 2016. Rural VA health care providers are able to participate in the ongoing project by partnering with other VA health care systems or VAMCs and CBOCs within their VISN, or through the Geriatrics Scholar programs.

The GRECC Connect Project teams develop trusting partnerships with rural CBOCs within their VISNs to provide clinical and educational support through a number of modalities, which varies by site based on the GRECC's resources, the rural CBOC's needs, and the program's interests (see Locations). The GRECC Connect Project uses four main modalities to support the GRECC's partnership with rural CBOCs, including:



1) case-based conferences, 2) electronic consultations, 3) telehuddles (virtual meetings), and 4) clinical video telehealth. These modalities increase collaboration between GRECCs and rural CBOCs and are tailored to meet the individual needs of the rural providers and CBOCs. The following describes how each modality is used in the GRECC Connect Project, including an example of how the modality has been tailored to meet the needs of the rural VA providers and Veterans.

Case-based Conferences

In VISNs 2 and 3, GRECC Connect utilizes case-based conferences to share expertise with rural VA primary care providers. This model is similar to the Extension for Community Healthcare Outcomes (ECHO) model, which leverages telehealth technology to share expertise through outreach to rural primary care providers.⁹ VA's version, Specialty Care Access Network (SCAN)-ECHO, established in 2011, provides a mentor-mentee relationship between specialist teams in urban centers and primary care providers in rural settings.¹⁰ In the SCAN-ECHO model, the specialist team coaches local primary care providers on specific health conditions, provides recommendations for treatment plans, and facilitates an educational component.¹

Similar to the SCAN-ECHO model described above, the regularly scheduled case-based conference sessions include a clinical case presentation, a brief didactic portion to a brief educational portion, and a question and answer period. This intervention focuses on challenging clinical case discussions and addresses common problems (e.g., driving concerns) as well as the assessment and management of geriatric syndromes (e.g., cognitive decline, falls, polypharmacy, and others). The discussions are held via toll-free conference lines and occur bimonthly. In between those conferences, the GRECC Connect Project provides additional information regarding the topics covered during the conferences.

Electronic Consultation

The GRECC Connect Project teams provide electronic consultation to rural providers to address clinical needs by referrals. The electronic consultation allows rural primary care providers to ask specific questions or request recommendations from the GRECC Connect Project teams. A geriatrics team provides consult remotely and offers detailed patient chart reviews via an integrated electronic medical record system.

For example, in VISN 6, the GRECC Connect Project team identifies Veterans with osteoporotic fractures who are not yet fracture prevention therapies and provides expert chart review and specific recommendations regarding osteoporosis testing and treatment to the Veteran's primary care provider.

Telehuddles (Virtual Meetings) with Primary Care Providers and Staff

Prior to the scheduled telehuddle, rural providers identify medically complex patients who may potentially benefit from an interdisciplinary approach for geriatric care. These cases include Veterans with polypharmacy, recent or multiple falls, increased care utilization (e.g., emergency department, hospital, and/or outpatient visits), a diagnosis of dementia or cognitive impairment, and recent functional difficulties or social issues. After the Veterans are identified, the interdisciplinary team, along with the rural CBOC providers, conducts a review of the patient's medical records to develop recommendations and treatment plans. The telehuddles occur bimonthly with various rural CBOCs staff, including primary care providers, nurse care managers, and supporting staff. During these telehuddles, the interdisciplinary teams and the PACTS hold a discussion about the identified cases.

Clinical Video Telehealth (CVT)

GRECC Connect Project teams provide geriatric consultation to rural Veterans via telemedicine, where Veterans only need to travel to their local rural CBOCs. These telehealth clinic visits occur by CVT and allow Veterans to be seen by the GRECC Connect Project team. Recently, these visits have been used to conduct neuropsychiatric testing for geriatric patients.

