



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

**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 provide innovation in service delivery options for rural Veterans, particularly in the area of mental health.

One in every five Servicemembers returns from combat with at least one serious mental health issue. With only 16 psychologists per every 100,000 rural residents, rural Veterans face greater access challenges when seeking mental health support. Moreover, rural Veterans are more likely than their urban peers to suffer from current and lifetime depression or commit suicide. The Office of Rural Health (ORH) is committed to working with our clinical partners to address these challenges through a variety of programs that connect rural Veterans with VA mental health care programs closer to home.

One of ORH’s efforts to reduce Veteran suicide is the Community Clergy Training to Support Rural Veteran’s Mental Health program, a partnership that trains clergy to

recognize the challenges faced by Servicemembers, active or retired. This initiative recognizes the importance of faith-based groups to rural communities, and that Veterans seeking mental health services frequently begin by talking with trusted clergy. **Read more about how VA is working with community clergy to support rural Veterans on Page 2**

Many rural Veterans with PTSD receive treatment closer to home via the pilot Telemedicine Outreach for PTSD program. This project is part of VA’s focus to improve the availability of mental health care for Veterans who live in rural areas. **Read more about VA’s Telehealth Care for rural Veterans with PTSD on Page 3**

Congratulations are in order for the ORH Veterans Rural Health Resource Center in Iowa City, whose Home-Based Cardiac Rehabilitation program recently won the Dr. Linda K. Hall Innovation Award.

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Message from the Director of the VA Office of Rural Health (continued from page 1)

This program, an ORH Rural Promising Practice, addresses access to cardiac rehabilitation (CR) for Veterans, especially those in rural regions who are not able to utilize traditional services. **Read more about the Home-Based Cardiac Rehabilitation Program and their award on Page 4.**

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](mailto:ORHcomms@va.gov). ♦

## VA Provides Free Mental Health Training to Community Clergy to Support Rural Veterans

By **Tim Hudak**, Veteran Insights Specialist, Veterans Experience Office, Department of Veterans Affairs

A quarter of all U.S. Veterans choose to reside in rural communities after they leave the service. These 4.7 million Veterans face challenges accessing health care that are only intensified by their military-related injuries and illnesses.

Veterans in rural areas have a higher risk of suicide and less access to mental health providers than their urban counterparts according to the Centers for Disease Control and the American Psychological Association.

One of the U.S. Department of Veterans Affairs' (VA) several efforts to diminish Veteran suicide is the Community Clergy Training to Support Rural Veteran's Mental Health, active or retired. Most rural communities have faith-based groups, and Veterans often seek mental health services with the clergy they know.

Recognizing the challenges rural Veterans face, specifically in New Hampshire and Vermont, Ben Kaler, a Marine Veteran and employee of VA's Veterans Experience Office (VEO), began to research options to improve mental health services in his area.

**I wanted a way to reach rural Veterans who may not have contact with VA services, local community services or state resources," said Kaler.**

Ben soon discovered the VA Community Clergy Training Program (CCTP). This Office of Rural Health (ORH) Rural Promising Practice has, since 2010, trained more than 4,000 clergy, chaplains and behavioral health professionals who support rural Veterans.

Churches and houses of worship are an important contact point for rural Veterans, their families, caregivers and survivors as many seek help from their local clergy. However, clergy members may not always be aware of the Veterans in their congregations or know how to best support them.

Ben, along with VA chaplain Steve Sullivan and Ed Drury, the military liaison at Genesis Behavioral Health, worked to bring the CCTP to New Hampshire and Vermont, visiting more than 70 churches and e-mailing 350 clergy members to garner interest. They organized several training days across the two states and trained more than 60 participants. Drury credited Ben Kale of the VEO for spearheading the initiative. "He went door to door to all the churches in the North County," Drury said.

Ben Kaler is entrenched in the community as a VEO field consultant, and through networking and assistance from community partners sourced host churches, handled registration, and coordinated weekly updates and logistics across two VA medical centers.

"The training is good and will educate clergy about the many unique challenges of the military. Knowing some of that will keep people from saying dumb stuff upfront that could cutoff any relationship," said Steven Veinotte, a National Guard chaplain and 14-year Reservist.



