



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

Thomas Klobucar, Ph.D., ORH Executive Director

As the U.S. Department of Veterans Affairs' (VA) lead advocate for rural Veterans, the Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. This means finding innovative ways to maximize ORH's research and innovation footprint and expand ORH's program reach to bring more health care options to rural Veterans.

With the start of the new fiscal year, ORH is working full steam ahead on some exciting new initiatives at our Veterans Rural Health Resource Centers (VRHRC). The Gainesville, Florida and Portland, Oregon, centers increase VA's rural health care portfolio. Learn more about these centers and meet their clinical directors.

Read more in VA Office of Rural Health Expands Veterans Rural Health Resource Centers to Gainesville, FL and Portland, OR on Page 2

To build its new five-year strategic plan, ORH convened rural representatives from VA program offices, federal agencies, and community partners to share expertise, brainstorm new approaches, and identify areas for increased collaboration.

Read more in Rural Health Leaders Discuss the Future of Rural Veteran Health Care to Inform Office of Rural Health's Strategic Plan on Page 6.

Stay tuned as we highlight practical, tangible and beneficial ways to increase access to care for rural Veterans and explore the rural connections to VA's top health priorities. To join our rural Veteran community and receive program updates, please contact ORH Communications at

ORHcomms@va.gov. ♦

In This Issue

VA Office of Rural Health Expands Veterans Rural Health Resource Centers to Gainesville, FL and Portland, OR (pg. 2)

Meet the New Veterans Rural Health Resource Center Clinical Directors (pg. 3)

Rural Health Leaders Discuss the Future of Rural Veteran Health Care to Inform Office of Rural Health's Strategic Plan (pg. 6)

Beyond Facility Walls: Together with Veterans' Community Approach to Suicide Prevention (pg. 7)

RANGE: A Specialized Approach for Mental Health Care for Rural Veterans (pg. 8)

Sharing Patient Information Enables Sound Decision-making (pg. 9)

Technology Enables Medical Specialists to Share Information Nationwide to Improve Veteran Health Care (pg. 11)

VA Telestroke Program Improves Emergency Stroke Care for Veterans (pg. 12)

Gerofit – Expanding Opportunities for Exercise (pg. 14)

And more...

VA Office of Rural Health Expands Veterans Rural Health Resource Centers to Gainesville, FL and Portland, OR

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

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) expanded its research and innovation capacity with the addition of two Veterans Rural Health Resource Centers (VRHRC). The Portland, Oregon, and Gainesville, Florida, VRHRCs manage VA's rural-centered research portfolios and disseminate new program findings nationwide.

Through the fiscal year 2018 Omnibus Appropriations Bill, Congress formally recognized the valuable contributions that the existing VRHRCs provide to rural Veteran health care, and allocated additional funding to expand Centers through a directive, which states, "VA is encouraged to use some of these additional funds to increase the number of Rural Health Resource Centers as a means of increasing access to care for Veterans in rural areas."

Veterans Rural Health Resource Center in Portland, Oregon

The Portland VRHRC portfolio's focus is to increase rural Veterans' access to care, find innovative ways to combat the opioid epidemic and prevent Veterans' suicide. 2020 Projects include:

- Spatiotemporal clustering of Veteran suicides in rural Oregon
- Subspecialty rheumatology needs for primary care clinicians caring for rural Veterans
- Firearm injuries among rural Veterans in the U.S.
- Care for rural Veterans (CARAVAN)
- Collaborative pain care for rural patients with opioid and other substance use disorders using telehealth technologies



VA Portland Health Care System

Veterans Rural Health Resource Center in Gainesville, Florida



The Malcom Randall VA Medical Center (VAMC)

The Gainesville VRHRC portfolio's focus is on rehabilitation and geriatrics. Projects include:

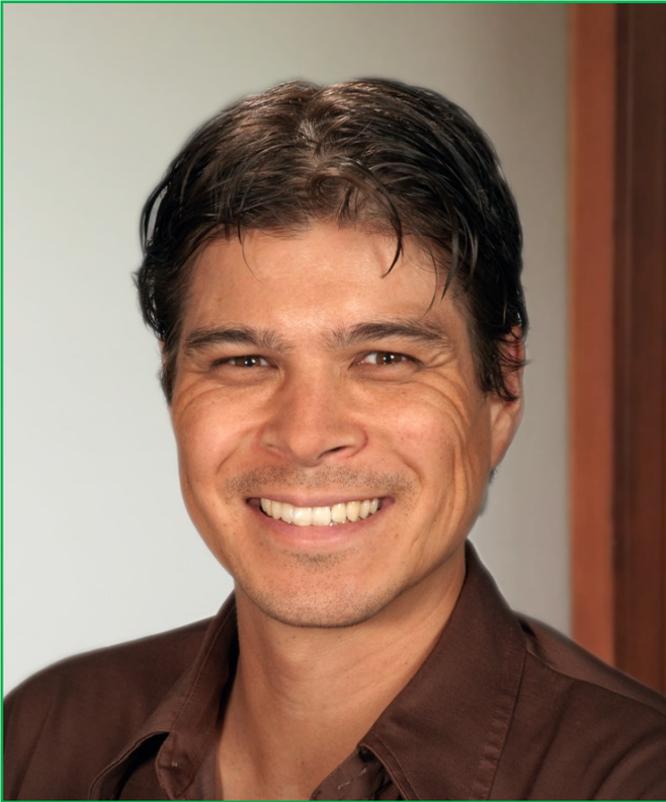
- Tai Chi anywhere for rural Veterans
- Mindful warrior telehealth initiative
- Warrior stories Veteran stories project
- Home modifications for rural Veterans with disabilities
- Harmonicas for health

"The Portland and Gainesville resource centers are key to helping the VA continue to increase rural Veterans access to care and to fill significant research gaps in the overall rural health portfolio."

