

# THE RURAL CONNECTION

VA Office of Rural Health ♦ Spring 2023

## Message from the Executive Director of the VA Office of Rural Health

**PETER KABOLI, M.D., M.S., ACTING ORH EXECUTIVE DIRECTOR**

With spring on the horizon, many of us are looking forward to longer days and warmer weather. The change in seasons may also inspire you to make positive changes to your mental and physical health.

The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) is proud to support the mental and physical health of our nation's Veterans through programs such as the National Mental Health and Suicide Prevention Extension for Community Healthcare Outcomes (ECHO). This program trains and enables health care providers to treat a more diverse population of Veterans who are experiencing mental health and substance use disorders.

**Read more in Empowering Health Care Providers to Treat Veterans with Mental Health and Substance Use Disorders on page 2.**

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*Message from the VA Office of Rural Health's Executive Director  
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Rural Veterans face a variety of challenges that can increase their risk of suicide. *Together with Veterans* is a community-based program that's ready to address those challenges head-on.

**Read more in *Together with Veterans: Rural Veterans Support One Another to Prevent Suicide* on page 3.**

Rural provider shortages can leave Veterans without access to care. Clinical Resource Hubs (CRH) help bridge this gap by providing primary, mental health, and specialty care services through a hub and spoke model.

**Read more in *VA Clinical Resource Hubs Bring Equitable Care to Rural Veterans* on page 3.**

## Empowering Health Care Providers to Treat Veterans with Mental Health and Substance Use Disorders

BY YALE SCHOOL OF MEDICINE - PSYCHIATRY STAFF  
**MEENAKSHI ALREJA, ELLEN EDENS, GABRIELA GARCIA, BRENT MOORE, DAVID MOORE, AND TORAL SURTI**

Suicide and overdose rates have increased dramatically over the past decade, putting rural Veterans at considerable risk. The National Mental Health and Suicide Prevention ECHO (NMHSP-ECHO) works to combat this by training rural VA health care teams in advanced mental health treatments. The program's mission is to help rural VA facilities implement evidence-based practices that prevent suicide, reduce overdose risk, and combat the stigma related to psychiatric disorders.

NMHSP-ECHO partners with ORH and OMHSP to develop and disseminate live, virtual training and mentoring programs to rural providers. In 2022, more than 8,000 VA providers serving over 60,000 rural Veterans attended NMHSP-ECHO trainings. Each week, hundreds of VA professionals join national experts to discuss complex topics including treatments for Veterans with depression and how to engage family members in substance use treatment.

Trainings range from an hour-long focused case series to multi-day intensive interprofessional workshops that are focused on training entire clinical teams. Current programming includes:

- ♦ **Mental health and suicide prevention series:** A monthly national case discussion focused on adoption of evidence-based practices for psychiatric conditions
- ♦ **Substance use disorder (SUD) series:** A monthly national case discussion focused on adoption of evidence-based treatments for substance use disorders
- ♦ **LGBTQ+ case-based discussion series:** A monthly series focused on communicating and working with Veterans who identify as part of the LGBTQ+ community
- ♦ **Medications in alcohol use disorder workshop:** A recurring intensive program that addresses the management of liver disease in Veterans with alcohol use disorders
- ♦ **Stimulant related cardiac disease series:** A four-part series that discusses the care of Veterans with cardiac diseases related to use of stimulants such as methamphetamine
- ♦ **SLOPE addiction mini residency:** A partnership with SimLEARN National Simulation Center
  - ♦ This two-day workshop combines simulation exercises with traditional didactics to increase confidence and readiness to identify, manage, and treat substance use disorders including opioid use disorder (OUD)
- ♦ **Ketamine/esketamine mini-residency:** A training for VA centers on break-through depression treatment options for Veterans who have not benefitted from conventional treatments
  - ♦ Clinical teams at rural VA facilities participate in day-long sessions about the benefits of ketamine/esketamine and how to establish this service at their local VA
- ♦ **Mental health and suicide prevention series:** A monthly national case discussion focused on adoption of evidence-based practices for psychiatric conditions

This Office of Rural Health-funded program helps VA medical centers and community based outpatient clinics (CBOCs) offer advanced treatments to the rural Veterans they serve. It builds an infrastructure for implementing future treatments and ensures that rural Veterans have access to the treatment they need. ♦

