



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

**Thomas Klobucar, Ph.D., ORH Executive Director**

I hope that you and your loved ones are staying safe as coronavirus cases again begin to rise. I have recently been thinking about the dwindling rural health care workforce that has been stretched ever thinner by the demands of the COVID-19 pandemic.

Facing the dual threats of a provider shortage and an aging workforce, rural communities across the United States are experiencing unprecedented health care challenges. The statistics on this issue are alarming: nearly 80 percent of rural America is designated as medically underserved and 93 percent of rural counties have no licensed psychologists. Additionally, half of rural doctors are over the age of 50 and more than a quarter are over the age of 60. The number of rural doctors is predicted to decline by 23 percent over the next decade.

Consider additional factors like rural facility closures (19 rural hospitals closed in 2020 alone), and it becomes clear why rural facilities are struggling with the influx of COVID-19 patients. Given these challenges, the Office of Rural Health (ORH) has partnered with VA leadership to renew our focus on workforce-related initiatives and expand workforce programming.

Fortunately, VA isn't tackling this problem alone. The White House recently released a fact sheet outlining plans to improve the health of rural communities, including the expansion of ORH's Rural Interprofessional Faculty Development Initiative (RIFDI) program.

**Read more in White House Takes Steps to Address Rural Health Disparities on page 2.**

### *In This Issue*

**White House Takes Steps to Address Rural Health Disparities (pg. 2)**

**Helping Older Veterans with Late-Life PTSD (pg. 2-4)**

**Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: White River Junction, Vermont (pg. 4-5)**

**Movement is Medicine Program Encourages Physical Activity for Rural Veterans (pg. 6)**

**Leveraging Clinical Pharmacist Practitioners to Increase Rural Veteran Access (pg. 7-10)**

**New Mini-Documentary Highlights VA Rocky Mountain Network Coronavirus Response (pg. 11)**

**VHA Innovation Ecosystem Named One of 100 Best Workplaces for Innovators (pg. 11)**

(Continued on page 2)

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

One in three Veterans will experience post-traumatic stress disorder (PTSD) in their lifetime, with about one in ten receiving a diagnosis later in life. However, many health care providers misattribute late life PTSD symptoms to dementia or general agitation. With this information in mind, the VA New England Geriatric Research, Education, and Clinical Center (GRECC) seeks to learn more about late-life PTSD and to provide educational resources for caretakers.

**Read more in Helping Older Veterans with Late-Life PTSD on pages 2-4.**

ORH's five Veterans Rural Health Resource Centers (VRHRCs) are satellite offices that serve as hubs of rural health care, research, innovation, and dissemination. The third story in our series of VRHRC spotlight articles highlights the White River Junction, Vermont location.

**Read more in Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: White River Junction on pages 4-5.**

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](mailto:ORHcomms@va.gov).

For the latest information about COVID-19 at VA, please visit <https://www.publichealth.va.gov/n-coronavirus/index.asp>. ♦

## White House Takes Steps to Address Rural Health Disparities

By **Beth Schwartz**, VA Office of Rural Health

The rural health care provider shortage is a ticking time bomb. Nearly 80 percent of rural America is considered medically underserved, and the number of rural physicians, nurses, mental health specialists, and associated health care professionals is predicted to decline significantly over the next decade.

In order to combat these challenges, the White House recently [announced](#) the Biden Administration's plan to improve the health of rural communities. The approach includes directing [American Rescue Plan](#) funds to rural areas to help providers cover coronavirus-related expenses as well as support for existing workforce training programs, including ORH's Rural Interprofessional Faculty Development Initiative (RIFDI).

RIFDI is an innovative two-year training designed to attract VA providers, improve clinician job satisfaction and retention, and develop teaching and training skills for educators in rural settings. This year, VA will launch a new joint initiative with the Department of Health and Human Services (HHS) to expand RIFDI eligibility to non-VA community clinicians. The joint initiative will benefit additional rural communities and provide improved training opportunities for the next generation of rural clinicians.