—Tom Klobucar, Executive Director of ORH ♦

Meet the New Veterans Rural Health Resource Center Clinical Directors

ORH's Veterans Rural Health Resource Center in Portland, Oregon Dr. Travis Lovejoy



Dr. Travis Lovejoy

Dr. Travis Lovejoy, Clinical Director of the Veterans Rural Health Resource Center in Portland, Oregon, is a clinical psychologist and health services researcher. He is an associate professor in the Department of Psychiatry at Oregon Health & Science University. Dr. Lovejoy's research focuses on the design, rigorous testing, and implementation of clinical and health services interventions that improve patient and systems-level outcomes. His recent projects identified Veteran outcomes following the discontinuation of long-term opioid therapy and tested the use of telehealth modalities to reach marginalized and traditionally underserved patients who live with HIV. In his role as clinical director, Dr. Lovejoy advises ORH leadership on issues that pertain to the opioid and suicide epidemics among rural Veterans. He also champions innovative methods to increase rural Veterans' access to care through VA and community resources.

Q: What is your educational background, including undergraduate, graduate and fellowships?

- A:**
- BA - English, Literature with minors in mathematics and education, Whitman College (2001)
 - MPH – Ohio University (2009)
 - PhD – Clinical Psychology (minors in quantitative methods) Ohio University (2011)
 - Fellowship – Health Psychology, VA Portland Health Care System (2012)

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

A: I specialize in health services research and clinical care for patients with comorbid mental, behavioral, and/or physical illness. My recent work intersected the conditions of substance use disorder and chronic pain. I've always enjoyed my work with patient populations that are marginalized and underserved, and this population fits that bill.

Q: Why is rural Veteran care important to you?

A: Rural life has always been near and dear to me. I grew up in a small community and now live in a rural farming area. I also went to grad school in Appalachia. I am rural. Improving rural Veteran care aligns with my values and provides me the opportunity to help my neighbors—literally.

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

A: Understand your audience and cater information to that audience. If you don't, your message will fall on deaf ears.

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

A: I like to spend time with my wife and three kids working on our farm, where I enjoy gardening and tending to the fruit orchard. I also enjoy outdoor activities, such as to ski, mountain bike, hike, camp, and raft.

(Continued on page 4)

Meet the New Veterans Rural Health Resource Center Clinical Directors (continued from page 3)

Q: What is your vision for this new Veterans Rural Health Resource Center?

A: I would like this new center to build on the many strengths of existing centers and the ORH central office to enhance data systems that will help to quantify and characterize all the great work ORH is doing. I also envision our new center widening the reach of ORH projects and programs to the Western U.S., including Hawaii and Alaska.

Q: What is unique about your Resource Center compared to the others?

A: Through our local Centers of Innovation (COIN), our center has strong connections to VA's Health Services Research & Development (HSR&D). That's where Operations Director Sarah Ono and I held leadership positions prior to assuming our ORH roles. Sarah led our qualitative research core and I led the implementation science core. We remain core investigators within COIN and I believe this relationship between COIN and HSR&D brings considerable synergies. In addition, our center will focus its portfolio on rural Veteran access to care, pain, opioids and suicide. These are areas of strength within our COIN as well as high VA priority areas.

ORH's Veterans Rural Health Resource Center in Gainesville, Florida Dr. Keith Myers

Dr. Keith Myers is the Acting Clinical Director of the Veterans Rural Health Resource Center in Gainesville, Florida (VRHRC Gainesville). He is a Physical Therapist at the North Florida/South Georgia Veterans Health System, with more than 20 years of experience as a clinician and health care administrator. Over the past seven years, Dr. Myers has led the tele-rehabilitation efforts for his health system, as well as a collaborative effort to expand the use of clinical video telehealth as a resource for rural Veterans to access a variety of clinical disciplines at VA medical centers nationwide. In his role as the Acting Clinical Director for the VRHRC in Gainesville Florida, Myers aims to cultivate a wide range of innovative solutions to increase access to care and promote independent living for Veterans in rural areas.

Q: What is your educational background, including undergraduate, graduate and fellowships?

- A:**
- Bachelor of Health Science in Physical Therapy from the University of Florida (1999)
 - Master's in Business Administration from the University of Florida (2004)
 - Doctorate in Physical Therapy from Utica College (2017)

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

A: Physical Therapy. I enjoy the opportunity to help people with a wide range of medical diagnoses and help those who are being treated across a variety of healthcare settings, such as inpatient, outpatient, and homecare. Over the past ten years, I have had the opportunity to help pioneer telehealth technology in rehabilitation services. I remain excited to find creative solutions that offer Veterans cutting edge interventions to help them in all aspects of their recovery, as well as maintain and/or optimize their functional mobility and independence.

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

A: Two meaningful pieces of advice I received early in my leadership development were to be sure my actions illustrate and support the clinical and administrative policies I implement or advocate for, and to be sure to maintain a healthy balance between my work and personal life.

(Continued on page 5)



Dr. Keith Myers

Meet the New Veterans Rural Health Resource Center Clinical Directors (continued from page 4)

Q: Why is rural Veteran care important to you?

A: Veterans living in rural areas face unique challenges compared to those in urban settings. Our aging population is creating a tidal wave of need, which will strike rural Veterans hardest, since they are burdened with diminished access to general and specialized care. It is also common for many of our Veterans with complex medical histories to make their residence in rural settings, away from the congestion of urban and suburban centers. This can place physical or geographic limitations on Veterans' abilities to access best practice health care. These barriers may deter them from seeking assistance as often as they should. Finding solutions that increase access to care and help Veterans age safely in place is critically important to our Veterans and to me.

