

Message from the Director of the VA Office of Rural Health

Restore Trust with Veterans



Thomas Klobucar, Ph.D.
ORH Acting Executive Director

This issue of “The Rural Connection” focuses on the U.S. Department of Veterans Affairs’ (VA) efforts to restore trust with Veterans.

The foundation of trust lies in our ability to deliver care to rural

Veterans that is equivalent to that of their urban counterparts. It’s about access to care and medical services. Whether that means offering efficient long-distance transportation options to and from appointments, building a more robust rural workforce for in-person care or using innovative technologies to bring virtual care directly into the homes of rural Veterans, the Office of Rural Health (ORH) supports many programs that are tackling these access issues for Veterans. These new health care options are not developed in a vacuum, we seek input.

This summer I had the pleasure to meet face-to-face with many rural Veterans across the country, their spouses and leaders to talk about rural health care and listen to their stories. It was exciting to hear how our innovative programs, especially in the areas of telehealth and transportation, are helping to bridge the rural gap and all of the ways rural Veterans benefit from our programs.

One example of how VA continues to bring quality of care to Veterans is through the consolidation of the Suicide Prevention and Mental Health program offices and the Veterans Crisis Line into one office called the Office of Mental Health and Suicide Prevention (OMHSP). This combination of central and local resources will integrate VA’s services to offer more care options.

Read more in the Suicide Prevention Modernization Efforts are Underway Within VA article on Page 2.

As more and more women become Veterans, the need for gender-specific health care increases. To support this growth, VA’s Women’s Health Services (WHS) developed a comprehensive education and training model, Women’s Health Mini-Residency, for clinical staff to address gaps in knowledge and skills in women’s health topics. WHS has a specialized program for rural providers and nurses to receive training directly in their rural Community Based Outpatient Clinics (CBOCs). **Read more in Women Veterans’ Health Training on the Move on Page 3.**

Getting older rural Veterans active again is easier with Gerofit. This facility-based program offers older Veterans an individualized exercise program that includes strength training, balance, flexibility and endurance exercises. The CBOCs and other community sites offer

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this program closer to home for rural Veterans. **Read more in Gerofit Helps Older Veterans Get Fit and Have Fun on Page 5.**

Stay tuned this year as we further explore practical, tangible and beneficial ways to increase access to care for rural Veterans and feature the rural connections to VA's top health priorities. To join our rural Veteran community, please contact ORH Communications at ORHcomms@va.gov. ♦

VA's Top Health Priorities
✓ Increase open access to care
✓ Improve employee engagement
✓ Promote consistency in best practices
✓ Build a high-performing network
✓ Restore trust with Veterans

Suicide Prevention Modernization Efforts are Underway Within VA

By **Kendra Weaver, PsyD**, Senior Consultant for Mental Health Clinical Operations, Office of Mental Health and Suicide Prevention, Veterans Health Administration

The Suicide Prevention and Mental Health program offices and the Veterans Crisis Line are now consolidated into one office, the Office of Mental Health and Suicide Prevention (OMHSP). Under this new structure, the U.S. Department of Veterans Affairs (VA) central office and the field, through collaborative councils, will share some functions, while other functions will reside locally with field facilities and markets. This strategic combination of central and local responsibility will more fully support VA in tailoring mental health care and suicide prevention resources to meet local needs, including those Veterans who live in rural communities. Through stronger collaboration among local, regional and national stakeholders, VA hopes to restore Veterans' trust in VA as a responsive and modern health care system.

VA has five top priorities to guide its suicide prevention efforts.

Top Priority Goal	Associated Actions
Improve transition from military to civilian life	<ul style="list-style-type: none"> ◆ Expand pre- and post-separation services ◆ Expedite VA enrollment
Know all Veterans who are at risk	<ul style="list-style-type: none"> ◆ Identify at-risk Veterans ◆ Offer enhanced care to directly address risk
Partner across communities	<ul style="list-style-type: none"> ◆ Share consistent messaging across the country via Community Veteran Engagement Board Suicide Prevention Outreach Toolkit ◆ Disseminate VA Leadership Toolkit ◆ Support suicide prevention training for Veterans, families and VA staff
Increase lethal means safety	<ul style="list-style-type: none"> ◆ Improve risk identification and safety planning ◆ Partner with gun advocacy groups around safety ◆ Make naloxone kits widely available
Provide open access to mental health care	<ul style="list-style-type: none"> ◆ Offer mental health services for "Other Than Honorable" ◆ Offer open access to care in VA medical centers ◆ Expand "Press 7" direct connection from VA outpatient clinics to the Veterans Crisis Line

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Suicide Prevention Modernization Efforts are Underway within the VA (continued from page 2)

VA is continually working to expand and enhance initiatives to reduce suicide rates, including:

- Bolstering mental health services for women
- Expanding telemental health services, especially for Veterans in rural areas, through new regional hubs and VA Video Connect to Veterans anywhere (home, work, school, etc.)
- Deploying free mobile apps to help Veterans and their families
- Expanding access to care by providing mental health screening and treatment services through VA Vet Centers and readjustment counselors
- Using telephone coaching to assist Veterans' families
- Piloting case management and risk management, which promotes Veterans' treatment engagement as they transition from inpatient to outpatient care



Suicide prevention is everyone's business. In September, VA launched the **Be There** campaign, that includes education and outreach to VA employees and community partners to #BeThere for Veterans and to take action to help prevent suicide.