For more information about the White House's rural health care priorities, [click here](#). ♦

**VA Rural Interprofessional Faculty Development Initiative (RIFDI)**  
INFORMATION SHEET

Rural health is at a crossroads. Facing the dual threats of a provider shortage and an aging workforce, rural communities across the United States are experiencing unprecedented health care challenges. Nearly 80 percent of rural America is considered medically underserved, and the number of rural physicians, nurses, mental health specialists, and associated health care professionals is predicted to decline significantly over the next decade.

To help reverse this trend, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) collaborated with the VA Office of Academic Affiliations (OAA) to develop the Rural Interprofessional Faculty Development Initiative (RIFDI) - a two-year training program designed to attract providers, improve clinician job satisfaction and retention, and develop teaching and training skills for educators in rural settings.

**Program Components**

RIFDI regularly solicits applications from VA facilities which have been identified by OAA as targets for expanded training activities. Once a site has been accepted into the program, its participating providers complete the RIFDI curriculum, which is divided into six components:

- Conferences**  
Virtual professional development sessions featuring guest speakers delivering new and emerging VA training activities for clinicians serving rural Veterans.
- Webinars**  
Interactive group trainings which address current learning needs, teaching skills, and other educator topics.
- RIFDI-Fundamentals in Teaching**  
Online, self-directed faculty development modules co-sponsored by the Society of Teachers of Family Medicine (STFM).
- Peer Groups**  
Cohorts designed to create communities of practice with OAA staff.
- Experiential Projects**  
Educational expansion projects which each RIFDI participant completes with an OAA staff mentor; projects are designed to help RIFDI participants develop and expand training opportunities locally.
- Site Workshops**  
Six-hour virtual workshops hosted at each site by a STFM facilitator.

\*Washington Post, 2019 <https://www.washingtonpost.com/news/health/wp/2019/05/01/white-house-announces-plan-to-improve-health-of-rural-communities/>

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Learn more about ORH at [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov)

## Helping Older Veterans with Late-Life PTSD

By **Jennifer Moye, PhD, Rachel Weiskittle, PhD, and Lola Baird, MSW, LICSW**, VA New England Geriatric Research, Education, and Clinical Center (GRECC)

One in three Veterans will experience post-traumatic stress disorder (PTSD) in their lifetime, with about one in ten receiving a PTSD diagnosis later in life. Many more experience PTSD symptoms without a formal diagnosis. For Veterans who experienced PTSD symptoms in their younger years, PTSD may reemerge later in life as they face age-related challenges such as declining health, retirement, or bereavement. Veterans are sometimes reminded of traumas they considered to be resolved or that had not previously bothered them.

(Continued on page 3)

## Helping Older Veterans with Late-Life PTSD (continued from page 2)

Many have never disclosed traumatic experiences to their families. Untreated PTSD can contribute to distress for Veterans and family members, increasing the difficulty of finding peace and acceptance at the end of life. Many health care providers are unfamiliar with the prevalence or signs of this trauma reemergence and misattribute PTSD symptoms to dementia or general agitation. Unfortunately, the shortage of mental health providers in rural areas can contribute to the challenges of caring for older Veterans with PTSD in these regions.

With the support of the Office of Rural Health, the [VA New England Geriatric Research, Education, and Clinical Center \(GRECC\)](#) sought to learn more about late-life PTSD and to provide educational resources for caretakers. First, the VA New England GRECC team conducted focus groups with rural hospice and palliative care providers to learn about their frontline experiences with PTSD and to identify areas of interest for expanded clinical skills training. The team conducted 11 focus groups with nearly 100 clinicians and learned that they were interested in learning about recognizing PTSD symptoms, communicating with Veterans sharing memories or experiencing difficult PTSD symptoms, and ways to best support family members.