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

A: Spending time with my family. We enjoy outdoor activities together such as sports, to camp, hike, kayak, fish, and to follow Florida Gator athletics.

Q: What is your vision for this new Veterans Rural Health Resource Center?

A: As a new center, our goal is to develop a national portfolio aligned with our vision. We have identified two broad areas of focus to guide our efforts to improve rural Veteran care. These areas are independent living for rural Veterans, and workforce recruitment or retention and education in rural areas.

Q: What is unique about your Resource Center compared to the others?

A: Our center is unique in regard to our location in the southeastern United States. We are physically located within the largest Veterans Integrated Service Networks in VA (VISN 8 – Florida, Puerto Rico, Georgia) and are aligned with the largest healthcare system in VA, which is the North Florida and South Georgia Veterans Health System. In line with the core competency of our center's leadership team, we are uniquely positioned to lead the Office of Rural Health initiatives related to rehabilitation science and therapy. ♦

Veterans: Contact Vet Centers for Free, Confidential Counseling



Vet Centers are community-based counseling centers (and a 24/7 call center) that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active duty service members, including National Guard and Reserve components, and their families.

There are 300 Vet Centers across the country. All services are free and are strictly confidential. Find a Vet Center near you at:

https://www.va.gov/find-locations/?facilityType=veter_center

Visit <https://www.vetcenter.va.gov/> for more information. ♦

Rural Health Leaders Discuss the Future of Rural Veteran Health Care to Inform Office of Rural Health's Strategic Plan

By Casey Hutchison, Office of Rural Health, Department of Veterans Affairs

As part of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health's (ORH) 2020-2025 strategic planning process, a group of VA stakeholders reviewed ORH's draft strategic plan to identify gaps and discuss opportunities for collaboration.

The more than 40 VA program office leaders, cross-agency stakeholders, nonprofit partners, and researchers whose expertise covers all areas of Veterans, health care and rural life, gathered in Arlington, Virginia, on July 17-18, 2019.



ORH Executive Director Thomas Klobucar addresses strategic planning meeting participants. Attendees included representatives from VA program offices, other federal agencies, and community partners.

The group's work builds on more than two years of effort by ORH to understand rural Veterans' health care needs and the changing health care landscape, and decide how to respond strategically.

This undertaking included four futures reports, five webinars, a Strategic Planning Council meeting, three working groups, targeted stakeholder interviews, and rural Veteran input.

Participants at the July meeting worked through a series of exercises designed to polish the strategic plan. After learning about the "Cynefin framework", which is a conceptual model to analyze situations and to optimize response, the leaders used this model to:

1. Imagine an ideal future state for each strategic goal.
2. Define the conditions necessary to reach these states.
3. Discuss how to prove success.

To close the meeting, participants shared opportunities and resources at their respective agencies to help establish a more integrated federal rural health community.

"I enjoyed everything about this effort!! To accomplish everything in one-day speaks to your organization, planning, great facilitation, and execution; Thank you!"
—A Strategic Planning meeting attendee stated.



Participants worked in small groups to share ideas and discuss ORH's direction for 2020-2025

After the meeting, ORH worked internally to compile the participants' input, finalize the five-year strategic plan and 2020 operational plan, and develop performance measures to track progress toward the four goals. The ORH 2020-2025 Strategic Plan took effect October 1, 2019. ♦

Beyond Facility Walls: Together with Veterans' Community Approach to Suicide Prevention

By **Bradley Lanto**, Program/Project Manager, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Almost a quarter of all Veterans who transition from active duty return to live in rural communities, according to the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). With a large population of Reserve and Guard component members and more Veterans per capita than in urban and suburban regions, these communities offer residents numerous benefits, such as a culture of local support and increased access to role models and peers. However, rural Veterans also face challenges that are unique to their population, such as a 20 percent increased risk of death by suicide.

In acknowledgment of the specific risks of this population, the Together with Veterans (TWV) initiative uses a localized public health model to promote wellness among Veterans in rural communities. Funded by ORH and led by rural community Veterans, this program consists of multiple community-specific strategies that are carried out by local coalition members at the ground level.

Reaching Rural Veterans through the Community

In collaboration with the Rocky Mountain Mental Illness Research, Education and Clinical Centers for Suicide Prevention and the Western Interstate Commission for Higher Education, ORH and VA's Suicide Prevention Program work together to build and sustain the well-being of Veterans in rural communities. By identifying specific community needs and contexts, the TWV program uses local knowledge and expertise to identify the key population differences in order to maximize the impact of the public health approach.

While urban and rural communities are vastly different, so is one rural community from another. Because of this, TWV understands that community partnerships and buy-in are critical to implement successful public health strategies. Similarly, this program recognizes that no one better understands the Veteran experience than Veterans themselves. To work closely with these community members, TWV uses intervention strategies that:

1. Inform Veterans and their families about the benefits of VA and provide referrals, as necessary
2. Assist Veterans and their families with services provided through VA, which included registration, transportation, lodging and other services
3. Identify Veterans at-risk for suicide prior to the point of crisis and Veterans with post-traumatic stress disorder
4. Facilitate interventions for at-risk Veterans
5. Motivate Veterans and their families to participate in activities to support healing

A Bottom-Up Public Health Approach to Suicide Prevention

Currently operating in four pilot sites across the country, the TWV initiative utilizes a bottom-up approach to prevent suicide among rural Veterans. This model includes a thorough assessment of community readiness, required participation in [S.A.V.E suicide prevention training](https://www.mentalhealth.va.gov/docs/S.A.V.E_suicide_prevention_training) (https://www.mentalhealth.va.gov/docs/Suicide_Prevention_Community_Edition-shortened_version.pdf), and the development of community-specific action plans.