Veterans Experience Office field consultant Ben Kaler (left) and Chaplain Samir Habiby (right) both served in 2nd Battalion, 4th Marines in Iraq and Vietnam, respectively.

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VA Provides Free Mental Health Training to Community Clergy to Support Rural Veterans (continued from page 2)

“Everyone experiences a deployment differently as each branch of the military has its own duties, and we need to be able to recognize the effect individually,” said Veinotte, who spent a yearlong deployment in the Middle East with the 197th Field Artillery Brigade.

Kristen Wing, ORH’s former program manager of the VA CCTP said Kaler was “the boots on the ground in the Northeast that we needed to move forward. Our chaplain in that area took a new assignment and Ben stepped in, along with our community partners, to fill that void.”

Wing, who supported the program for ORH since 2012, stated, “the partnership with the Veterans Experience Office has offered great benefits with the intersection of work to outreach community partners to help us in our mission. That is how we improve the overall Veteran’s experience with VA.”

The CCTP training topics include military culture, the wounds of war, moral injury and potential roles of clergy while assisting with Veteran care. Mental health services and referrals are also discussed.

Training sessions are ongoing across the country, which include three recent successful events in New Hampshire, Vermont and Massachusetts.

For more information visit:

- [Community Clergy Training Program \(CCTP\)](http://www.patientcare.va.gov/chaplain/clergytraining) (<http://www.patientcare.va.gov/chaplain/clergytraining>)
- [Rural Community Clergy Training one-page overview](https://www.ruralhealth.va.gov/docs/promise/ORH_RuralPromisingPractice_RuralClergy__Overview_FINAL-508.pdf) ([https://www.ruralhealth.va.gov/docs/promise/ORH\\_RuralPromisingPractice\\_RuralClergy\\_\\_Overview\\_FINAL-508.pdf](https://www.ruralhealth.va.gov/docs/promise/ORH_RuralPromisingPractice_RuralClergy__Overview_FINAL-508.pdf))
- [Rural Community Clergy Training implementation issue brief](https://www.ruralhealth.va.gov/docs/promise/ORH_Promising_Practice_Clergy_Nov2016_508.pdf) ([https://www.ruralhealth.va.gov/docs/promise/ORH\\_Promising\\_Practice\\_Clergy\\_Nov2016\\_508.pdf](https://www.ruralhealth.va.gov/docs/promise/ORH_Promising_Practice_Clergy_Nov2016_508.pdf)). ♦



## VA’s Telehealth Care for Rural Veterans with PTSD

By **Hans Petersen**, Digital Writer/Editor, VHA Office of Communications, Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) has launched a pilot telehealth program that will give rural Veterans with post-traumatic stress disorder (PTSD) remote access to psychotherapy and related services. The project is part of the focus to improve the availability of mental health care for Veterans who live in rural areas.

VA’s [Office of Rural Health](https://www.ruralhealth.va.gov/), (<https://www.ruralhealth.va.gov/>) in partnership with [VA’s Quality Enhancement Research Initiative](https://www.queri.research.va.gov/) (<https://www.queri.research.va.gov/>), supports the Telemedicine Outreach for PTSD program to deliver therapy and other care through phone and interactive video contact.



VA researchers worked diligently in recent years to establish the safety and efficacy of PTSD psychotherapy delivered remotely to provide Veterans with the same quality of PTSD care as they would receive in a doctor’s office at a VA medical center. This program will help greater numbers of Veterans who live in rural areas, and will save them time and effort to get to a VA facility that is far from their homes.

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VA's Telehealth Care for Rural Veterans with PTSD (continued from page 3)

Dr. John Fortney, a research health scientist at the VA Puget Sound Health Care System in Seattle, leads the project.

**“Long travel distances to urban areas can be a major barrier to care for rural Veterans,” Fortney said. “In a prior trial, we were able to use telehealth technologies successfully to engage Veterans in evidence-based, trauma-focused therapy without them having to travel to a distant VA medical center.”**

To date, more than 680 rural Veterans who do not receive specialty PTSD care have enrolled in the study. Veterans who take part in the program receive frequent phone calls from a care manager who helps participants access services provided by off-site psychiatrists and psychologists. The psychotherapy is delivered via interactive video from a VA medical center to a community-based outpatient clinic (CBOC) or to the Veteran's home. The telephone care manager also monitors the Veteran's progress and helps him/her overcome barriers to care.