- VA is working with community mental health providers to expand the network of local treatment resources available to Veterans who need it
- Every day, more than 400 VA Suicide Prevention Coordinators (SPCs) and their teams, located at every VA medical center, connect Veterans with care and educate the community about suicide prevention programs and resources
- As part of your community, you are in a position to help a Veteran who may be at risk for suicide, so learn about ways you can show support and find information about local resources at VeteransCrisisLine.net/BeThere. ♦

An advertisement for the Veterans Crisis Line. It features two men standing side-by-side. The man on the left has his arms crossed and is wearing a dark blue t-shirt. The man on the right is wearing a grey t-shirt and has a tattoo on his left arm. To the left of the men are the logos for the U.S. Department of Veterans Affairs and the Veterans Crisis Line, which includes the phone number 1-800-273-8255 and the text "PRESS 1". To the right of the men is the text "Be there for someone in your life." in large blue letters, followed by "Connect fellow Veterans and Service members in crisis with support." and the website "VeteransCrisisLine.net".

Mobile Apps for Mental Health



Download VA's mobile apps to equip you with tools and information to assist you in managing PTSD-related symptoms and stress. There's an app to also help you practice mindfulness and strengthen your parenting skills. Find these and more apps at: <https://mobile.va.gov/appstore/mentalhealth> ♦

Women Veterans' Health Training on the Move

By Aimee Sanders, MD MPH, Physician Educator, Women's Health Education, Veterans Health Administration

The number of women Veterans is growing rapidly, driving an increase in need for gender-specific health care. As of May 2017, 26 percent of enrolled women Veterans lived in rural and highly rural areas¹. These are areas in need of more trained primary care providers designated as Women's Health Primary Care Providers (WH-PCPs) and nursing staff trained in women's health. Since 2008, the Women's Health Services (WHS) has developed and delivered a comprehensive education and training model for clinical staff, called the Women's Health Mini-Residency, to address gaps in knowledge and skills in women's health topics. This training is traditionally a three-day, face-to-face program offered 1-2 times per year in Orlando, Florida. Although more than 3,100 PCPs and 800 primary care nurses trained in this mini-residency model, additional training needs persist, including for staff in rural VA facilities.



Patty Axtell, RN and Suzanne Rainforth, LPN practice pelvic exam supply set-up with instructor Jonna Brenton, RN at Grand Island VAMC (Grand Island, Nebraska)

WHS understands that rural VA clinics, with fewer staff, may face challenges sending staff off-site for training without disrupting normal clinic operations. Travel from rural and highly rural areas also means more time away from clinical care. To address the training need and minimize the burden on the clinic and staff, WHS, funded by the Office of Rural Health (ORH), is rolling out a blended learning approach to the Women's Health Mini-Residency that specifically meets the needs of providers and nurses at rural Community Based Outpatient Clinics (CBOC) and VA medical centers (VAMC). This modified mini-residency includes:

- Core women's health courses offered via the Veteran Affairs' Talent Management System (TMS) and done independently in advance of the one-day training delivered directly at clinic sites
- Tailored one-day on-site training includes interactive portions of the program such as facilitated case discussions, simulation equipment for hands-on activities, videos of gynecologic procedures and exams, and live models for breast and pelvic exam instruction
- Patient-Aligned Care Team (PACT) providers and nurses train side-by-side in this inter-professional training program, which aligns with how care is provided

Recently the mini-residency for rural providers and nurses piloted at two rural facilities in Nebraska – Grand Island VA Medical Center and Norfolk VA Clinic. Six PACT provider-nurse teams (13 total people) participated, including teams who traveled from the Holdrege VA Clinic. After all participants completed the required TMS courses, WHS instructors led the one-day training with help from SimLEARN's Mobile Simulation Training Team. After discussing cases on common women's health topics, the providers and nurses rotated through simulation stations:



Instructor Aimee Sanders, MD demonstrates contraceptive options to Steven Carlsen, PA and Michael Adams, MD at Norfolk CBOC (Norfolk, Nebraska)

- Breast and pelvic task trainers
- Scenario-based pelvic exam set-up activity
- Computerized breast exam simulator
- Interactive gynecologic procedure videos
- A show-and-tell table comprised of various gynecologic supplies and contraceptives
- An opportunity for participants to work with a live model, a gynecologic teaching associate (GTA), who provided a controlled learning environment to practice history-taking, triage and performing breast and pelvic exams

In all, each provider and nurse received more than 18 hours of accredited training.

(Continued on page 5)

Women Veterans Health Training on the Move (continued from page 4)

The pilot feedback was overwhelmingly positive with all participants rating their overall impression of the training as excellent or good. All said they would recommend the training to colleagues who provide care to women Veterans and they appreciated having the training brought to them at their clinic sites.