All organizations involved with TWV work together to identify board members, contact community supporters, prepare resource guides for participating regions, and promote their efforts outside of their communities. By tailoring interventions to their communities' unique strengths, resources, and needs, those involved in this initiative intend to promote whole health solutions for Veterans, while dramatically reducing the suicide rate within these rural communities.

For more information on this initiative, visit the [Together with Veterans website](https://www.mirecc.va.gov/visn19/togetherwithveterans/) (<https://www.mirecc.va.gov/visn19/togetherwithveterans/>). ♦

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention, available 24 hours a day, seven days a week, 365 days a year. Call 1-800-273-8255 and Press 1, text to 838255, or chat online at <https://www.veteranscrisisline.net/get-help/chat>



RANGE: A Specialized Approach for Mental Health Care for Rural Veterans

By **Somaia Mohamed, M.D, Ph.D.** Associate Director, VA Northeast Program Evaluation Center, Office of Mental Health and Suicide, Department of Veterans Affairs

Intensive Case Management (ICM) is a specialized approach to mental health service delivery in which mental health professionals provide intensive community-based care to Veterans with serious mental illness (SMI).

ICM is the most well-known, evidence-based treatment approach that provides intensive case management to persons with SMI. This has been available through the U.S. Department of Veterans Affairs (VA) since 1987. It provides practical assistance in community living, long-term continuity of care, and housing and vocational support.

In 2008, as part of a national planning effort for VA mental health services, it became clear that while nearly quarter of all VA patients live in non-urban areas, only 16 percent of Veterans who receive ICM services live in non-urban areas. This limited availability reflected the fact that ICM services are typically delivered by integrated interdisciplinary teams of at least four clinicians who together care for at least 60 Veterans. Therefore, there was an insufficient workload to justify the establishment of such a large program in most rural areas.

In response, VA established a modified ICM initiative called Rural Access Network for Growth Enhancement (RANGE) as a demonstration program at 18 rural sites. For this program, the original model was altered to be more appropriate to less populous and rural areas. Several program evaluation research studies, based on data from the demonstration sites, showed that the RANGE teams were just as effective in delivering recovery-oriented services, that reduce symptoms, and improve the quality of life as the larger urban programs that offer standard ICM services.

At about the same time, VA made an even larger commitment to end homelessness among Veterans. In fiscal year 2009, in collaboration with the Office of Rural Health (ORH), an additional program called Enhanced Rural Access Network for Growth Enhancement (E-RANGE) launched to provide both ICM and homeless outreach services to Veterans in rural areas.

Careful performance monitoring and program evaluation are hallmarks of VA's ICM programs. These assure that services provided are in adherence to the evidence-based models. In randomized clinical trials, these models have been cost-effective. Through this effort, program staff participate in a nationally standardized program evaluation effort which documents that:

- Each team is appropriately staffed and equipped with other resources (vehicles, cell phones, laptops) to deliver these services.
- They deliver services that address critical Veteran needs.
- They achieve significant clinical improvement.

Veteran-level evaluation monitors the clinical effectiveness of the program on symptoms and functioning as well as satisfaction with services.

In fiscal year 2017, in recognition of the importance of providing ICM services in rural areas, ORH provided additional funding as an Enterprise-Wise Initiative for 14 additional rural ICM teams. In fiscal year 2020, ORH funding increased to \$6 million to enable funding of additional teams.

This successful effort supports the achievement of key goals of VA and ORH's mission. It also reflects the successful collaboration between the Office of Mental Health and Suicide Prevention and ORH to serve rural Veterans.

For more information about these programs, please visit:

- NEPEC Website <http://vaww.nepec.mentalhealth.med.va.gov> (Internal VA)
- RANGE SharePoint: <https://vaww.cmopnational.va.gov/CR/MentalHealth/RANGE/Forms/AllItems.aspx> (Internal VA)
- Enhanced RANGE SharePoint: <https://vaww.portal.va.gov/sites/OMHS/enhancedrange/default.aspx> (Internal VA) . ♦



Sharing Patient Information Enables Sound Decision-making

The ability to share patient health information regardless of care setting is essential to improving patient outcomes, saving time, and reducing costs. With the implementation of the VA MISSION Act Section 132, the Veterans Health Administration (VHA) Office of Health Informatics (OHI) is pleased to announce that VA will begin electronically sharing patient health record information with a patient's trusted participating community care providers without the need for a signed authorization form. Veterans who previously opted out on VA Form 10-0484 prior to September 30, 2019, do not need to submit new forms. However, Veterans who restricted what information VA shared by submitting VA Form 10-0525 (Restriction Request) will need to opt out entirely by submitting Form 10-10164. This action is being implemented by the [Veterans Health Information Exchange \(VHIE\) Program Office](https://www.va.gov/vler/) (<https://www.va.gov/vler/>).

VA will share the right information, at the right time, with participating community care providers and DoD in order to help Veterans and their health care team make the most informed treatment decisions. This electronic exchange of information can dramatically improve patient safety, especially during emergency situations, and overall improve coordination and continuity of care for Veterans who seek care in the community.

"Now, when community providers treat our Veterans, they can make better decisions informed with more complete data," said Dr. Jonathan Nebeker, Director of Clinical Data Informatics Management Office.

How will this impact Veterans?

Electronically sharing Veteran health information saves time and improves care. The more health information a provider has about a Veteran's medical history, the better and more informed care decisions will be.

By January 2020, VA will begin sharing a Veteran's VA health information electronically to participating community care providers.