The program includes 12 clinics across the nation in Charleston, South Carolina; Iowa City, Iowa; Little Rock, Arkansas; Denver, Colorado; San Diego, California and Seattle, Washington. The results, which will be available in 2020, will lay the groundwork for national implementation of the program.

For more information about PTSD, visit <https://www.ptsd.va.gov/index.asp>.

To learn more about VA research on PTSD, visit [www.research.va.gov/topics/ptsd.cfm](http://www.research.va.gov/topics/ptsd.cfm). ♦

## Veterans Rural Health Resource Center in Iowa City Wins Dr. Linda K. Hall Innovation Award for Home-Based Cardiac Rehab Program

By **Kariann Drwal, MS, CCRP, RCEP**, Home-Based Cardiac Rehabilitation Program Director, Veterans Rural Health Resource Center in Iowa City, Iowa, Department of Veterans Affairs

The Office of Rural Health Veterans Rural Health Resource Center (VRHRC) located at the Iowa City VA Health Care System is the recipient of the 2018 American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Dr. Linda K. Hall Innovation Award for its Home-Based Cardiac Rehabilitation (HBCR) project.

The Dr. Linda K Hall Innovation Award acknowledges a program that enhanced its delivery of care for a patient population, in a unique and creative way, beyond the traditional model of cardiac and pulmonary rehabilitation. To recognize and highlight examples of these innovative programs, the AACVPR hopes to encourage other cardiac and pulmonary rehabilitation programs to expand the scope of services provided and patients serviced.

The HBCR model addresses access to cardiac rehabilitation (CR) for Veterans, especially those in rural regions who are not able to access traditional services. Many U.S. Department of Veterans Affairs' (VA) medical centers (VAMCs) are not able to offer on-site CR, and Veterans face attendance barriers such as financial hardship, lack of transportation, employment obligations or availability of services. The HBCR program provides 12 weeks of individualized education and counseling by phone or video appointments to support a heart healthy lifestyle despite these barriers.



(Photo, left to right: Sara Grover, MS, ED; Kariann Drwal, MS, CCRP, RCEP; Ramzi El Accaoui, MD. Not pictured: Bonnie Wakefield, Ph.D.)

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VRHRC in Iowa City Wins Dr. Linda K. Hall Innovation Award for Home-Based Cardiac Rehab Program (continued from page 4)

Since the original pilot program began in 2010, the Iowa City VRHRC team, with support from the Department of Veterans Affairs' [Office of Rural Health](https://www.ruralhealth.va.gov/) (<https://www.ruralhealth.va.gov/>), disseminated this model to an additional 28 VA sites as “hub” sites and nine VAMCs as VA “spoke” sites. As of Spring 2018, nearly 3,000 Veterans from across the country received care through the HBCR the model.

Collaboration at a variety of levels drives the success of this program. At a local level, collaboration occurs between staff in the HBCR program as well as local facility leadership to help facilitate the implementation and uptake of the HBCR model. Once a site is active, collaboration continues at the local level with departments directly related to patient care. Dietitians, specialists from the VA MOVE! weight loss, tobacco cessation, mental health, and home telehealth monitoring programs in coordination with cardiology and primary care providers are just a few who may be involved in the care of the Veteran throughout the program.

At a national level, Iowa City staff serve as an external partner to provide guidance and counseling to address barriers, identify facilitators to adoption, and teach best practices about the HBCR model to other sites. The Iowa City VRHRC also collaborates with VA ORH for funding guidance and support, which was critical for the development, evaluation and dissemination of the program to VA facilities across the country.

The Iowa City team received the Dr. Linda K Hall award at the 2018 AACVPR Annual Meeting in Louisville, Kentucky on Friday, September 14.

For more information about the Home-Based Cardiac Rehabilitation program, please contact Kariann Drwal at [Kariann.Drwal@va.gov](mailto:Kariann.Drwal@va.gov). ♦



(Photo, left to right: Thomas Draper – Chair of Awards and Nomination Committee and past President of AACVPR, Sara Grover, MS, ED; Kariann Drwal, MS, CCRP, RCEP; Ramzi El Accaoui, MD. Not pictured: Bonnie Wakefield, Ph.D.)