Beginning in fiscal year 2018, in partnership with ORH, WHS plans to provide this mini-residency for rural providers and nurses in up to 40 rural clinical sites per year to support the highest level of care for women Veterans in rural areas.

If you have any questions about the Women's Health Mini-Residency for Rural Providers and Nurses, please contact aimée.sanders2@va.gov. For more information about women Veteran care, visit <https://www.womenshealth.va.gov/>. ♦

¹ Data Source: VHA Service and Support Center (VSSC) Current Enrollment Cube, May 2017

Gerofit Helps Older Veterans Get Fit and Have Fun

By Chani Jain, Brandon Briggs, Miriam Morey, Cathy Lee, Willy Marcos Valencia, and Kris Ann Oursler, Gerofit Program, Veterans Health Administration

Gerofit is an established, evidence-based exercise and health promotion program for Veterans, 65 years of age and older, that improves physical function, mobility, quality of life, and survival. The facility-based program offers older Veterans an individualized exercise program in a class setting that includes strength training, balance, flexibility and endurance exercise. Classes are prescribed according to each patient's physical limitations based on a standard geriatrics functional assessment.

Since its inception at the Durham VA Medical Center (VAMC) in 1986, more than 2,400 Veterans enrolled in Gerofit, which is now available at several VAMCs across eight Veterans Integrated Service Networks (VISN) (https://www.va.gov/geriatrics/gerofit/gerofit_program_background.asp). The Gerofit program helps address rural health care challenges such as travel time, distance, and transportation availability.

Clinical Video Telehealth (CVT) Gerofit Overview

The CBOCs and other community sites provide access to health care closer to home for rural Veterans. However, many CBOCs have limited space, equipment and trained staff to conduct supervised exercise classes. The CVT Gerofit program removes these barriers with real-time instructor-led Gerofit classes by telehealth video conferencing. CVT Gerofit includes functional exercises (no stationary equipment) that are based on the successful facility-based program and require only steps, resistance bands and dumbbells. Veterans receive an individualized exercise prescription based on a functional assessment that is provided at enrollment and at regular follow-up times. Each plan follows American College of Sports Medicine (ACSM) guidelines to minimize risk and maximize health benefits. The Gerofit instructor can perform these assessments by CVT or in person. Exercise classes last 45-60 minutes and consist of warm up, functional exercise, cool down and stretching. Each patient's exercise goals and targets, such as intensity of exercise, are shared with the Telehealth Clinical Technician (TCT). The exercise monitoring is provided by the Gerofit instructor, but the onsite TCT helps ensure compliance. TCTs also take initial vital signs and are present during the class as an on-site safety resource. The Gerofit program provides the exercise supplies and staff training to each participating CBOC.

CVT Gerofit Highlights

- Individualized supervised group exercise classes provided by CVT
- Evidence-based exercise program based on routine functional assessments and individualized goals
- High Veteran satisfaction and improved functional performance already evident in the program's first year
- Primary care providers may refer Veterans with a Gerofit outpatient consult
- Available in the Greater Los Angeles area; Miami, Florida; and Salem, Virginia VAMCs

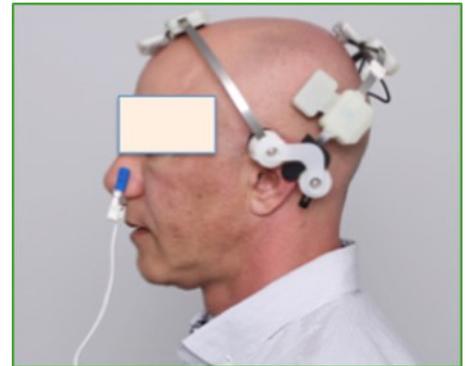
Future Directions

- Develop methods for exercise opportunities for Veterans unable to attend CBOCs or VAMCs
- Enhance home-based exercise options
- Explore community partnerships for Gerofit ProActive Reach to enhance patient selection and engagement ♦

Low-level Laser Therapy Trial Explores Benefits for PTSD and TBI Patients

By Dr. Tracy Weistreich, Deputy Director, Office of Community Engagement, Veterans Health Administration

Living in a rural community often requires travel to larger, more metropolitan cities to access medical care, as well as innovative treatments. Low-level laser therapy (LLLT) is one example of an innovative technology that requires several treatments per week over several weeks to treat certain conditions. This treatment increases circulation under the skin, facilitates tissue regeneration and supports the body's natural healing process. While LLLT is not a first-line treatment for depression, traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD), this treatment has shown potential to help Veterans who are treatment-resistant or have not achieved the desired optimum outcomes from evidence-based therapies for these conditions. Some Veterans who completed a full course of LLLT treatment reported improvement in their symptoms and cognitive functioning, including memory and concentration.