The VA New England GRECC team developed a series of videos that are designed to teach rural hospice and palliative care providers how to recognize and respond to PTSD symptoms in older Veterans. The videos may also be helpful to clinicians working in long-term care, home health staff, or to family caregivers. The videos focus on two Vietnam war Veterans, Helen and Les.

### Rural Hospice Clinician Focus Group Highlights:

#### How does prior trauma come up?

“One of [the] WWII Army Nurses had flashbacks and nightmares for the rest of her life. When she was dying, she had agitation and restlessness.”

“[Veterans with dementia] go back to old memories; frequently Veterans will have behaviors related to their service.”

#### What education would help?

“Symptoms – how they look – to make sure we are catching it”

“Training materials on counseling of others who have experienced these deep traumas”

“It would be neat to have a well-developed video for a Veteran – that articulates the realities [of PTSD]”

## Video 1: [Recognizing Trauma and Symptoms of PTSD](#)

Helen, who served as a nurse in a field hospital, now has stage four cancer and is reluctant to trust strangers. Les has end stage chronic obstructive pulmonary disease (COPD) and mild dementia. He has flashbacks to when he was in the Army Corps of Engineers and cleared tunnels. Hospice clinicians observe and recognize symptoms of PTSD in these two Veterans and begin to develop trusting relationships.



**RECOGNIZING TRAUMA AND SYMPTOMS OF PTSD**  
VETERAN END OF LIFE CARE - (FILM 1 OF 3)

## Video 2: [Responding to Trauma Disclosures](#)

Tiffany is a nurse working with Helen. Over time, Tiffany gains Helen's trust. Helen shares a difficult memory from Vietnam and Tiffany responds empathically. This video demonstrates how to use verbal and nonverbal communication when a Veteran shares a painful memory.



**RESPONDING TO TRAUMA DISCLOSURES**  
VETERAN END OF LIFE CARE - (FILM 2 OF 3)

(Continued on page 4)

## Helping Older Veterans with Late-Life PTSD (continued from page 3)

### Video 3: [Cognitive Impairment and PTSD](#)

Les is having a flashback. A hospice clinician and a family member help Les feel safe and work together to figure out what is happening. In this process they learn about his work in the tunnels in Vietnam. This video demonstrates the use of grounding techniques, problem solving, and inclusion of family members to support a Veteran who has cognitive impairment and difficult memories.



**COGNITIVE IMPAIRMENT AND PTSD**  
VETERAN END OF LIFE CARE - (FILM 3 OF 3)

### Coming Soon: The 'PTSD in Later Life' Podcast

This year, the VA New England GRECC is continuing its educational efforts by creating practical handouts and a 10-episode podcast series. Each episode will include the story of a Veteran experiencing PTSD later in life, followed by a discussion between two clinicians. With this podcast, the team hopes to directly reach rural Veterans who may find it helpful to hear about the experiences and learn from the wisdom of their fellow Veterans. ♦

## Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: White River Junction, Vermont

*This story is the third in a series of articles focusing on the Office of Rural Health's five [Veterans Rural Health Resource Centers \(VRHRCs\)](#) across the United States. VRHRCs are ORH satellite offices that serve as hubs of rural health care research, innovation, and dissemination.*



Veterans Rural Health Resource Centers were established by congressional mandate [38 USC § 7308](#) to support ORH's mission to improve the health and well-being of rural Veterans with a specific mandate to:

- **Improve understanding of rural-specific challenges.**
- **Identify disparities rural Veteran care and services.**
- **Formulate practices or programs to enhance the delivery of health care.**
- **Implement practices systemwide.**

VRHRCs are bridges for connecting innovative care models and study data with real-world, practical interventions that benefit Veterans living in rural areas. Each of ORH's VRHRCs maintains an annual portfolio of studies, innovative pilots, disseminations and other programmatic initiatives designed to expand rural Veterans' access to health care.