## VA Mobile Technologies Support Emergent Acute Stroke Care in Puerto Rico

By Alan Greilsamer, Program Specialist, Office of Connected Care, Department of Veterans Affairs

To bridge the gap between distance and medical care, the U.S. Department of Veterans Affairs' (VA) National TeleStroke Program uses mobile and telehealth technologies to bring acute stroke expertise to the VA Caribbean Healthcare System in San Juan, Puerto Rico.

“Puerto Rico is one of the most impressive VA facilities,” said Dr. Sharyl Martini, Medical Director of the VA National TeleStroke Program. “Our entire team was blown away by the level of enthusiasm and problem solving, all the more impressive considering the widespread devastation that still exists in Puerto Rico. Even in that setting, these employees were giving it their all.”

VA launched the National TeleStroke Program (NTSP) to provide acute stroke telehealth treatment at facilities that lack constant acute stroke coverage. Located throughout the country, a group of VA stroke neurologists are responsible to provide continuous telestroke coverage in facilities that participate in NTSP.



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VA Mobile Technologies Support Emergent Acute Stroke Care in Puerto Rico (continued from page 5 )

During a recent case in San Juan, a Veteran visited the VA Caribbean Healthcare System emergency room for some musculoskeletal pain. As he was discharged, he began to have a massive stroke that involved the left side of his brain, while losing strength of the right side of his body and the ability to speak.

“VA staff immediately noted the change, and took immediate action to complete the work up and get the information needed to determine if the Veteran would be a candidate for alteplase, a thrombolytic drug that treats acute strokes by helping to dissolve the blood clots that cause them,” said Dr. Martini.

Dr. Martini was in Texas, on her way home from a telestroke training program, when she used her mobile tablet to evaluate the Veteran in Puerto Rico. The patient’s preferred language is Spanish, so VA staff helped translate instructions and information between the patient, his wife, and Dr. Martini. Dr. Martini used several other VA mobile technologies (e.g., Patient Viewer Interface and Image Viewing Solutions) to access the Veteran’s medical records, view the patient’s head computed tomography (CT), and enter her medical recommendations in the electronic chart.

Within five minutes of receiving the medication, the Veteran started to regain language function, ability to move his right side, and appeared dramatically better, Dr. Martini explained.

**“It’s rare in medicine to have an intervention that really helps a person right away,” she said.**

VA’s Office of Connected Care partners with VA’s Office of Rural Health on the VA National TeleStroke program to supply the mobile tablets to VA facilities throughout the country, which make remote tele-care possible. The NTSP team currently includes 18 TeleStroke consultants who help bring access to medical care to Veterans in places that might otherwise not have the opportunity for acute stroke treatment.

The NTSP program opened their doors less than a year ago and continues to grow. The program currently includes eight telestroke provider sites and has trained an additional 13 sites for the program. The NTSP aims to have 20 provider sites live by the end of this calendar year.

Learn more information about VA Telehealth Services at <http://www.telehealth.va.gov/> ♦

## Meet the New Rural Scholar Fellows

This summer, two rural clinicians who wanted to grow their career and connect with other like-minded professionals applied for the new U.S. Department of Veterans Affairs’ (VA) Rural Scholar Fellowship program. Dr. Sherry Brewer and nurse practitioner Jennifer Eickstaedt are the fellows selected for this newly-launched program.

The Rural Scholars Fellowship is a two-year paid opportunity, where fellows remain in their current practice but divide their time equally between clinical practice and fellowship activities. The program is funded by the VA Office of Rural Health and includes an interactive didactic curriculum and mentored completion of an innovation project in a rural VA medical facility. Fellowship benefits include mentorship, professional networking opportunities, continuing medical education credits, and qualifications for career advancement.



**Dr. Michael Ohl, Director of the Rural Scholars Fellowship explained, “The fellowship will allow these practitioners to become innovators while they remain in a rural community, as well as support the recruitment and retention of talented VA providers. Most importantly, this opportunity will improve the quality of and access to care for rural Veterans.”**

Meet the two fellows, and find out more about why the caring for rural Veterans is so important to them.