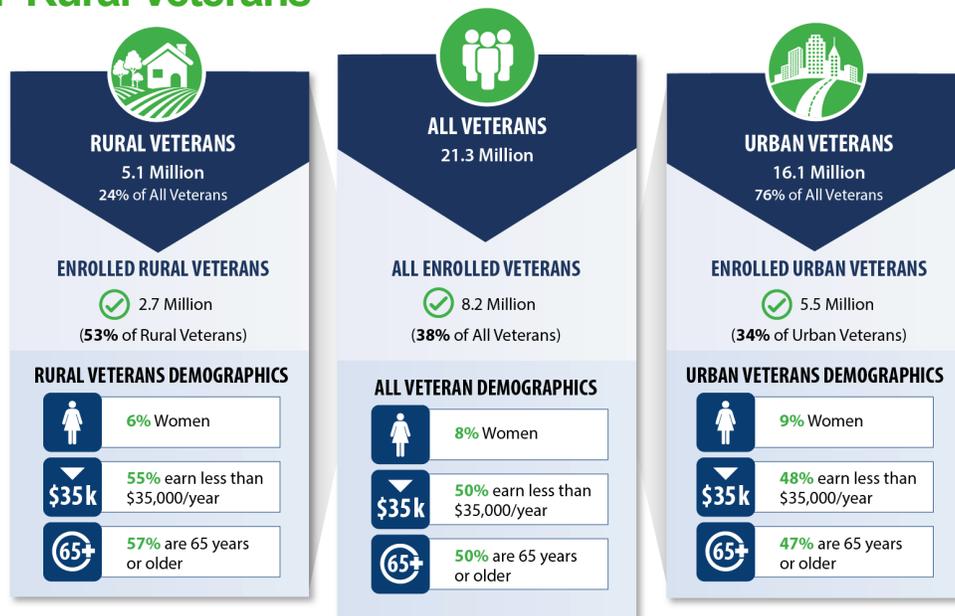
LED device used in LLLT home treatment for PTSD

To bring this innovative technology to rural Veterans, the VA Center for Compassionate Innovation (CCI) is exploring in-home treatment of LLLT with new light emitting diode (LED) LLLT technology coupled with telehealth visits as an alternative to the Veteran traveling to the medical center multiple times each week to receive treatment. A clinical trial will begin at the VA Boston Healthcare System's polytrauma clinic, to evaluate whether an in-home approach to treatment will yield positive clinical and patient-centered outcomes, particularly among rural Veterans who may have been reluctant to seek care due to the burden of traveling a long distance for appointments.

Consistent with CCI's mission to "explore emerging therapies that are safe and ethical after traditional treatments have not been successful," this clinical demonstration will bridge the gap between Veterans and their care by bringing innovative treatments into the homes of rural Veterans served by the VA Boston Healthcare System. The concept of bringing care and services closer to the Veteran is important to the Office of Community Engagement (OCE), where CCI is located. OCE's work has facilitated Veterans' access to exercise and other preventive health services in their communities, thereby removing barriers and empowering Veterans' to achieve optimum health and well-being.

Learn more about OCE, CCI, and how to submit proposals for innovative health treatments at: <https://www.va.gov/HEALTHPARTNERSHIPS/index.asp>.

Snapshot of Rural Veterans



Data from FY 2016 VA Internal Data Sources, US Census Bureau and VHA Survey of Enrollees

The Community Provider Toolkit Connects Providers to Military Culture and Treatment Resources

By **Shannon McCaslin, PhD**, Clinical Psychologist, National Center for PTSD, Dissemination and Training Division, Veterans Health Administration; Clinical Associate Professor (Affiliated), Department of Psychiatry and behavioral Sciences, Stanford University School

The [Community Provider Toolkit](http://www.mentalhealth.va.gov/communityproviders/index.asp) (CPT)(<http://www.mentalhealth.va.gov/communityproviders/index.asp>) launched in 2012 by the National Center for PTSD (NC-PTSD) and U.S. Department of Veterans Affairs (VA) with the goal to support behavioral health providers serving Veterans in their communities. The content, such as how to screen for military service, information and training on military experiences and culture, and how to access benefits and resources, can connect providers to useful resources relevant to the care they provide to Veterans. The content is developed by providers and subject matter experts from the NC-PTSD, VA, the community, the Department of Defense (DoD), and the Substance Abuse and Mental Health Services Administration (SAMHSA). The toolkit is regularly updated with new content.

“The Community Provider Toolkit is the very best single resource for mental health clinicians who work with Veterans in rural areas and elsewhere in the community, with great information about how to access VA care and easy-to-use tools and materials for busy professionals.”

– Josef Ruzek, PhD, Director, National Center for PTSD, Dissemination and Training Division

Toolkit Topics

- Screening for military experience
- Understanding military culture
- Information about and resources for women Veterans, family and couples
- Connecting with VA
- Behavioral health topics include suicide prevention, Post-Traumatic Stress Disorder (PTSD), smoking cessation and using technology in care



Photo Credit: Kevin Lai

In addition to the above topics, the toolkit features an interagency resource center, developed collaboratively with VA, DoD and SAMHSA, which directs providers to key resources from each agency. Increased provider knowledge of military culture and experience, as well as awareness of relevant resources, can facilitate treatment engagement and patient access to additional benefits and services.