(Continued on page 5)



White River Junction VA Medical Center

Located at the [White River Junction VA Medical Center](#), the ORH Veterans Rural Health Resource Center (VRHRC) in White River Junction, VT was established in 2006. The White River Junction VRHRC maintains a diverse project portfolio. Focus areas include:

- *Conducting research on health care disparities affecting rural Veterans*
- *Piloting and evaluating mental health programs serving rural Veterans*
- *Developing training on evidence-based practices for rural VA providers*

The White River Junction VRHRC is led by Clinical Director Bradley Watts, MD, MPH and Operations Director Matthew Vincenti, PhD. Dr. Watts is a psychiatrist who, in addition to his clinical duties, has studied mental health care quality improvement, implementation, and clinical training for more than 15 years. Dr. Vincenti is an immunologist by training with 25 years of preclinical research experience who has directed ORH programs for the past five years.

In addition to Drs. Watts and Vincenti, the White River Junction VRHRC is supported by three key staff members. Craig Manning, a U.S. Marine Corps Veteran, is an Administrative Officer who manages day-to-day portfolio processes associated with human resources, contracts, schedules and budgets. Pamela Lee, PhD, is a Research Health Scientist and a Clinical Psychology Researcher who oversees the publication and dissemination of products generated through portfolio projects. Richard Lee, MPH, is a Research Analyst and a Public Health Researcher who manages annual reporting metrics.

As with each of ORH's VRHRCs, the White River Junction VRHRC is charged with developing high-impact rural interventions through research, pilot studies, and dissemination projects. The White River Junction VRHRC currently has several projects in early development, including:

- **Suicide Prevention in Rural Veterans During High-Risk Care Transition Scenarios**  
Suicidal Veterans that are treated and discharged from mental health facilities are at an increased risk for future suicide attempts or ideation. To mitigate this risk, this program aims to spread the use of the VA Brief Intervention and Contact (VA-BIC) intervention to rural areas. VA-BIC consists of a brief educational intervention about suicide risk and follow-up contacts with professional support following a suicide attempt or severe suicidal ideation. The VA-BIC approach can have a significant impact in rural settings, where follow-up care can be fragmented and under-resourced.
- **Overcoming Access Barriers for Post-Traumatic Stress Disorder Treatment: Demonstration and Evaluation of Prolonged Exposure in Primary Care**  
Although Prolonged Exposure (PE) is an evidence-based therapy for PTSD, use of this therapy is limited due to a lack of provider training and the long duration of the treatments. This project increases rural Veteran access to effective PTSD care by implementing an abbreviated version of PE treatment at rural VA primary care clinics through provider training, with facilitated referrals to specialty care providers as needed.
- **Rural Veterans with Depression and Parkinson's Disease: A Telehealth Psychotherapy Solution**  
Depression is a common comorbidity in Parkinson's Disease (PD) that is most often undiagnosed or sub-optimally treated. Run out of a VA telehealth hub based in New Jersey, this project leverages the reach of the Parkinson's Disease Research, Education and Clinical Centers (PADRECC) to deliver PD-informed depression care, including specialized consultations and evidence-based psychotherapy. ♦



Bradley Watts, MD, MPH &amp;

Matthew Vincenti, PhD

## Movement Is Medicine Program Encourages Physical Activity for Rural Veterans

By **Megan Miller PhD, Ileana Howard, MD, Lina Mezei, MD, and Kelly Valignota, MD**, VA Puget Sound Health Care System

While many of us know how hard it is to set up a consistent exercise program during normal circumstances, it can be even more difficult to get physically active during a pandemic. To combat this issue, the rehabilitation care services team at the [VA Puget Sound Health Care System](#) designed the Movement is Medicine program, which helps rural Veterans find creative solutions to incorporate physical activity into their daily lives.

The Movement is Medicine program is part of the ongoing integration of [Whole Health](#) into VA's health care and rehabilitation care services offerings. Whole Health focus areas are outlined in the [Circle of Health](#) diagram (see below). The Movement is Medicine program is held entirely via [VA Video Connect](#) and supports Veterans in addressing the "Moving the Body" area of self-care.