There is no deadline to submit VA Form 10-10164. Veterans can submit Form 10-10164 at any time. If Veterans submitted Form 10-0484 before September 30, 2019, they do NOT need to submit Form 10-10164.

All health information will be electronically exchanged with participating community care providers unless a Veteran chooses to opt out of sharing electronically. If a Veteran chooses not to share his or her health information electronically, none of the Veteran's VA health information will be released electronically to community providers.

How can Veterans opt out of electronic health information sharing?

Veterans who choose not to share their VA health records with participating community care providers may opt out of sharing by returning [VA Form 10-10164 \(Opt Out of Sharing\)](https://www.va.gov/vaforms/medical/pdf/10-10164-fill.pdf) (<https://www.va.gov/vaforms/medical/pdf/10-10164-fill.pdf>) to the Release of Information (ROI) Office at any VA Medical Center (VAMC) or by mail. If an Emergency Department Provider requests records, information will be shared even if a Veteran has opted out of sharing.

Traditional paper forms of health information sharing will remain available to Veterans regardless of his or her preference to share or not share electronically. A Veteran's decision to not share will not exclude the Veteran from receiving VA health care or affect the Veteran's relationship with his or her VA provider.

Veterans who initially opt out of electronic sharing, but later decide to electronically share their health information can download, complete, and submit [VA Form 10-10163 \(Opt In for Sharing\)](https://www.va.gov/vaforms/medical/pdf/10-10163-fill.pdf) (<https://www.va.gov/vaforms/medical/pdf/10-10163-fill.pdf>) to their local ROI Office in person or by mail.

How will this impact all VA staff?

VA staff need to understand the benefits of health information exchange with community providers and be able to communicate those benefits to our Veterans. Please share the VHIE Veteran Notification Flyer with Veterans when they come to receive care.

(Continued on page 10)

Sharing Patient Information Enables Sound Decision-making (continued from page 9)

How does this impact VA staff who are Veterans?

VA staff who are Veterans will have the same convenience and choice as Veterans who are not employed by VA. A Veteran employee's VA health information, including his or her occupational health information, will be shared with his or her participating community care providers providing care to the Veteran employee unless he or she chooses to opt out by completing and submitting [VA Form 10-10164 \(Opt Out of Sharing\)](https://www.va.gov/vaforms/medical/pdf/10-10164-fill.pdf) (https://www.va.gov/vaforms/medical/pdf/10-10164-fill.pdf).

How does this impact VA staff who are not Veterans?

There will be no impact to non-Veteran employees. Non-Veteran employees will not have their health information shared electronically.

Want to learn more about VHIE?

Visit the VHIE Training and Education Employee Education System (EES) Community of Practice (COP) site <http://vhie.lrn.va.gov> for training material or the VHIE public information site www.va.gov/vler for general information.

Training Materials

- VHIE Veteran video: <https://youtu.be/m38wZTCmWks>
- VHIE Veteran Notification Flyer: <http://go.va.gov/p3x5>
- JLV Pocket Card providing instructions for the JLV Community Health summaries and Documents VA widget: <http://go.va.gov/ia7o>
- TMS Course [39342 \(VHIE Overview Course\)](#)
- TMS Course [39343 \(VHIE Portal Training\)](#) . ♦

Free health care training for Servicewomen transitioning out of the military

The U.S. Department of Veterans Affairs partnered with the Department of Defense to develop a Women's Health Transition Training program.

This woman Veteran-led training will cover:

- Transformed culture of VA
- Women's health & mental health care services
- Eligibility for and enrollment in VA care
- Post-separation health care ownership
- Available transition support services

Who:

Attendance is encouraged for (1) Active Duty Servicewomen who plan to transition to Civilian or Reserve / National Guard status within the next calendar year and (2) Active Reserve / National Guard Servicewomen .

When:

- October 15th (1200 PT/1500 ET)
- November 7th (1500 PT/1800 ET)
- December 2nd (0700 PT/1000 ET)



Where

Sign up on Adobe Connect at <https://adobe.ly/2GvImjZ> to receive the training sign-in link after event registration. ♦

Technology Enables Medical Specialists to Share Information Nationwide to Improve Veteran Health Care

By **Angie Oien**, DNP, RN, NE-BC, on behalf of the Veterans Health team, **VISN 19 – VISN 20**, Department of Veterans Affairs



The U.S. Department of Veterans Affairs (VA) Extension for Community Healthcare Outcomes (VA-ECHO) connects specialists to primary care teams. Through virtual clinics, specialists and participants share expertise and treatment strategies, while reviewing patient cases and developing solutions.

Recently, in partnership with the Grand Junction Veterans Affairs Medical Center (GJVAMC) in Veterans Integrated Service Network (VISN) 19 (Utah, Montana, Wyoming, Colorado, Oklahoma and portions of Idaho, Kansas, Nebraska, Nevada and North Dakota), VISN 20 (Washington, Alaska, Oregon, Idaho, and portions of Montana and California) VA-ECHO developed and presented a six-session Veterans Health pilot series for VA clinicians. Topics were:

- MISSION Act
- Chronic pain
- Sleep disorders
- Traumatic brain injury
- Veteran population perspectives
- Suicide risk reduction



Sessions emphasized ways to improve care for rural Veterans and featured nationally recognized experts and programs. These included the War Related Illness and Injury Study Center, VA Office of Mental Health and Suicide Prevention, and VA Puget Sound Center for Polytrauma Care and Rehabilitation Care Services. The 174 participants attended more than 300 hours of continuing medical education-accredited learning hours from 17 rural sites and 73 urban sites across the nation. Program evaluation results were overwhelmingly positive.

90% of program evaluation respondents anticipated they would use the knowledge gained from the series to care for their Veterans as well as to help colleagues care for their Veterans.