In VISN 4, the telehealth clinic focuses on dementia care, providing a team-based approach for dementia and mild cognitive impairment. The VISN 4 team consists of three geriatric physicians, two geriatric psychiatrists, one certified registered nurse practitioner, one psychologist, two social workers, and one project manager. Through CVT, the team can diagnose a cognitive decline, identify potential interventions that may improve cognitive function, educate caregivers about the disease and related services, and provide assistance with difficult patient behaviors. This ongoing support is provided to Veterans and caregivers over the course of the disease. In addition, a written summary of the visit and

potential recommendations is provided to each Veteran and caregiver dyad before they leave the local CBOC. The team also coordinates care via bimonthly team meetings to discuss difficult patient issues.

In addition, VISN 20 established a patient telegroup that meets at rural CBOCs. The telegroup consists of six to 10 Veterans and their caregivers as well as a geriatric psychiatrist and geriatric social worker from the VAMC. During these meetings, the VA clinicians are able to address medications, behaviors, caregiver burnout, and any other questions.

PROMISING RESULTS

The GRECC Connect Project was established across nine sites and provides rural VA providers with opportunities to improve the management of complex older Veterans living in rural communities. Each program is tailored to meet the needs of local VA providers and Veterans. Each GRECC Connect Project site utilizes various modalities to establish unique relationships between the GRECC interdisciplinary teams and rural providers. The GRECC Connect Project demonstrates a positive impact on Veterans and rural providers. In Fiscal Year (FY) 2015, the GRECC Connect Project served a total of 1,099 Veterans and 549 providers and staff.

The GRECC Connect Project demonstrates each of the criteria necessary to be a Promising Practice.

Increased Access: By using telehealth technology, the GRECC Connect Project provides support to Veterans at their local VA clinics so that they do not have to travel long distances to VAMCs to access geriatric specialty care. In FY23 the total mileage saved among GRECC Connect Veterans was 398,244 miles, with an average of 153 miles per Veteran served. The GRECC Connect Project improves access to geriatric care while reducing the distance Veterans must travel.

Evidence of Clinical Impact: During consultations and education programs, the GRECC Connect Project teams identified at least one additional care need per Veteran and were able to resolve these identified unmet need(s) (e.g., inadequate home support or cognitive issues).

Additionally, the GRECC Connect Project increased access to additional services, with roughly 11% of Veterans being referred to additional VA or non-VA

OFFICE OF RURAL HEALTH RURAL PROMISING PRACTICE CRITERIA:

Improved Access: A demonstrated, measurable improvement(s) in access to care and/or services. Examples include reduction in distance traveled to care, reduction in wait times, improved care coordination and reduction in missed appointments.

Demonstration of Need and Evidence of Impact: Qualitative or quantitative indicators that the proposed RPP fulfills a need or addresses a significant gap in care for rural Veterans. This can include a formal needs assessment, a literature review that demonstrates need, or positive outcomes based on evaluation conducted during the innovation pilot and/or replication period (e.g., clinical impact, enhanced enrollment, improved care coordination, etc.).

Customer Satisfaction: Increased patient, provider, partner or caregiver satisfaction.

Potential for Sustainability: Improvement in health system performance by 1) optimizing the cost of care or services delivery, 2) improving or at least maintaining outcomes of current interventions, 3) proposing a clear sustainment strategy for participating facilities, VISNs or Program Offices to eventually assume all costs and provide all resources for the proposed intervention.

Operational Feasibility: Program demonstrates scalability in that implementation is feasible and known facilitators of success can be effectively shared across implementation sites. Evidence of support from VISN and facility leadership is strongly encouraged.

Strong Partnerships and/or Working Relationships: Inclusion of VA and/or non-VA partners to maximize relevance of the intervention and the likelihood of its eventual widespread adoption.



services, including home-based primary care, home nursing service, respite services, and meals on wheels. The program increased referrals to additional health care, including neuropsychological testing (8.7%) and physical or occupational therapy (7.2%).