# Together with Veterans: Rural Veterans Support One Another to Prevent Suicide

BY **SELENA KALAPATAPU CRUZ, MS, CBIS-T** AND **LISA A. BRENNER, PHD**, VA ROCKY MOUNTAIN MENTAL ILLNESS RESEARCH EDUCATION AND CLINICAL CENTER (MIRECC) FOR SUICIDE PREVENTION

Veterans in rural communities face challenges known to increase their risk of suicide such as fewer physicians, hospitals, and other health delivery resources, including those related to mental health. Together with Veterans (TWV), is a community-based rural suicide prevention program that began with four pilot sites located in Colorado, Montana, and North Carolina and has grown to 38 communities across the United States and U.S. territories.



*Community members and program partners at the 2022 Together with Veterans Summit*

TWV is a collaboration between the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) for Suicide Prevention, the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE BHP), Veterans, and other community stakeholders.

Over the course of three years, community coaches from WICHE work with TWV leaders on program development, ongoing member collaboration, and eventual long-term sustainment. Local TWV leadership teams are comprised of Veterans and key health care stakeholders who have a vested interest in making a difference in the lives of Veterans and their supporters.

Efforts are guided by the following principles:

- ♦ **Veteran driven:** Veterans provide leadership to guide the TWV process
- ♦ **Collaboration:** Community partners play a key role in successfully supporting Veterans and their supporters
- ♦ **Evidence-informed:** Communities utilize evidence-based strategies to support efforts
- ♦ **Community centered:** TWV partnerships develop a unique suicide prevention action plan based on community needs and strengths

By emphasizing Veteran leadership, TWV maximizes opportunities to prevent suicide and improve overall well-being among rural Veterans.

Communities learn how to use six evidence-based strategies to support local planning efforts:

- ♦ Provide suicide prevention training
- ♦ Enhance primary care suicide prevention
- ♦ Promote connectedness and help-seeking
- ♦ Improve communication across Veteran-serving programs
- ♦ Enhance behavioral health suicide prevention
- ♦ Promote lethal means safety

The TWV program continues to fill a much-needed role in addressing Veteran suicide prevention in rural communities. To learn more about the program, visit: <https://www.mirecc.va.gov/visn19/togetherwithveterans/>. ♦

## VA Clinical Resource Hubs Bring Equitable Care to Rural Veterans

BY **MATTHEW ROGERS, PA-C**, NATIONAL CRH DIRECTOR

[While health workforce shortfalls prevail across the U.S.](#)

VA continues to invest in Clinical Resource Hubs (CRH) as a solution to fill gaps that would otherwise negatively impact rural Veteran care.

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### VA Clinical Resource Hubs Bring Equitable Care to Rural Veterans (continued from page 3)

The program started by providing tailored primary care and mental health care services to each Veterans Integrated Service Network (VISN), establishing a solid foundation of hybrid support for core VHA offerings.

Since 2018, the program has expanded exponentially, using a hub-and-spoke model to adapt to the shifting health service landscape in all 18 health care systems. Service areas now include:

- ♦ Clinical pharmacy care
- ♦ Cardiology
- ♦ Dermatology
- ♦ Gastroenterology
- ♦ Nephrology
- ♦ Pain management
- ♦ Precision medicine
- ♦ Rehabilitation
- ♦ Geriatric and extended care
- ♦ Surgical care support and more

### A different approach: CRH cross-catchment groups and specialty care services boost rural access to specialized care.

At the VA Rocky Mountain Network, CRH's cross-catchment groups increase Veteran access to support in a region where location has historically made it difficult to connect with others who share similar values and experiences. The programs work across catchment areas – geographic areas of care defined by an institution – to bring together Veterans with unique needs, improve access for groups with limited options available within their communities, and remove the barriers to [peer support](#). For example, the Orientation to Well-Being group brings Veterans together to build the skills needed to change their relationship with unwanted inner experiences (e.g., thoughts/emotions) and to better align their personal values with behavior changes.

CRH services fill rural gaps in specialty care services using telehealth, such as TeleNephrology and TeleCardiology. Due to a national shortage of nephrologists, rural Veterans with chronic kidney disease often live hours from the nearest specialist and could wait over six months to be seen outside of the VA health care system.