Moreover, a significant number of respondents indicated that they were more inclined to refer to VA-based specialty care services (91 percent) as a result of their participation in the series. Respondents also indicated that they felt a similar series would be beneficial for community care providers and clinicians (93 percent).

About the Program

VISN 20 VA-ECHO offers video conferences that combines real-time specialty consultation with education in 13 specialty areas that are relevant to the rural clinical practice. VA-ECHO creates a learning community through mentorship and the promotion of evidence-based, Veteran-centered care.

(Continued on page 12)

Technology Enables Medical Specialists to Share Information Nationwide to Improve Veteran Health Care (continued from page 11)

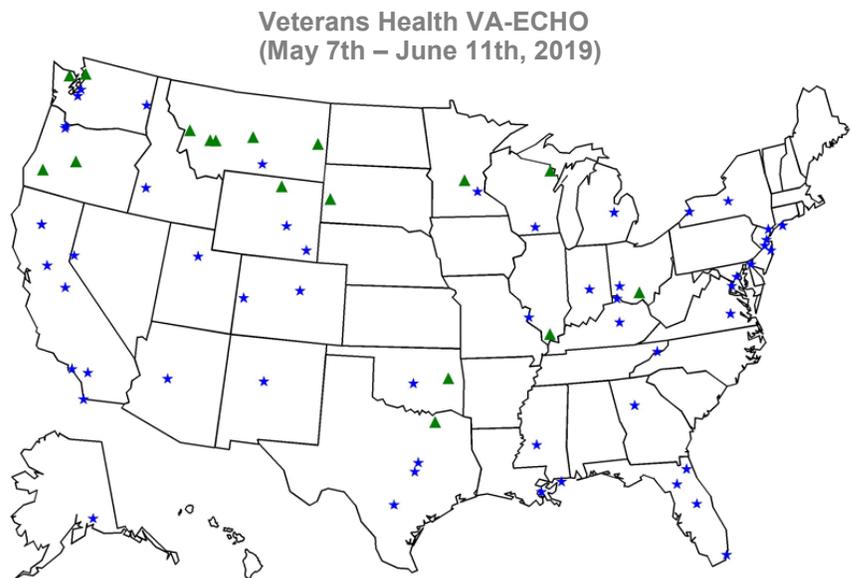
Ongoing program evaluations suggest that VA-ECHO improves quality of care, access to care for rural Veterans, care coordination, and provider satisfaction and retention.

VA-ECHO is potentially an effective tool to promote utilization of VA-based specialty care services, create VA-based communities of practice, and improve Veteran access to specialty care, particularly in rural and underserved communities. VA-ECHO may have an emerging role in educating non-VA community providers about standards of care, Veterans Health topics (including Whole Health), and the range of VA services available.

VISN 20 VA-ECHO anticipates offering more Veterans Health sessions in the future. All VA clinicians and clinical support team members are welcome to attend VISN 20 VA-ECHO. Review their offerings and enroll in those that interest you at <https://vhacdwwweb05.vha.med.va.gov/surveys/?s=MWHKKWWRJN> (Internal VA).

Active VISN 20 Specialties:

- Amyotrophic Lateral Sclerosis (ALS)
- Endocrine
- Diabetes
- Heart failure
- Hematology
- Liver
- Gastrointestinal
- Pain management
- Pulmonary
- Renal
- Rheumatology
- Sleep medicine
- Veteran’s health ♦



NOTE: Each symbol on the map denotes an individual city and may represent more than one VA facility.

VA Telestroke Program Improves Emergency Stroke Care for Veterans

By **VAntagePoint Contributor**, Department of Veterans Affairs



In a new survey, emergency stroke care for Veterans continues to improve, thanks to the expansion of the U.S. Department of Veterans Affairs’ (VA) National Telestroke Program, one of the first nationwide telestroke programs in the world.

The program launched in 2017 to improve Veterans’ access to stroke specialists.

“In just two short years, the VA National Telestroke Program has grown to provide acute stroke services in over 30 VA medical centers from coast to coast,” said Dr. Glenn Graham, VA Deputy National Director of Neurology. “We’ve built an extraordinary team of over 20 stroke neurologists across the United States, united in their passion to improve the care of Veterans in the first hours after stroke.

(Continued on page 13)

VA Telestroke Program Improves Emergency Stroke Care for Veterans (continued from page 12)

“We’ve developed new technological tools dedicated to the task,” Dr. Graham added, “such as the Code Stroke mobile app. We have improved the consistency and quality of stroke care in VA nationally.”

Strokes are the fifth leading cause of death in the United States, and the leading cause of serious long-term disability. When it comes to stroke, time is brain! During a stroke, 1.9 million brain cells die every minute. To delay treatment for one hour ages the brain ten years.

Treatment of stroke with a clot-busting drug can reverse the effects of a stroke and reduces long-term disability. To have a stroke neurologist readily available to guide treatment improves outcomes for stroke patients. However, emergency access to a stroke neurologist 24/7/365 is often limited. Telestroke solves this problem by using technology to bring a stroke neurologist to a patient’s bedside anywhere in the country in seconds.

In minutes, stroke victims connect to a neurologist via video.

The VA program provides an innovative approach to service delivery by low-cost, highly-reliable commercial technology: iPads. When a patient shows symptoms of a stroke, the telestroke neurologist initiates a FaceTime video call to the iPad at the patient’s bedside. This provides a live conversation with the patient, caregiver and on-site providers. The neurologist examines the patient, reviews the medical record and guides treatment. In the first two years of operation, the program conducted over 1,000 emergency consults and feedback has been overwhelmingly positive.