Veterans participating in the program complete two sessions:

1. *An orientation hosted by multiple providers (Psychology, MD, Chiropractors, Recreational Therapy)*
2. *A one-on-one meeting with a provider focused on the individual Veterans' goals*

The first session focuses on education and motivation. Veterans are provided with information about physical activity and its positive health benefits. Veterans are then encouraged to actively reflect on the impact that increasing physical activity may have on their lives. For example, one recent participant indicated that their ability to excel in school would be related to their cognitive functioning and sleep, both of which are positively impacted by increasing physical activity. The hour-long introductory session is rounded out by helping Veterans create clear, attainable, personalized goals that aim to integrate physical activity into their lives.

Veterans then meet individually with providers to discuss the personalized goals they created during the orientation session. Providers address any potential barriers to movement and refer participants to programs best designed to meet the Veterans' needs, preferences, and goals. These programs may include both traditional forms of exercise as well as mind-body therapies, as appropriate.

The Movement Is Medicine program enables rural Veterans to learn more about physical activity, connect to their personal goals, and enact positive changes in their everyday lives. It has been met with enthusiastic engagement from both Veterans and staff. Program staff are currently collecting data on Veterans' change in physical activity after participating in the program and look forward to ongoing collaborations with Veterans to improve the program. The team is confident that Movement is Medicine will help Veterans achieve their Whole Health and wellness goals. ♦

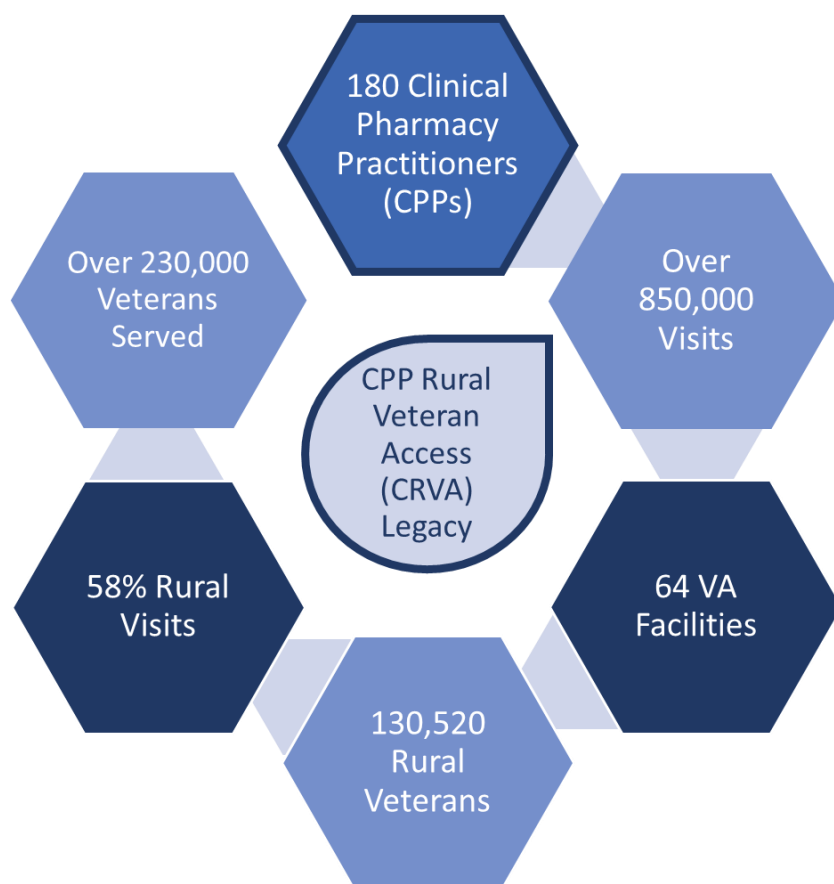
## Leveraging Clinical Pharmacist Practitioners to Increase Rural Veteran Access