Veterans have consistently shared that the cross-catchment nature of the group allows them to connect with other Veterans across their region, enabling a strong sense of connection around shared experiences. The group provides them with a safe space to be vulnerable, normalizes their struggles, and teaches them valuable skills for finding ways to move in the direction of their values.

-Dr. Julie Ross, Psychologist, and Cara McClain, Psychology Doctoral Intern, co-facilitators on the network's Primary Care-Mental Health Integration (PCMHI) team



Similarly, cardiologist shortages are taxing an already strained health care system, causing delays in scheduling critical procedures and surgeries. For both cardiology and nephrology, making specialty care available via telehealth opens doors for rural access. The TeleCardiology team at the South Central VA Health Care Network partners with primary care providers across the country to ensure Veterans needing cardiology services receive continued, uninterrupted (and even same day) care.

Concurrently, CRH TeleNephrology providers at the VA New England Healthcare System are building a valuable infrastructure for interfacility care, regardless of time zone. While they provide virtual care to Veterans across the country, specialists from Boston and Connecticut are also training nurses and Advanced Practice Providers to become local experts in kidney care, so they can take care of their panels of patients under remote guidance.

Today's health care challenges are compounded for those living miles from VA facilities, and CRHs are working to ensure that the nearly 3 million rural Veterans enrolled in VA health care have uninterrupted access to the best and soonest care.

For more on how Clinical Resource Hubs make a difference in VA health care, visit the Clinical Resource Hubs (CRH) website: <https://www.patientcare.va.gov/primarycare/CRH.asp> ♦

# Clinical Pharmacist Practitioners: Making a Difference in the Lives of Rural Veterans

BY U.S. DEPARTMENT OF VETERANS AFFAIRS PHARMACY BENEFITS MANAGEMENT (PBM), CLINICAL PHARMACY PRACTICE OFFICE (CPPO) - **VELDANA ALLIU**, PROGRAM MANAGER, **JULIE A. GROPP**, ASSISTANT CHIEF CONSULTANT, **HEATHER L. OURTH**, ASSISTANT CHIEF CONSULTANT, **ANTHONY P. MORREALE**, ASSISTANT CHIEF CONSULTANT, **TERRI JORGENSON**, PROGRAM MANAGER, **M. SHAWN MCFARLAND**, PROGRAM MANAGER, **TERA MOORE**, PROGRAM MANAGER, **ANDREA SEARLE**, PROGRAM MANAGER, **MICHAEL TRAN**, PROGRAM MANAGER, AND **LINDA KIGHT**, HEALTH SYSTEMS SPECIALIST.

More than 80% of Veterans require medication therapy. A Clinical Pharmacist Practitioner (CPP) ensures a Veterans' medication regimen is safe and effective.

In 2016, the Office of Rural Health (ORH) began its multi-year partnership with the Pharmacy Benefits Management (PBM) Clinical Pharmacy Practice Office (CPPO) to launch an Enterprise-Wide Initiative (EWI) to increase access to care for rural Veterans by leveraging CPPs, known as the CRVA Initiative. CPPs are advanced practice providers who deliver comprehensive medication management (CMM) services, opening access to meet Veteran care needs. Since program initiation, 277 CPP positions were funded across 18 VISNs.

Here are a few recent stories demonstrating the impact of the CRVA Initiative on Veteran care:

“ I believed Dr. Harrison Johnson [Pain CPP, Black Hills Health Care System, Fort Meade, SD] when he told me he could help me getting off the prescription pain medicine I had been using for over 12 years. Not that I was going to be without pain; it was the way the pain medication was making me act and feel – tired all the time, lazy, and basically just wanting to sleep all the time... It's been almost 17 months now since Harrison told me that. Now I'm up, off the couch and out of bed, living life again!  
-Program participant

A Veteran contacted the clinic describing withdrawal symptoms and significant craving/desire following his discharge from an addiction recovery program. On his first visit with Dr. Michaela Raes, Mental Health CPP at the Finger Lakes Healthcare System in Bath, New York, the Veteran admitted if given any medication with street value, he would sell them in exchange for his drug of choice. He was re-inducted onto medication dissolved under the tongue and rapidly transitioned to long-acting injections. A year and a half later, he remains sober and actively engaged in treatment. He has fulfilled all drug court requirements, regained driving privileges, and most importantly, regained custody of his children.