“Specialty doctors are not able to be in every place at every time. We had a way to connect the doctor with me when I needed it,” said one Veteran. Stroke neurologists from around the country are attracted to the program.

“It’s the ability to serve Veterans in a new way and to serve Veterans that otherwise wouldn’t get that care, bringing a new service to those areas. It’s been really gratifying,” said a VA telestroke neurologist.

The reach of the program will extend beyond VA with the upcoming worldwide release of the Code Stroke App. The VA-developed app, scheduled for release this year, will be free to users worldwide. The app is designed to be used during a stroke code to reduce time-to-treatment by providing real-time information to all team members, regardless of location.

“The Code Stroke app focuses on accelerating the episode of acute care by organizing and managing the repetitive aspects of care while providing decision support, structured interaction between neurologist and ICU/ER staff, and automatic documentation,” said William Cerniuk, Director of VA’s Mobile Program.



Telestroke go-live training at the Las Vegas VA Medical Center

Need for quick expert decision is critical

While our initial focus was on small, rural VA medical centers with little or no specialty care in neurology, it is clear that even large, urban VA hospitals can benefit from participating in the VA Telestroke Program,” said Dr. Graham. “This is really no surprise, as with the increase in stroke treatment options, the need for expert decision making at the bedside and without delay is greater than ever. I can imagine a time when all VAs, not having a resident or attending neurologists in the hospital at all times, will use telestroke to fill these gaps. There is much exciting room for growth, and much important work to be done.”

What to Do if You Suspect a Stroke

Call 9-1-1 right away if you or someone you are with shows any signs of a stroke, such as the abrupt onset of weakness, numbness, vision loss, difficulty speaking or understanding, or loss of coordination. Act FAST! For more information about stroke prevention and treatment, visit the American Stroke Association website at:

<https://www.strokeassociation.org/en/about-stroke> . ♦

Gerofit – Expanding Opportunities for Exercise

By **Stephen Jennings**, Gerofit ORH Enterprise-wide Initiative, Durham VA Health Care system, Department of Veterans Affairs

Every Veteran has a unique story to tell and experiences that only other Veterans understand. Former U.S. Army Captain Patricia Goodman is no exception.

During her 16 years of service, Goodman received a direct commission from the President, served on the staff of the Secretary of Defense, as well as at the Pentagon, and as part of the U.S. Mission to the United Nations. Upon her retirement, Goodman moved to a quiet community along the North Carolina coast.

Despite her strong desire to lead a healthy lifestyle and be an active community member, Goodman quickly realized she had limited access to health care options and that there were few opportunities to connect with other Veterans.

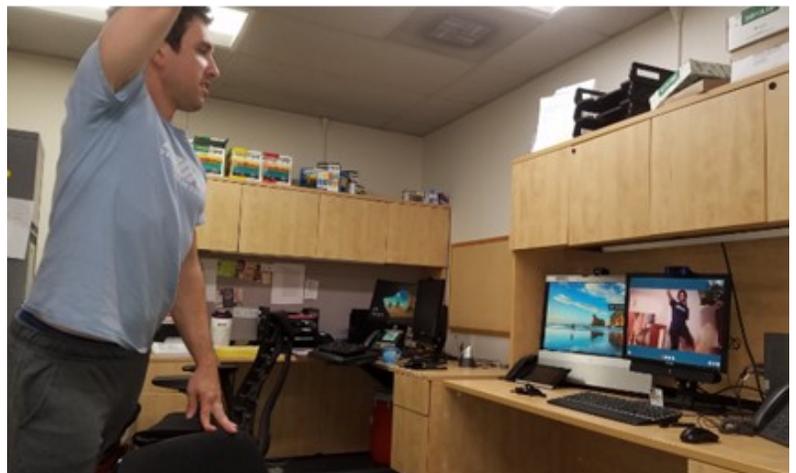
After a visit to her primary care physician at the U.S. Department of Veterans Affairs (VA), Goodman learned about Gerofit. It is a supervised exercise program that promotes health and wellness for older Veterans. Goodman joined and enjoyed Gerofit, but the four-hour round-trip commute prevented her from regularly attending classes.

This past summer, Goodman received an invitation to join the Gerofit rural outreach program. This gave her the opportunity to enjoy a tailored exercise prescription and work out at home with an exercise physiologist. In addition to the home-based exercise program, Gerofit allowed Goodman to virtually exercise with other Veterans via the VA Video Connect (VVC).

Since joining Gerofit, Goodman is ecstatic at her improved sense of well-being and her ability to connect to other Veterans. Now she can choose to exercise virtually via the VVC or attend classes in person anytime it's convenient for her to make the four-hour round-trip to Durham. In addition, Goodman enjoys the personal attention from the one-on-one sessions offered through Gerofit. Goodman says she doesn't feel as isolated and her sense of well-being is improved.

“I am part of something bigger than myself. I have a community that includes my team, I am so thankful for the program and for the people that make it happen. I am happy to be with my fellow Vets, to see them being taken care of and taking care of themselves, and I thank the VA for the opportunity. This program is saving my life!”

-- Former U.S. Army Captain Patricia Goodman



Patricia Goodman goes through the paces with Durham Exercise Physiologist Stephen Jennings

(Continued on page 15)

Gerofit – Expanding Opportunities for Exercise (continued from page 14)

About the Gerofit to the Home program

Gerofit is a supervised exercise program that promotes health and wellness for older Veterans. Designated a “VA Best Practice in Geriatrics,” there are 15 Gerofit locations around the country, where the program receives support from both the VA Office of Rural Health and the VA Office of Geriatrics and Extended Care. Gerofit is highly committed to serve Veterans everywhere by supporting multiple opportunities for exercise such as:

- Facility-based programs at medical centers
- Tele-exercise to selected VA Community Based Outpatient Clinics (CBOCs)
- Expanded options for home-based exercise using VVC
- Newly developed 35-minute exercise videos that can be followed from home.