By Veldana Alliu, Julie A. Groppi, Heather L. Ourth, Anthony P. Morreale, Terri Jorgenson, M. Shawn McFarland, Tera Moore, Andrea Searle, Michael Tran, Linda Kight & Rachel Gonzalez, VA Pharmacy Benefits Management (PBM) Services, Clinical Pharmacy Practice Office (CPPO)

Access to care for rural Veterans is often complicated by provider shortages.<sup>1</sup> With more than 80 percent of Veterans requiring medication therapy as part of their care, it is imperative to integrate team members that can focus on ensuring a Veterans' medication regimen is safe and effective. The clinical pharmacist practitioner (CPP) fills that role. In 2016, the Office of Rural Health (ORH) began its multi-year partnership with the Pharmacy Benefits Management (PBM) Clinical Pharmacy Practice Office (CPPO) to launch an Enterprise-Wide Initiative (EWI) to increase access to care for rural Veterans by leveraging CPPs, otherwise known as the CPP Rural Veteran Access (CRVA) initiative.

CPPs are advanced practice providers who deliver comprehensive medication management (CMM) services, allowing a facility's health care team to meet other Veteran care needs.<sup>2</sup> This Veteran-centric, [Whole Health](#) approach ensures that medication optimization is prioritized in primary care, pain management and mental health practice areas. The inaugural CRVA initiative, known as CRVA Legacy, supported 180 CPP across 18 Veteran Integrated Service Networks (VISNs).<sup>3</sup> CRVA Legacy delivered care primarily via telehealth modalities, which reduced travel times for Veterans and provided a convenient form of access to health care. The coronavirus pandemic altered the course of clinical practice, thus increasing the necessity of virtual care. CRVA Legacy contributed to CPPs being well-positioned to deliver telehealth to continue meeting CMM care needs during the pandemic.

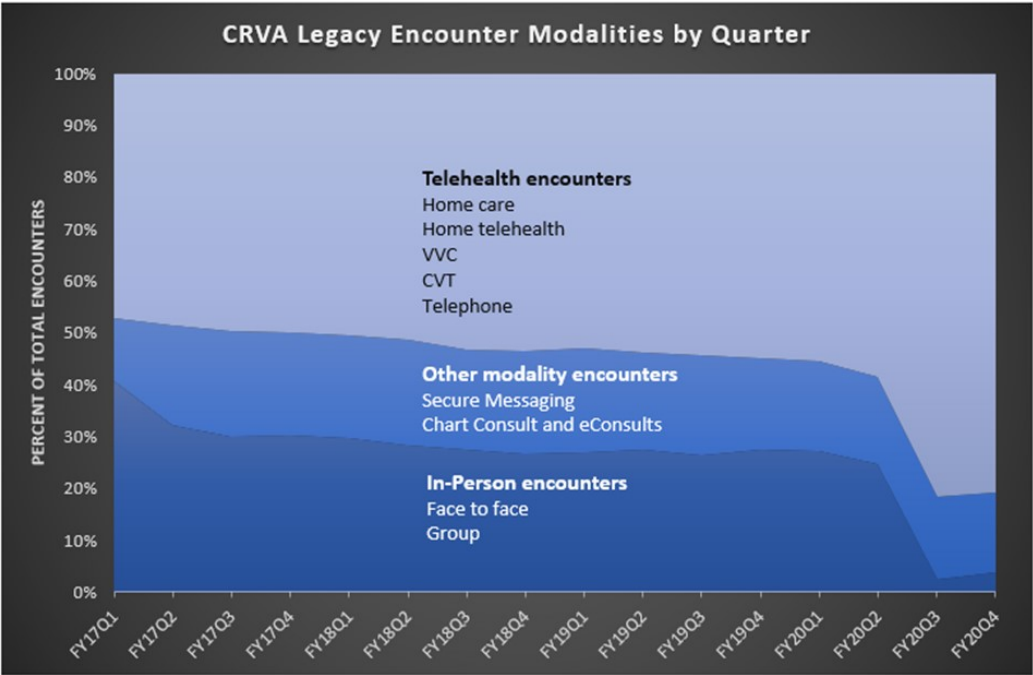
**Figure 1 illustrates the success of the CRVA Legacy initiative**