Dr. Gregg Morgan, Mental Health CPP at Overton Brooks VA Medical Center in Shreveport, Louisiana, was meeting with a Veteran in-person in Primary Care-Mental Health Integration (PCMHI). The Veteran admitted having difficulty sleeping. When she was questioned, she shared that she was having disturbing dreams related to memories of military sexual trauma (MST) experienced decades prior. She stated tearfully, “I wanted to stay in (the military) for my 20 years, but I just couldn't...I've never told anybody about it and didn't plan to.” With the PCMHI social worker, Dr. Morgan and the patient discussed treatment options and the process of filing a claim with the Veteran's consent. Dr. Morgan changed her mood medication and added a sleep aid. A few weeks later at a follow-up appointment the Veteran reported her sleep had improved and she confided in her spouse for the first time – together they were moving forward.

“With the PCMHI social worker, Dr. Morgan and the patient discussed treatment options and the process of filing a claim with the Veteran's consent. Dr. Morgan changed her mood medication and added a sleep aid. A few weeks later at a follow-up appointment, the Veteran reported her sleep had improved and she confided in her spouse for the first time – together, they were moving forward.

The CPPs integrated on teams through the CRVA initiatives ensure rural Veterans get access to medication management services and increased access to care. For questions related to this article, please visit: [www.pbm.va.gov/PBM/CPPO/Clinical\\_Pharmacy\\_Practice\\_Office\\_Home.asp](http://www.pbm.va.gov/PBM/CPPO/Clinical_Pharmacy_Practice_Office_Home.asp) or contact [VHAPBMAaskPBMCPPO@va.gov](mailto:VHAPBMAaskPBMCPPO@va.gov) for additional information. ♦

# Telehealth in the ICU

BY THE **TELECRITICAL CARE NATIONAL PROGRAM OFFICE**

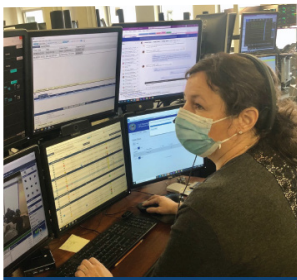
VA is a leader in telehealth services, which benefit Veterans in every part of the United States. TeleCritical Care is a type of telehealth that is available in hospital intensive care units (ICU). This program provides Veterans in the ICU with 24/7 access to Critical Care Providers.

In 2012, TeleCritical Care began in two regional systems:

- ♦ Four hospitals in Cincinnati, Ohio (VISN 10)
- ♦ Six hospitals in Minneapolis, Minnesota (VISN 23)

From there, the program has grown to encompass 73 VA facilities with an estimated 85 VA medical centers enrolled by the end of 2023. This far-reaching program provides support to a range of different facilities - from small rural hospitals to large academic centers.

The program provides continuous access to critical care-trained doctors for acutely ill Veterans in ICUs that are affiliated with the National TeleCritical Care Program.



*TeleCritical Care nurse monitoring patients*

A TeleCritical Care doctor and nurse have audiovisual connectivity with all patients. In addition to being able to see and speak with the Veteran, the TeleCritical Care team has access to all patient charting including notes, history, current and past labs, X-rays, and other diagnostic studies. With this

information, the TeleCritical Care team is prepared to assist the bedside team to care for the patient.

Additionally, all physiologic and biochemical studies (e.g., vital signs, wave forms, chemistries, and microbiological studies) flow from the bedside to a TeleCritical Care integrative software program. This program continuously analyzes all bedside information and updates patient acuity scores to assist in prioritization of patient care. It also provides trend and threshold alarms to the TeleCritical Care Team to alert them to changes in a patient's status.

These patient status updates are reviewed by the bedside team to ensure the Veteran stays on the path to recovery. The TeleCritical Care team is there to provide consultation and to support the bedside team, not to replace them.

"My nurses feel more comfortable caring for patients who are more severely sick knowing that they have a TeleCritical Care Doctor who is available to call at any time," says Darrell Greene, nurse manager, Fayetteville VAMC.