In the past year, the toolkit was viewed more than 35,000 times and is frequently among the most viewed sites on the VA Mental Health Services website. The Toolkit development team strives to ensure that the site meets provider needs through ongoing collaboration with subject matter experts and formal evaluation efforts.

“As a former VA employee who worked in a rural area of Maryland’s Eastern Shore, I know how valuable good online resources can be for clinicians who don’t have large medical centers and the great resources that come with being in proximity of them in their backyards. The Interagency Task Force Resource Page is a tool that I would have found to be extremely helpful when working in the field with my Veterans in the Mental Health Intensive Case Management (MHICM) Enhanced Rural Access Network for Growth Enhancement (E RANGE) program.”

Creating the interagency resource page on the existing Community Provider Toolkit (CPT) website, it was an ideal opportunity for collaboration between VA, DoD and Health and Human Services (HHS). It takes a well-known and highly useful web resource (CPT) and allows the relevant military and Veteran resources from the other departments to be collocated for a one-stop federal resource page. Because the three departments are constantly sharing relevant materials with each other, clinicians, Veterans and their families don’t have to go to all three places to find these informative, vetted and updated resources.”

– Cicely K. Burrows-McElwain LCSW-C, Military and Veteran Affairs Liaison, National Policy Liaison Branch, Division of Regional and National Policy/ Office of Policy, Planning and Innovation, Substance Abuse and Mental Health Services Administration (SAMHSA)

If you have any questions about the toolkit, please contact Dr. Shannon McCaslin at Shannon.McCaslin@va.gov. ♦

Get Your Medical Records All in One Place with the VA Health Summary

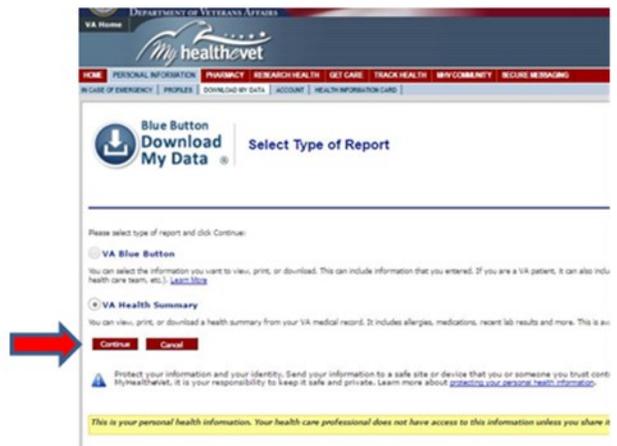
By **Treva Lutes**, Program Specialist Communications, Office of Connected Care, Veterans Health Administration

You probably already know the U.S. Department of Veterans Affairs (VA) Blue Button feature on My HealtheVet is a terrific way to download your VA medical records. However, have you looked at your VA Health Summary? The VA Health Summary is a different way for you to view, download or share your medical records with other systems outside of VA.

The VA Health Summary, available for My HealtheVet Premium account holders, is a Continuity of Care Document. This means it follows national interoperability standards that are used by hospitals and clinics across the country, not just in VA medical centers.

If you already know about the VA Health Summary, you will be pleased to learn that there are some additions and improvements:

- Some of the data that has previously only been available through the customized Blue Button report (e. g., VA notes, radiology reports, pathology reports) is now also available in the VA Health Summary
- A list of surgical procedures and the associated surgical procedure notes is now available
- Clinical procedure notes and functional status assessments are now accessible (includes clinical details related to treatment and test results)
- The improved medication section display includes both VA medication history and the community provider medication list on record with VA
- The overall PDF display has navigation hyperlinks to each section



Screenshot of the VA Health Summary website

Sharing Your VA Health Summary

More than 500,000 Veterans have already used the VA Health Summary. Veterans who receive care from VA can share this summary with their community providers and other people they trust to help manage their health.

You can benefit from reviewing your VA Health Summary because it has all your recent medical record information in one place. The VA Health Summary feature allows you to download your VA electronic health record in a computer readable XML file format (.xml) or Adobe PDF. The advantage of the XML file format is that it allows information to be read electronically by other electronic medical record systems, personal health records, or applications. In the future, you'll be able to securely transmit the VA Health Summary to other providers and applications.

What is the difference between the VA Health Summary and the VA Blue Button Report?

The three main differences are in the type of information included, the ability to customize the report, and file formats.