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Meet the New Rural Scholar Fellows (continued from page 6)

## Sherry Brewer, MD

**Q: Tell us a little bit about yourself.**

A: I'm a staff physician in primary care and I've worked at VA for 20 years. I've worked in the Pittsburgh, Lexington and Iowa systems. I grew up in a small town of less than 5,000 people in Cortland, Ohio.

**Q: What is your specialty, and what excites you about it?**

A: I'm board certified in internal medicine and integrative medicine and I'm a certified functional medicine practitioner through the Institute for Functional Medicine. My true passion is functional medicine. The focus of treatment with this type of medicine is to identify the root cause of disease and get back to the biochemistry of how the human body works. Instead of giving a pill for an ill, we try to find the source of the illness and reverse disease to get the body to function in a natural state. Sydney Baker, the father of functional medicine, says if you are sitting on a tack and your butt hurts, the treatment should not be ibuprofen. Functional medicine excites me because I feel like I can finally make a meaningful difference in someone's life and give them their health back.



Dr. Sherry Brewer

**Q: Why did you want to become a part of the Rural Scholars Program?**

A: I want to see medicine change. What we are doing is not working. We have the highest health care costs in the world and some of the poorest outcomes. This program will give me an opportunity to work on a project to bring change to health care using innovative ideas to deliver care to our rural Veterans.

**Q: What would you say to a medical student about a career at VA and working with Veterans?**

A: There are so many good reasons to work at VA. Besides the opportunity to serve our Veteran population, VA provides excellent care which often beats the private sector.

**Q: Why is rural Veteran care important to you?**

A: We have 2.8 enrolled million Veterans who live in rural areas and access to quality healthcare is a big issue for them. Many rural hospitals are closing due to financial instability, and it can be difficult to recruit physicians to remote areas. There are also higher poverty rates among rural populations.

**Q: What does "Veteran-centric care" mean to you?**

A: It has several meanings to me. First, it means to provide the right care to the Veteran when the Veteran needs or wants the care. More importantly, to me it means to identify those things that are most important in life to the Veteran and then to partner with the Veteran to develop a health plan that will give his or her life meaning.

**Q: What project(s) are you most proud of in your career, and why?**

A: I had the opportunity to work on a team project with the Office of Patient Centered Care and the University of Wisconsin to develop a Whole Health Nutrition Course. In our current medical education system, providers get very little to no nutritional training. We developed this course to teach providers basic nutrition. Many diseases today are due to poor nutrition.

**Q: What are your goals for this program?**

A: To identify innovative ways to deliver care to rural Veterans, develop some research skills and to develop a network of connections with other change leaders in VA.

**Q: What kernel of wisdom from a mentor meant the most to you?**

A: All problems are opportunities.

**Q: What do you enjoy doing outside of the office?**

A: I have six children and love to hang out with them. I'm obsessed with yoga and I like to ski, go to Orange Theory Fitness, and play volleyball. I also love to read, knit and cook healthy food. ♦

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Meet the New Rural Scholar Fellows (continued from page 7)

## Jennifer Eickstaedt, ARNP NP-C

**Q: Tell us a little bit about yourself.**

A: I am a nurse practitioner at the Quad Cities community-based outpatient clinic (CBOC) within the Iowa City VA system. I have been a nurse practitioner for almost six years and I have been at VA for 2 ½ years. I live in Bettendorf, Iowa which is part of the Quad Cities, but I grew up on a small rural farm between Iowa City and the Quad Cities.

**Q: What is your specialty, and what excites you about it?**

A: I am an adult nurse practitioner in primary care, and I really enjoy the ability to educate Veterans and watch them make positive changes in their health.

**Q: Why did you want to become a part of the Rural Scholars Program?**

A: I became a part of the Rural Scholars Program as I was very interested to help bring more access to health care for the rural Veteran population.

**Q: What would you say to a medical student about a career at VA and working with Veterans?**

A: I would tell a nursing/medical student that VA is an amazing organization with top notch health care and resources. I never realized how many resources VA provides Veterans and providers until I started to work for VA. I have really enjoyed the Patient Aligned Care Team (PACT) experience in primary care as well, and it helps provide complete care for Veterans. Working with Veterans has been amazing, and it really makes you feel good to help those that have sacrificed so much to serve our country. Many Veterans are very grateful and appreciative of the care we provide them, which makes working for VA very special.