Working together, bedside doctors and nurses can utilize TeleCritical Care providers as additional team members who can discuss the Veteran's status and assist in decisions about diagnostic strategies, testing, and treatments. TeleCritical Care doctors also discuss the need to transfer a patient to a private hospital if the necessary services are not available within VA – ensuring the best care for all Veterans.

The TeleCritical Care Medical Director, Dr. Joshua Rubinfeld, reports "a warm relationship with the Fayetteville providers including overnight providers. The TeleCritical Care Doctors have been able to assist with guidelines when caring for very ill patients including those with diabetic emergencies, COVID and respiratory emergencies."

At the Fayetteville VA Medical Center (VAMC) in North Carolina, TeleCritical Care providers are an integral part of the patient care team. Forty three percent of the Veterans seen at the Fayetteville VAMC are designated as rural or highly rural Veterans. Since implementing the program in December 2020, the TeleCritical Care team has treated more than 380 patients at the Fayetteville VAMC. The collaboration between both teams has grown over the last 2+ years and includes daily discussions about patient care.

The bedside doctors alert TeleCritical providers daily on the most critical patients. These interactions allow the Fayetteville VAMC bedside team to provide more advanced care knowing that expert backup is available 24 hours a day.

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*Provider ringing TeleCritical Care doorbell to signal TeleCC to enter the room*

*Telehealth in the ICU (continued from page 6)*

TeleCritical Care will continue to grow within the VA system and provide expert critical care consultation and co-management to critically ill Veterans across the nation. TeleCritical Care ensures 24/7 access to critical care-trained providers and nurses in all affiliated facilities. ♦

## ORH Programs Deliver Life-Changing Geriatric Care to Aging Rural Veterans

BY JASMINE WILLIAMS, VA OFFICE OF RURAL HEALTH

As our nation's Veterans age, they may require more complex and specialized medical care. But with a shortage of geriatricians and other specialty care providers in rural communities, delivering that care to older Veterans is easier said than done.

In addition to provider shortages, long distances to care and other access challenges stand between nearly 2.5 million rural Veterans over the age of 65 and the care they need. To help fill the gap for this growing Veteran population, several Office of Rural Health [programs](#) focus on increasing access to care and improving health outcomes for older rural Veterans.

Founded by the ORH Veterans Rural Health Resource Center (VRHRC) in Salt Lake City, Utah, the Geriatric Scholars Program trains local VA providers to care for older rural Veterans. Since 2008, more than 1,000 VA clinicians serving an estimated 680,000 Veterans have completed the Geriatric Scholars Program.



*Gerofit demonstration*

In addition to Geriatric Scholars, the ORH VRHRC in Salt Lake City manages the Geriatric Research Education and Clinical Centers (GRECC) Connect Project. GRECC Connect serves as a bridge between Veterans and specialty providers such as geriatricians. Through this program, Veterans participate in virtual consultations with VA providers focused on topics specific to aging Veterans such as dementia management, fall prevention, and osteoporosis care.

GRECC Connect has served more than 10,000 Veterans and trained nearly 5,000 providers since 2014. In addition to bringing geriatric care to Veterans in areas with limited access, the program saves rural Veterans time and money by reducing travel costs.

In addition to [Rural Promising Practices \(RPP\)](#) like Geriatric Scholars and GRECC Connect, ORH funds an [Enterprise-Wide Initiative \(EWI\)](#) called Gerofit. This exercise program promotes physical activity for aging rural Veterans. Veterans work with trained exercise staff on a variety of strength and aerobic exercises as well as group classes like Tai Chi, dancing, walking, and balance.

In addition to improved mental and physical health, Veterans enrolled in Gerofit for at least six months showed a 25% lower 10-year mortality rate.

ORH and its partners continue to strive to increase access to care for aging rural Veterans in the communities they call home. To learn more about these programs, please watch this video: <https://youtu.be/Yo-YxuViV7A>.

To learn more about VA's Office of Geriatrics and Extended Care, please visit: [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics). ♦



*Gerofit group fitness class*



## National Social Work PACT Staffing Program: Successful Rural Health Outcomes in Action

BY **JAIME HALASZYNSKI**, FACILITY BASED PROJECT ASSISTANT; **ALITA R. HARMON**, NATIONAL PROGRAM COORDINATOR; **JENNIFER SILVA**, NATIONAL PROGRAM COORDINATOR

The U.S. Department of Veterans Affairs (VA) Patient Aligned Care Team (PACT) social workers provide clinical care to all Veterans in primary care settings and are often the first clinicians to engage with a Veteran and develop rapport.