Function	Blue Button	VA Health Summary
Type of Information	<ul style="list-style-type: none"> ✓ VA Electronic Health Record information ✓ Self-entered My HealtheVet information ✓ DoD military service information 	<ul style="list-style-type: none"> ✓ VA Electronic Health Record information
Customization	<ul style="list-style-type: none"> ✓ Choose the type of information to include in your report (e. g., date range and/or type of data) 	<ul style="list-style-type: none"> × You are <u>not</u> able to choose the information included in the summary ✓ Contains pre-defined standards-based interoperable health summary (Continuity of Care Document or CCD)
File Formats Available	<ul style="list-style-type: none"> ✓ Adobe PDF and .txt ✓ Users can view, print or download 	<ul style="list-style-type: none"> ✓ Adobe PDF ✓ XML file format (.xml) ✓ Users can view, print, download

(Continued on page 9)

Get Your Medical Records All in One Place with the VA Health Summary (continued from page 8)

Learn More

To learn more about the VA Health Summary, visit <https://www.myhealth.va.gov/mhv-portal-web/health-summary-va-ccd-learn> more. You can also learn how to access your VA Health Summary with this [User Guide](https://www.myhealth.va.gov/documents/25286/25831/VAHealthSummaryUserGuide.pdf/e05f0d67-622e-4b99-a90d-70e5a0530695) (<https://www.myhealth.va.gov/documents/25286/25831/VAHealthSummaryUserGuide.pdf/e05f0d67-622e-4b99-a90d-70e5a0530695>) or by watching a video at <https://www.youtube.com/watch?v=CkUKompaiPk>.

Sign up for the My HealthVet newsletter <https://www.myhealth.va.gov/subscribe> to get all the latest news. ♦

What Organizational Excellence Means for Veterans' Everyday Care

By Office of Organizational Excellence, Department of Veterans Affairs



Carolyn Clancy, MD

Making sure Veterans have access to safe, high-quality care wherever they seek our help is a top priority for Carolyn Clancy, M.D., Department of Veterans Affairs (VA) Deputy Under Secretary for Health for Organizational Excellence and her department. In a new video series, Dr. Clancy discussed the work and goals of the VA Office of Organizational Excellence (OCE), including:

- Improving quality and safety throughout the Department
- Working with VA field staff so they understand how to access their own performance
- Testing different approaches to improve facilities' performance
- Sharing best practices throughout the VA system
- Promoting health equity and organizational integrity
- Addressing issues essential to restoring trust and public integrity in VA

While none of these functions is new, she explained, integrating and bringing them together for a bigger impact constitutes a new approach for VA. Clancy defines excellence as “what we’re doing every day so that we’re constantly looking for ways to improve.” Her office also continually looks to find ways to make things easier for Veterans and the VA employees who serve them. “That’s a pretty tall order,” she continued. “But we’re not going to rest because we’re constantly looking for how to be better. That’s really what excellence is all about.”

Veterans, including those in rural communities, play a substantial role in this process. Many Veterans have chronic conditions and effectively managing them requires a strong partnership between Veterans and the VA clinician or care team with whom they’re working. Clancy highlighted VA’s product called [The Daily Plan](https://www.patientsafety.va.gov/professionals/onthejob/dailyplan.asp)® (<https://www.patientsafety.va.gov/professionals/onthejob/dailyplan.asp>) which serves as a road map for facilitating daily discussions between hospitalized patients and their health care team. Revised daily to align with a patient’s changing needs, the patient and provider review the written plan together. In this fashion, Veterans are included in the health care process, have a better understanding of their care, and are encouraged to ask questions. Further, patients are better prepared for the transition home, because they fully understand everything that’s been done during their hospital stay.

In the video, Clancy reminded Veterans that her office has made a great deal of detailed, quantitative data available to Veterans on VA web sites. In April, for example, OCE was instrumental in launching [VA’s Access to Care website](http://www.accesstocare.va.gov/) (<http://www.accesstocare.va.gov/>). Here, Veterans and their caregivers can find easy-to-use, easy-to-understand information regarding patient wait times and quality of care. Veterans can also use the site to learn from other Veterans with similar illnesses, such as diabetes—a particularly valuable feature for rural Veterans whose ability to discuss their problems with others face-to-face may be more limited than those who live in cities.

Dr. Clancy’s video is the first in a series prepared by the Office of Organizational Excellence. The next video will be “Sharing Best Practices.” Watch Dr. Clancy’s video, [“VHA Excellence in Health Care, Part I: The Road to Excellence”](https://www.youtube.com/watch?v=9iXiM_YE6Co&t=2s) (https://www.youtube.com/watch?v=9iXiM_YE6Co&t=2s). ♦

VAR App Upgrades Makes Scheduling Easier

By Alan Greilsamer, Program Specialist, Office of Connected Care, Veterans Health Administration

Earlier this year, the VHA Office of Connected Care began rolling out the [Veteran Appointment Request \(VAR\)](https://mobile.va.gov/app/veteran-appointment-request) (<https://mobile.va.gov/app/veteran-appointment-request>) app to VA Medical Centers across the country. VAR gives Veterans a more streamlined way to request and track appointments.

The initial iteration of VAR gives Veterans the ability to self-schedule primary care appointments and request assistance with booking primary care and mental health appointments. This fall, an enhanced version of VAR will be available to offer additional types of care appointments (e.g., audiology, optometry) that can be scheduled or requested.



To help track appointments, VAR also lets Veterans:

- View details of scheduled appointments and status of appointment requests
- Send up to two messages to a VA scheduler about requested appointments
- Get email confirmations when the status of appointment requests change
- Cancel an appointment if no longer able to attend

Throughout the VAR rollout, Connected Care has received some recurring questions. Here are a few of the questions Veterans are asking and the answers we've provided:

Will I get an appointment quicker with VAR?