With VVC, Veterans can obtain the same guidance, accountability, comradery and a personalized exercise prescription given to a Veteran who participates in our facility-based programs.

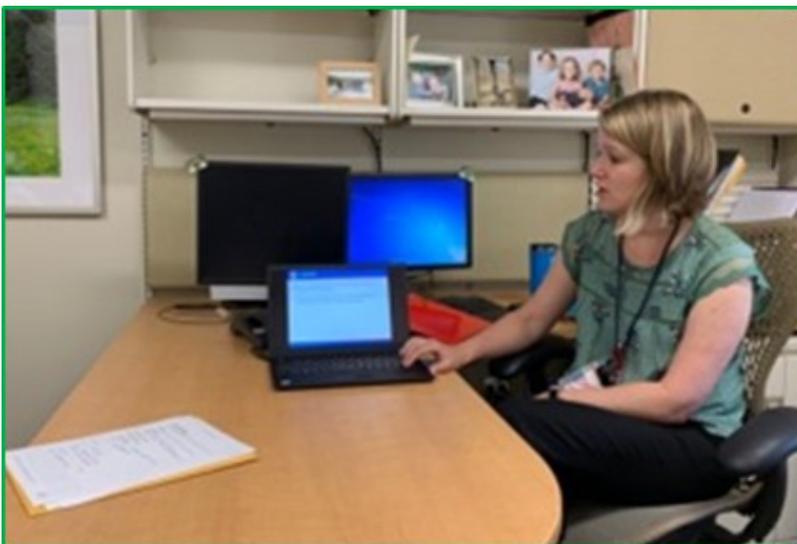
Watch the new [Gerofit exercise video](https://www.va.gov/GERIATRICS/pages/gerofit_home.asp) (https://www.va.gov/GERIATRICS/pages/gerofit_home.asp) or visit the [Gerofit website](https://www.va.gov/geriatrics/gerofit/gerofit_Home.asp) (https://www.va.gov/geriatrics/gerofit/gerofit_Home.asp) for more information. ♦

Spark – Seed – Spread for Innovation Success

By **Allison Amrhein**, MPH, Director of Operations, VHA Innovators Network, Department of Veterans Affairs

The U.S. Department of Veterans Affairs’ (VA) Office of Rural Health (ORH) is a proud partner and supporter of the Veterans Health Administration’s (VHA) Innovators Network (iNET), which serves as a space for VA employees to investigate new ideas and join forces with stakeholders to improve the way VA serves Veterans. iNet encourages and invests in employees who recognize and address the system’s greatest challenges.

One way iNET invests in employees is through the Spark – Seed – Spread Innovation Investment Program. This provides employees with the training, tools, and resources to bring their innovative ideas to life. Using this program, the VA Salt Lake City Health System staff created a way to improve reproductive health services to women Veterans, who are a fast-growing population.



Dr. Lori Gawron, Attending Physician, Salt Lake City VA Medical Center

Through the Spark – Seed – Innovation Investment Program, Dr. Lori Gawron and the Salt Lake City team designed the Veterans Reproductive Health Engagement Program (VetRHEP). Its goal is to identify missed opportunities and connect women Veterans to reproductive services sooner.

The Spark-Seed-Spread Innovation Investment for women Veterans’ reproductive health focused on three pre-implementation projects:

1. **Interviews with women’s health providers** across the Salt Lake City region that developed dominant themes in reproductive health care. Interviews were recorded, transcribed and analyzed through a constant content comparative process. Dominant themes were integrated into a VetRHEP logic model and identified as either “reproductive care barriers” or “facilitators to improved care.”

(Continued on page 16)

Spark – Seed – Spread for Innovation Success (continued from page 15)

2. **Survey and needs assessment mailed** to 2,500 enrolled, reproductive-age women Veterans. The survey explored reproductive health care utilization, which includes barriers and improvement suggestions.
3. **Standardized order-sets and note templates** with associated health factors to support a VetRHEP dashboard. This identified reproductive age women Veterans, tracked outreach and screening, and reported reproductive outcomes.

Dr. Gawron and her team have completed nine of 13 planned regional interviews. Preliminary themes identified the need for:

- Provider and staff mentorship
- Standardized Community Based Outpatient Clinic (CBOC) supplies
- Standardized order-sets and reproductive care pathways.

The team will announce results on the needs assessment survey and anticipates completion of the note templates and order sets soon.

Dr. Gawron says she hopes the next phase of the VetRHEP implementation includes a continued partnership with iNET and ORH. The 2020 Spark – Seed – Innovation Investment Program will announce selections for a new wave of VHA-employee designed innovations in this month. Stay tuned.

For more information about the VHA Innovators Network, please visit:

<https://www.vapulse.va.gov/community/vha-innovators-network>. ♦



Stand up and #BeThere for the Veterans in your Life



**Be there
for someone in
your life.**



It can be difficult to talk about your concerns with loved ones who are going through a challenging time. But you can show you care by starting the conversation.

Pledge to #BeThere and start the conversation with a Veteran in your life. VA encourages Veterans, community leaders, co-workers, families and friends to #BeThere — to help prevent suicide.

Visit <https://starttheconversation.veteranscrisisline.net/> to learn more. ♦

VHA | OFFICE OF
RURAL
HEALTH

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 Executive Director

The Rural Connection Editorial Team:

Vicki Brienza, Editor
Emily Oehler, Co Editor

**Questions? Comments?
Please feel free to email us
at: ORHcomms@va.gov**