They are uniquely qualified to provide services while simultaneously preparing for potential challenges and crises, serving as navigators and service brokers within the health care system.

Since 2016, the National Social Work PACT Staffing Program has provided seed funding to 58 VA medical centers, resulting in 171 new social work positions. The program focuses on Veterans residing in rural or highly rural areas who may have limited access to primary care social work services at VA facilities.

Evidence supports increasing access to social work intervention can improve Veterans' quality of life, increase caregiver well-being, and decrease unnecessary costs.

The National Social Work PACT Staffing Program often receives feedback from Office of Rural Health-funded sites related to the interventions of VA PACT social workers. One site's social work supervisor shared a success story that occurred as a direct result of the collaboration between the PACT social worker, other members of the PACT, and other VA and community services. An elderly Veteran was presenting the Primary Care Clinic with a request for medication refill and assistance with transportation when PACT members noted the Veteran appeared disheveled and confused. The PACT social worker assessed the Veteran and, as a result, determined the Veteran required urgent intervention to ensure their safety due to risks related to medication mismanagement, food insecurity, and unsafe housing.

The PACT social worker alerted the PACT nurse and primary care physician, who reconciled medications with the Veteran. They discovered the Veteran was overtaking medication and likely being taken advantage of by those living with him. The PACT social worker coordinated with VA's Primary Care – Mental Health Integration to connect the Veteran with mental health services and community meal programs; worked with community agencies to assess for safety in the Veteran's home environment; and referred the Veteran for in-home caregiver assistance. The PACT social worker secured Veteran Transportation Services to transport the Veteran safely back home. The PACT nurse connected the Veteran with home health for medication compliance and referred the Veteran to the pain clinic for pain management options.

Time and time again, VA PACT social workers provide vital support to vulnerable Veterans in their communities. ♦

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## VA and FCC Make It Easier for Veterans to Get Internet Access

BY **TREVA LUTES**, COMMUNICATIONS LEAD, VA OFFICE OF CONNECTED CARE

VA and the Federal Communications Commission (FCC) are making it easier to get connected to the internet, if you receive a qualifying VA pension.

Qualifying VA pension recipients can more easily confirm their eligibility to participate in two FCC benefit programs: Lifeline and the Affordable Connectivity Program. Often, there isn't even a need to submit paperwork to the FCC.

This makes it even easier for qualifying Veterans to get discounts on internet and phone services. Certain service providers may also offer a subsidized device, like a laptop or tablet, to qualifying Affordable Connectivity Program participants.

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*VA and FCC Make It Easier for Veterans to Get Internet Access  
(continued from page 8)*

### Discounts to Help Veterans Get Online

These FCC programs help people get online. The Lifeline program gives eligible households a discount for internet and phone services. The Affordable Connectivity Program provides eligible households with a monthly discount toward internet service. They offer a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from a participating provider, if they contribute more than \$10 toward the purchase price of the device.

Veterans can sign up for the programs through the [FCC National Verifier](#) or by contacting a participating internet service company. Veterans who want assistance signing up for the FCC's programs can get help from their VA care team through a [Digital Divide](#) consult.

### Other Veterans Can Also Receive Benefits

Along with qualifying VA pension recipients, other Veterans are also eligible for Lifeline and the Affordable Connectivity Program. Veterans can qualify based on their household income or participation in other federal programs, though they may need to submit additional paperwork as part of the application process.

To see if you qualify, visit the [Lifeline](#) or [Affordable Connectivity Program](#) websites.



VA can also help determine your eligibility through your VA care team and a Digital Divide Consult. The Digital Divide Consult helps connect Veterans with Lifeline, the Affordable Connectivity Program, and other programs to help with internet access.

VA has already helped more than 100,000 Veterans across the country through the Digital Divide Consult process.

If you want assistance getting internet access so you can connect with loved ones, online resources, or your VA services, VA wants to help you.

Learn more about how VA is working to bridge the digital divide here: <https://telehealth.va.gov/digital-divide>. ♦

## VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). 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 study, innovate and spread Enterprise-Wide Initiatives through partnerships.

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## Questions? Comments?

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