Customer Satisfaction: The GRECC Connect Project conducted a sample survey among providers and found that provider satisfaction was 4.0 on a satisfaction scale of 1 to 5 (1=strongly disagree and 5=strongly agree).⁵ In addition, 57% of providers surveyed reported improved knowledge in managing older adults, and 79% reported increased skill in managing older adults.⁵

The overall satisfaction of Veterans and/or caregivers served by CVT was high (4.6 on a scale of 1 to 5). Most individuals surveyed agreed that they would continue video telehealth rather than travel farther to a VAMC (4.5 on a scale of 1 to 5). In addition, one project site administered a caregiver survey and found that over 50% of caregivers reported lower caregiver burden after attending a teleclinic visit.

Return on Investment: This program makes geriatric care available to older, rural Veterans. In turn, Veterans have more access to geriatric care, can avoid long travel, and have more opportunities to experience the positive impacts of the health care delivery system. In addition, GRECC Connect demonstrated a positive impact on health outcomes, including better medication management for specific geriatric conditions and improved care for elderly, rural Veterans.

Operational Feasibility: In FY2013, the GRECC Connect Project was established at five VAMCs with support from the Geriatric and Extended Care Office. In FY2014, the program was further expanded to eight sites. The multisite collaboration allowed project teams to examine barriers to implementation and potential solutions.

Strong Partnerships and/or Working Relationships: Strong Partnerships and/or Working Relationships: One of the key focuses for the GRECC Connect Project is the establishment of strong partnerships and working relationships among GRECC and rural providers. This project reaches multiple rural providers and staff through an established infrastructure in which rural providers obtain ongoing educational and

clinical support through the use of telecommunications.

Adoption Considerations

It is important to consider the existing resources that can be leveraged to develop educational and clinical interventions when expanding to additional sites. There are a number of potential implementation challenges that should be considered before implementing this program, including leadership support, resource and staff needs, and administrative and technology needs. It is also important to recognize that the GRECC Connect Project is tailored at each site to meet the needs of rural primary care providers and Veterans. GRECCs with existing consultative relationships with rural clinics have higher success in implementing the GRECC Connect Project.

Leadership Support: For VAMCs that do not have an existing educational or consultative relationship with rural clinics, one of the critical barriers is obtaining support from rural providers and leadership of prospective facilities. To successfully implement the project, it is critical for project teams to build trusting relationships with rural providers and staff. When implementing this program with new partners, the GRECC Connect Project team must be mindful of rural providers' needs and their clinical responsibilities.

Resource and Staffing Needs: One important consideration is that VA rural health care providers and staff are full-time clinicians and have limited time to participate in educational programs outside their regular clinic hours. Potential hiring delays may limit participation at rural CBOCs. A project coordinator would be beneficial for the implementation of a GRECC Connect Project to provide additional support for meeting logistics and data collection.

Administrative and Technology Needs: Another factor that should be considered to successfully implement the GRECC Connect Project is the administrative needs of the program. To successfully implement the GRECC Connect Project, facilities might use a form of telemedicine that requires a particular clinical modality. Therefore, sites might need special technology to participate, which can require additional steps to set up. Also, sites might have unique policies related to the use of this technology, which could impact how these modalities are set up.



CONCLUSION AND NEXT STEPS

With the support of VA's Office of Rural Health, the GRECC Connect Project was established and expanded at nine sites. The expansion of the GRECC Connect Project demonstrates the ability for other GRECCs to implement this program and build critical relationships with rural providers to improve Veterans' access to specialty services.

Since the implementation of the GRECC Connect Project, the project has demonstrated evidence for improved access, clinical impact, and satisfaction. Next steps for the GRECC Connect Project include conducting further evaluation of patient outcomes, such as health care utilization and long-term services use, to further demonstrate the program's impact on improving care for older rural Veterans.

AVAILABLE RESOURCES

VA Geriatric Scholars Program:

<http://www.gerischolars.org/mod/page/view.php?id=1066>

REFERENCES

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FOR MORE INFORMATION:

The Rural Promising Practices initiative is overseen by the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) as part of its targeted, solution-driven approach to improving care for the nearly 3 million Veterans living in rural communities who rely on VA for health care. As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to increase rural Veterans' access to care and services. To discuss implementing a Rural Promising Practice at your facility or to learn more, visit www.ruralhealth.va.gov or email rural.health.inquiry@va.gov.



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