



DEPARTMENT OF VETERANS AFFAIRS

VISN 12: Establishing an Outreach Clinic to Serve Rural Veterans

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Introduction

In an effort to better serve our Veterans and to help eliminate the access gap in parts of the Eastern Upper Peninsula of Michigan, the Oscar G. Johnson VA Medical Center (OGJVAMC) opened an Outreach Clinic in Manistique, Michigan in August 2009. This clinic provides primary and mental health services three days a week to Veterans living in Schoolcraft and northern Delta County.

The clinic was funded by the Office of Rural Health (ORH) in FY08, FY09, FY10 and FY11, at a cost of approximately \$1.3 million dollars. This outreach clinic has enabled the OGJVAMC to reach more eligible Veterans who rely on the VA to meet their healthcare needs.

Currently, there are 501 Veteran enrollees. The historically underserved Veterans in Schoolcraft and Delta counties were driving approximately 50-130 miles (one way) to receive VA care. Travel is often difficult for Veterans as long travel times can exacerbate existing clinical conditions and limit access to needed care.

Methods

To improve access and enhance delivery of health

Key Findings

- Utilization of services increased when offered closer to Veterans' homes
- Increased partnerships/collaborations
- Veterans saved an estimated 254,677 miles or 4,828 hours of travel time
- Estimated travel pay savings of \$61,000
- 7,394 encounters shifted to outreach clinic in Manistique as a result of this initiative

This work was funded by the Veterans Administration
Office of Rural Health (ORH)

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 ORH Project Summary Brief—2011

Market	Total Enrollees (FY06)	Access Standard Combine Urban, Rural, & Highly Rural Enrollees (FY06)	Total Rural & Highly Rural Enrollees	Access Standard for Rural & Highly Rural Enrollees
12-b-9-B	54,510	49.2%	48,879	43.4%

care to Veterans residing in these rural and highly rural areas, the Office of Rural Health (ORH) called for proposals to develop rural outreach clinics. ORH performed an assessment to determine rural and highly rural markets where Veterans would most likely benefit from outreach clinic placement.

ORH gave priority to markets with the lowest percentage of enrollees meeting access standards. Subsequently, the Northern Market (12-b-9-B), which includes the entire Upper Peninsula of Michigan was identified as not meeting the 70% VA access standard for all enrollees (Table 1). The access standard requires that 70% of all enrollees in a market are within a one hour drive time to a VA healthcare facility for primary care.

During the Request for Proposal (RFP) process, detailed analyses using VA data in FY08 concluded that approximately 800 Veterans residing in Schoolcraft and northern Delta counties of Michigan's Upper Peninsula were not meeting VA access standards. Based on this analysis, Manistique, Michigan was identified as a potential rural outreach clinic site.

fragile and when establishing new VHA Outreach Clinics it is imperative to collaborate with local communities in an attempt to balance a limited workforce and patient base to support community services. Additionally, a part-time outreach clinic cannot provide all needed care to its Veteran enrollee population and, therefore, Veterans will receive care from non-VA community providers. During the initial stages of developing a Request for Proposal (RFP), OJGVAMC made it a point to collaborate with the local community.

It was vitally important to develop measures to assess the impact of this initiative. The metrics devised assessed the improvements to clinical care access, the increase in the number of rural Veterans now receiving their healthcare through the VA, as well as quality and patient satisfaction scores.

Lastly, and arguably one of the most critical pieces of the RFP was developing a detailed cost estimate for both start-up and recurring costs to open and maintain a new outreach clinic. The model included initial start-up expenses and annual recurring costs broken down according to

V12 12-b-9-B	2008		2009		2010		TOTAL	
FUNDING TYPE	ORH	VISN	ORH	VISN	ORH	VISN	ORH	VISN
Medical Services		\$72,300	\$274,000		\$362,800		\$636,800	\$72,300
Medical Administration		\$1,000	\$26,400		\$38,000		\$64,400	\$1,000
Medical Facilities	\$130,000	\$73,000	\$68,000		\$73,500		\$271,500	73,000
Totals	\$130,000	\$146,300	\$368,400		\$474,300		\$972,700	\$146,300

Other key elements outlined in the Manistique Outreach Clinic application proposal addressed the following:

- Justification of the proposed outreach clinic location
- Congressional/stakeholder support
- Timeframe to open, hours of operation
- Description of scope and services provided
- Direct and contract/fee services

Findings

The Manistique Outreach Clinic has been operational since August 2009. This initiative brought basic primary care and mental health services provided by the VA to Northeastern Upper Peninsula and closer to the homes of 501 enrolled Veterans. This rural outreach clinic saves an estimated 254,677 miles of driving or 4,828 hours of travel time (Table 3), equating to an estimated VA travel pay savings of \$61,000.

From August 1, 2009 to December 11, 2011, the Manistique Outreach Clinic had 7,394 Encounters and 6,946 Visits (Table 4).

This ORH funded rural health project resulted in improved access and enhanced the delivery of health care to Veterans residing in this rural area. The Manistique Outreach Clinic provides ongoing primary care and mental health services, with appropriate referrals for specialty and inpatient care, ensuring the continuum of care for rural Veterans (Table 5). Manistique also provide an array of tele-health services such as: mental health, retinal, rheumatology, cardiology, endocrinology, nephrology, pulmonology, and tele-MOVE initiative.

Conclusions

Having a point of access to health care in Manistique resulted in both considerable travel savings for Veterans and enabled expansion of services such as the Telehealth and implementation of a new mental health E-RANGE (Enhanced Rural Access Network for Growth Enhancement) program. Utilizing the outreach clinic as a base, the E-RANGE team provides intensive, supportive services to Veterans living in rural areas in Eastern and Central parts of the Upper Peninsula of Michigan who have a primary mental health diagnosis that is classified as severe. The E-RANGE program has three full-time services providers who work with Veterans to create individualized recovery plans that draw from an

Table 3. Unique Veterans, Estimated Driving Miles & Travel Time Saved			
Outreach Clinic	Number of Uniques	Estimated Number of Veteran Driving Miles Saved	Estimated hours of Veteran Drive Time Saved
Manistique	566	254,677	4,828

Table 4. Manistique Workload				
Manistique	FY09	FY10	FY11	Totals
Encounters	210	2,981	4,203	7,394
Visits	206	2,814	3,926	6,946
Uniques	127	514	566	-

Table 5. Types of Services Provided				
Type of Medical Services Provided	OC In House	Local Contract	Referral to Parent	Tele-health
Primary Care	x			
General Mental Health	x			
Specialty Mental Health			x	x
Medicine Specialties			x	x
Surgical Specialties			x	
Laboratory Services		x		
Radiology Services		x	x	
Inpatient Care			x	
Pharmacy Services			x	

array of resources and enable Veterans to live a quality life in the community of their choice.

OGJVAMC continues to improve and enhance services at the Manistique Outreach Clinic to include establishing an agreement for optical services with the Sault Tribal Health Center in Manistique.

Future year funding of the Manistique outreach clinic will be allocated to the VISN through the Veterans Equitable Resource Allocation system.

Impact

- Establishing primary care and mental health services in Manistique saved Veterans' time and travel costs.
- Shifted 7,394 encounters to a clinic closer to Veterans' homes.
- ORH funding accelerated the provision of these services
- The outreach clinic in Manistique met VA drive time access standards for the region.