**Q: Why is rural Veteran care important to you?**

A: Rural Veteran care is important to me as I want to help open up more access to all the amazing resources VA has to offer the rural Veteran population. Most rural Veterans are not aware of all the programs and resources available to them. I want rural Veterans to also engage in their healthcare more and be able to take advantage of what VA has to offer them.

**Q: What does “Veteran-centric care” mean to you?**

A: Veteran-centric care to me means to listen to and acknowledge Veterans values, beliefs and understanding of their health. To honor Veterans goals and motivations will help us better care for and understand their health challenges. The PACT model has helped improve Veteran-centric care.

**Q: What project(s) are you most proud of in your career, and why?**

A: When I was a registered nurse (RN), I worked for a local hand surgeon and helped work on his studies for thumb Carpometacarpal (CMC) arthritis and endoscopic cubital tunnel release. I was able to help gather information and document patient results to complete the study. It was a great project to be a part of and helped sparked my interest in research and quality improvement.

**Q: What are your goals for this program?**

A: My goals for the Rural Veteran Fellowship are to educate Veterans about improving their health and bring improved access to health care to the rural Veteran population to reverse health issues.

**Q: What kernel of wisdom from a mentor meant the most to you?**

A: A kernel of wisdom from a previous mentor was that in healthcare you should always be learning and never assume you know everything. That wisdom has always helped me to stay humble and educate myself daily on new practices/guidelines.

**Q: What do you enjoy doing outside of the office?**

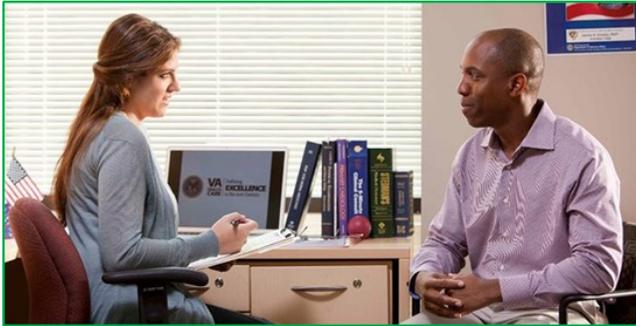
A: Outside the office I enjoy being with my dogs; a 3-month-old chocolate lab and 9 ½ year-old black lab. I enjoy walking them and taking them on adventures. I love doing yoga and swimming. I also enjoy helping animal and environmental organizations. ♦



Jennifer Eickstaedt, ARNP NP-C

## Three Steps to Access ‘Community Care’

By Office of Community Care, Department of Veterans Affairs



Veterans may be eligible to receive care from a provider outside of the U.S. Department of Veterans Affairs (VA) in their community when VA cannot provide the care that is needed. This type of care is known as “community care,” and is paid for by VA.

Although some changes occurred with community care recently, Veterans continue to have access to this type of care.

The process starts at your VA medical facility. Follow the steps below to see if you’re eligible:

### 1. Go to VA

- Schedule an appointment with a VA provider.
- Your VA care team will work with you to see if you are eligible for community care.
- Eligibility is based on your medical needs, care that is available at VA, and other requirements.
- **Important:** Make sure VA confirms you are eligible and authorized before you proceed to the next step.

### 2. Make an Appointment

- VA will work with you to find a community provider and make an appointment.
- You can select a community provider, or VA can select one for you.
- **Important:** The community provider selected must be in VA’s network and be willing to accept payment from VA.

### 3. Receive Care

- Arrive promptly for your appointment.
- **Important:** If you need to schedule a follow-up appointment, check with your community provider to make sure VA authorized the care. If VA did not authorize the care, your community provider should contact VA to arrange the care you need.