VAR streamlines scheduling, but it doesn't put you first in line for an appointment. What's valuable is that you can see available appointment times, so you can directly choose what works best with your personal schedule. Alternatively, if you are making an appointment request, you can select up to three preferred dates. When you request an appointment through VAR, a VA scheduler works to respond by the next business day but has up to five calendar days to process the request.

Why can't I download VAR?

Some VA apps are directly downloadable to your device. Others, like VAR, that access the VA Electronic Health Record (EHR), are developed as web apps. This means you access them using an internet browser. Web apps are more secure because none of your VA medical information is stored on your device unless you choose to create a file and save it there. In addition, with a web app, you can use any device or computer you want, as long as it has an internet connection.

As of late July, VAR is live at 100 VA sites and counting. Veterans have self-scheduled more than 2,400 appointments, and VA schedulers have received requests for another 1,800 appointments

Even though VAR is a web app, you can add a shortcut to it on the home screen of your device. There are instructions for saving web app shortcuts on this page of the [VA Mobile website](https://mobile.va.gov/saving-va-mobile-app-home-screen): (<https://mobile.va.gov/saving-va-mobile-app-home-screen>). Once you've saved the shortcut, a VAR icon will appear. Just tap the icon and VAR will load just like when you tap to open a traditional app.

Why do I need a DS Logon Level 2 (Premium) Account?

Your security is our first priority. VAR accesses the VA EHR, which contains both Personal Health Information (PHI) and Personally Identifiable Information (PII). Protecting this information is critical.

The Department of Defense (DoD) self-service log-on (or DS Logon) is a secure ID that service members, Veterans and caregivers can use to access many different DoD and VA systems that contain PHI and PII information. The best part about DS Logon is that it offers "single sign-on." Once you have your DS Logon credentials, you only need to remember one username and password to take advantage of many DoD and VA resources.

You can learn more about DS Logon on this page of the [VA Mobile website](https://mobile.va.gov/dslogon) (<https://mobile.va.gov/dslogon>). We also developed the [DS Logon Education App](https://mobile.va.gov/app/ds-logon-education) (<https://mobile.va.gov/app/ds-logon-education>) to assist Veterans with the process of getting a DS Logon account, as well as upgrading from a Basic to Premium account. VA also is working to make VAR compatible with some VA credentials this fall.

More information and feedback

There are many [training materials](https://mobile.va.gov/app/veteran-appointment-request#AppTrainingMaterials) (<https://mobile.va.gov/app/veteran-appointment-request#AppTrainingMaterials>) and [frequently asked questions](https://mobile.va.gov/app/veteran-appointment-request#AppFAQ) (<https://mobile.va.gov/app/veteran-appointment-request#AppFAQ>) posted to VAR's page on the [VA App Store](https://mobile.va.gov/appstore) (<https://mobile.va.gov/appstore>). If you are a Veteran who has used VAR, please provide us with [feedback about your experience](#). We need your input to help us make scheduling VA appointments with VAR the best experience. ♦

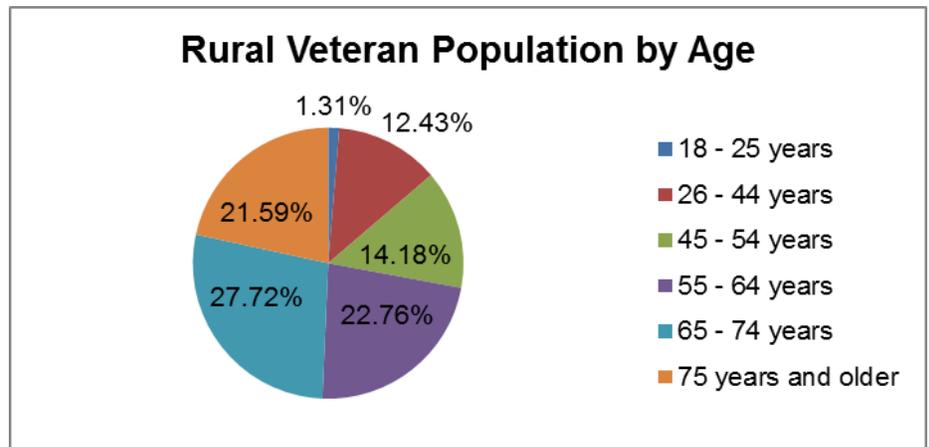
Reaching Veterans to Improve Access to Benefits and Services

By **NaShid Dickerson**, MBA, Program Analyst, Benefits Assistance Service, Veterans Benefits Administration

One of the Department of Veterans Affairs' (VA) priorities is to improve access to VA benefits and services. Given this focus, the Benefits Assistance Service (BAS) exists to serve as advocates for Veterans, Servicemembers, eligible beneficiaries and other stakeholders to ensure they are knowledgeable and informed about accessing and receiving VA benefits and services. BAS is a staff office aligned under the Department of Veterans Affairs (VA), Veterans Benefits Administration (VBA). Since 2009, BAS has proactively provided outreach information on:

- Disability compensation
- Pension
- Education
- Vocational rehabilitation and employment
- Home loans
- Insurance

Connecting with Veterans in rural areas is a primary outreach focus. Of the 20 million Veterans living in the United States between 2011 and 2015, five million resided in areas defined as rural by the [United States Census Bureau](https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-36.pdf). (https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-36.pdf). To address the needs of the rural Veteran population, BAS established Rural Outreach Coordinators (ROCs) in each of VBA's 56 Regional Offices (RO) in 2016. ROCs are responsible for establishing partnerships with VA Mobile Vet Centers; state, county, and local Veteran service officers; military transition assistance advisors; and community and faith-based organizations. Internal and external partnerships help ROCs provide outreach services to Veterans, beneficiaries, eligible family members and caregivers who are geographically detached from VA facilities. ROCs coordinate regional outreach events and regularly work with Elderly Veteran Outreach Coordinators (EVOCs) as rural and elderly populations often intersect (see table). EVOCs are also located in each of VBA's 56 ROs and provide benefit information related to pension, aid and attendance to Veterans and beneficiaries age 65 and older.



Data on Total Rural Veteran Population from the U.S. Census Bureau

Coordinators participate in claims clinics where VBA employees provide Veterans with face-to-face support, guidance and education related to claims processing. Claims processors and Veterans work side-by-side during the claims clinic to balance evidence with policy. Claims clinics differ from traditional outreach events as claims personnel are available to discuss individual issues and provide subject matter expertise.

The addition of ROCs made an immediate and positive impact as rural Veteran outreach hours rose above 9,500 in fiscal year 2016 compared to 2,241 hours in fiscal year 2015

Telebenefits is an initiative developed by VBA in partnership with Veterans Health Administration (VHA) that allows rural Veterans expanded access to ROCs and VBA public contact representatives through video teleconferencing systems. Veterans are able to ask questions and receive live training on web-based VA content to include eBenefits. VHA Community Based Outpatient Clinics (CBOCs) maintain the telebenefits program, which increases Veterans access to face-to-face benefit services to Veterans.

Increased access to VA care and services is an agency priority. By leveraging technology and partnerships, ROCs are able to provide effective and efficient access to benefits and services to Veterans, Servicemembers, eligible beneficiaries and other stakeholders. Additional information about VA benefits and services is available at <https://www.va.gov/>. ♦

Community Clergy Training Program (CCTP)



NOW AVAILABLE FOR VIEWING ON DEMAND

S.A.V.E. Suicide Prevention Overview

*Presented by Ruth Cassidy, LCSW, MDiv, Lead Suicide Prevention Coordinator
Central Texas Veterans Healthcare System in Waco, Texas*

In case you missed it, we are pleased to share the recording of our September 20th CCTP Webinar “S.A.V.E. Suicide Prevention Overview.” Ruth tackles a high priority, tough subject in a very engaging way and shares what actions community clergy can take to recognize a Veteran in distress and how to offer help and support.

The S.A.V.E. Suicide Prevention webinar will introduce you to:

- The signs of someone who is thinking of taking their own life,
- How to ask if someone is feeling unsafe, wanting to die, or worried about their future, and
- How to validate the Veterans’ experience while offering support and expediting their care.

The recording of the webinar and slide presentation PDF are now available on the CCTP Webinar Page at:
https://www.patientcare.va.gov/chaplain/clergytraining/webinars/suicide_prevention.asp.

VIEW NOW ON DEMAND

<https://chapvaco.adobeconnect.com/puahwl0w1tjt/>

Visit the new [Suicide Prevention Resources page](#) on the CCTP website. This page includes links to several references mentioned during the webinar as well as other helpful information, such as the:

- **Veterans Crisis Line (1-800-273-8255 and Press 1)**
- **“Veteran Outreach Toolkit - Preventing Veteran Suicide is Everyone’s Business”**
- **Coaching Into Care Program**
- **Make The Connection Website**
- **VA Mental Health and Chaplaincy Program**

The Community Clergy Training to Support Rural Veterans Mental Health is funded by the VA Office of Rural Health.



Secretary's Advisory Committee Conducts Reno Site Visit

By Vicki Brienza, Office of Rural Health, Department of Veterans Affairs

In June, the members of the Veterans Rural Health Advisory Committee (VRHAC) convened in Reno, Nevada, for its bi-annual meeting. The purpose of the meeting was to gain a firsthand understanding of how national policy worked at the local level, and recommend improvements to the Secretary of Veterans Affairs. In addition to the expert presentations, the Committee toured a VA medical center, Community Based Outpatient Clinic, tribal center and a homeless center, as well as met with a rural Veteran panel. For a full list of topics and discussion, [read the meeting notes](https://www.ruralhealth.va.gov/docs/VRHAC/June2017VRHACMeetingSummary.pdf). (https://www.ruralhealth.va.gov/docs/VRHAC/June2017VRHACMeetingSummary.pdf). Below are some photos from the meetings and site visits. ♦



www.ruralhealth.va.gov

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.

Thomas Klobucar, PhD, ORH Acting Executive Director

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Questions? Comments?
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