## Accessing Community Care

For Veterans Enrolled in VA Health Care

1. Go to VA	2. Make an Appointment	3. Receive Care
<ul style="list-style-type: none"> <li>Schedule an appointment with a VA provider (doctor).</li> <li>Your VA care team will work with you to see if you are eligible for community care.</li> <li>Eligibility is based on your medical needs, care that is available at VA, and other requirements.</li> <li><b>Important:</b> Make sure VA confirms you are <u>eligible</u> and <u>authorized</u> before going to the next step.</li> </ul>	<ul style="list-style-type: none"> <li>VA will work with you to find a community provider and make an appointment.</li> <li>You can select a community provider or VA can select one for you.</li> <li><b>Important:</b> The community provider selected must be in VA’s network and be willing to accept payment from VA.</li> </ul>	<ul style="list-style-type: none"> <li>Arrive promptly for your appointment.</li> <li><b>Important:</b> If you need to schedule a follow-up appointment, check with your community provider to make sure VA authorized the care. If VA did not authorize the care, your community provider should contact VA to arrange the care you need.</li> </ul>

If you have a question about your specific care needs, contact your VA medical facility.  
 If your question is about the Veterans Choice Program, call 866-606-8198.  
<https://www.va.gov/COMMUNITYCARE/programs/veterans/>

08/30/2018

You will likely have questions about these steps. See our list of [Frequently Asked Questions](https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp#FAQs) (<https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp#FAQs>)

### Getting Support

If you have questions about your specific circumstances, please contact your nearest VA medical facility. If you have a question about the [Veterans Choice Program](https://www.va.gov/COMMUNITYCARE/programs/veterans/VCP/index.asp) (<https://www.va.gov/COMMUNITYCARE/programs/veterans/VCP/index.asp>), contact (866) 606-8198. You can also call the VA Adverse Credit Helpline at (877) 881-7618 for help to resolve adverse credit reporting and debt collection issues from using the Veterans Choice Program.

For more information, visit the following link: <https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp>. ♦

## The 2018-2019 Flu Season is Here; Are You Ready?

By **Glenn A. Johnson**, Office of Community Care Chief of Health Care Media, Department of Veterans Affairs

Last season's influenza season was one of the worst on record in terms of the number of people infected and the number of fatalities. The Center for Disease Control and Prevention reports that from October 1, 2017–May 19, 2018, clinical laboratories tested 1,210,053 specimens for influenza virus; 224,113 (18.5%) tested positive, which include 151,413 (67.6%) for influenza A and 72,700 (32.4%) for influenza B with a total of 177 fatalities reported for the 2017-2018 influenza season. This greatly exceeded the statistical average of 5-20% of the total population who were infected during a normal flu season.



The current 2018-2019 season may be just as dangerous as last year, so it is best to be prepared and get a flu shot as soon as possible. To make it easier to get a flu vaccination, the Department of Veterans Affairs (VA) offers two methods for Veterans to receive a no cost flu vaccination. Flu vaccinations have always been and will continue to be given at all VA medical centers and community based outpatient clinics (CBOC) for free. Simply ask your primary care physician for the vaccination on your next visit.

The other method is to receive a vaccination at no cost to Veterans from any of the 8,200 Walgreens pharmacies nationally through the VA's Retail Immunization program. Simply visit a Walgreens pharmacy and present your Veterans Health Identification Card and one other form of photo ID to receive your no cost flu shot (if you are asked, the "Group ID" is VAFLU).



Participation in the Virtual Lifetime Electronic Record Health Program is not required to receive Walgreens immunizations. However, with the VA-Walgreens partnership, after a Walgreens pharmacist administers the flu shot, the immunization information is transmitted to VA through the eHealth Exchange and becomes part of the patient's VA health record. The Walgreens immunization records are automatically available for VA clinicians to review within 24 hours.

Veteran who requests another type of flu shot such as "High Dose," trivalent, or a flu shot outside of the contracted timeframe, to their local VA health facilities to obtain a VA provided no-cost flu shot. Veterans will have to bear the cost of any other vaccinations such as pneumococcal and zoster (shingles) which are not included in this program.

For the 2018-2019 flu season the no cost option is for the quadrivalent version of the vaccine. Walgreens' staff will refer any

All Walgreens related problems or issues (i.e. billing issues, Walgreens store unaware of the program, an issue that occurs at Walgreens) should be forwarded to the Walgreens Consumer Relations Team at 1-866-964-1812.

For more information about this important benefit, visit <https://www.va.gov/COMMUNITYCARE/programs/veterans/immunization.asp>. ♦



[www.ruralhealth.va.gov](http://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, Ph.D., ORH Acting Executive Director

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Emily Oehler, Co-Editor

**Questions? Comments?**  
**Please feel free to email us at: [ORHcomms@va.gov](mailto:ORHcomms@va.gov)**