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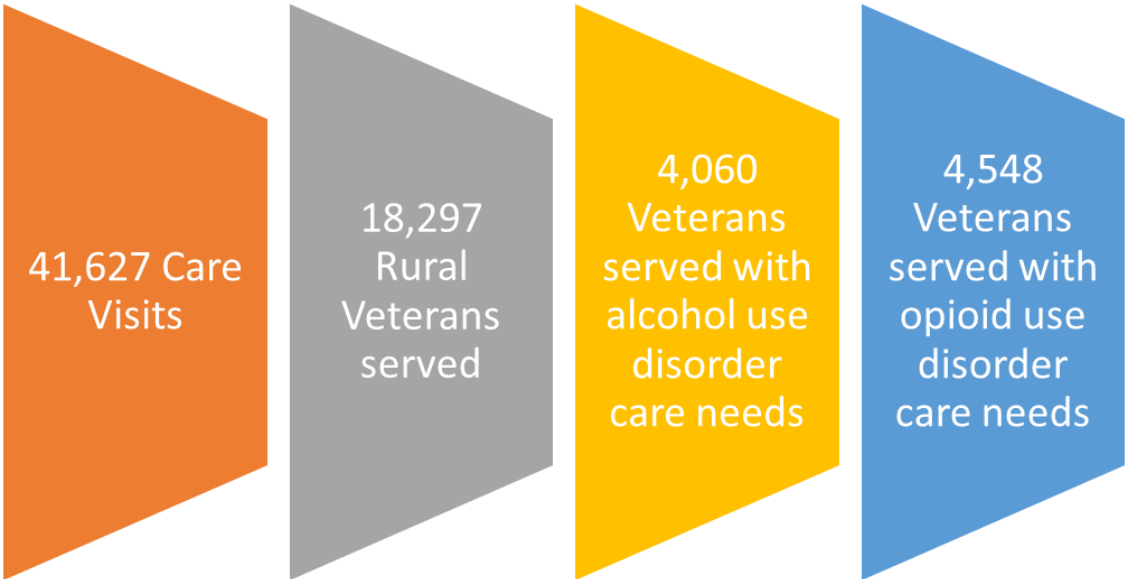
Leveraging Clinical Pharmacist Practitioners to Increase Rural Veteran Access (continued from page 7)

Figure 2 shows the encounter modalities by quarter delivered to rural Veterans by CPPs in the CRVA Legacy initiative



The success of the CRVA Legacy program led to its continuation and expansion in fiscal years 2020 and 2021. Supporting rural Veterans with substance use disorders (SUD), the CRVA-SUD EWI focused on integrating CPPs into stepped care teams in alignment with the Stepped Care for Opioid Use Disorder (SCOUTT) model with the central priority to spread practice across the nation.<sup>4</sup> In this model, the integrated CPP collaborates with the team, Veterans and caregivers to provide CMM services for SUD, focusing on opioid use disorder and alcohol use disorder.<sup>5</sup> Through EWI funding, 35 CPPs were hired at 34 facilities in 17 VISNs. An additional initiative, known as CRVA-Diffusion, builds upon previous CRVA program successes, hiring 15 mental health, 11 primary care and 14 pain CPPs incorporating SUD treatment and risk mitigation into services provided for their respective settings.

Figure 3 summarizes the impact of CPPs in CRVA-SUD from the first quarter of FY 2020 through the third quarter of FY 2021



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Figure 4 highlights the modalities of care used to deliver CMM to rural Veterans by CRVA-SUD CPPs from the first quarter of FY 2020 through the third quarter of FY 2021

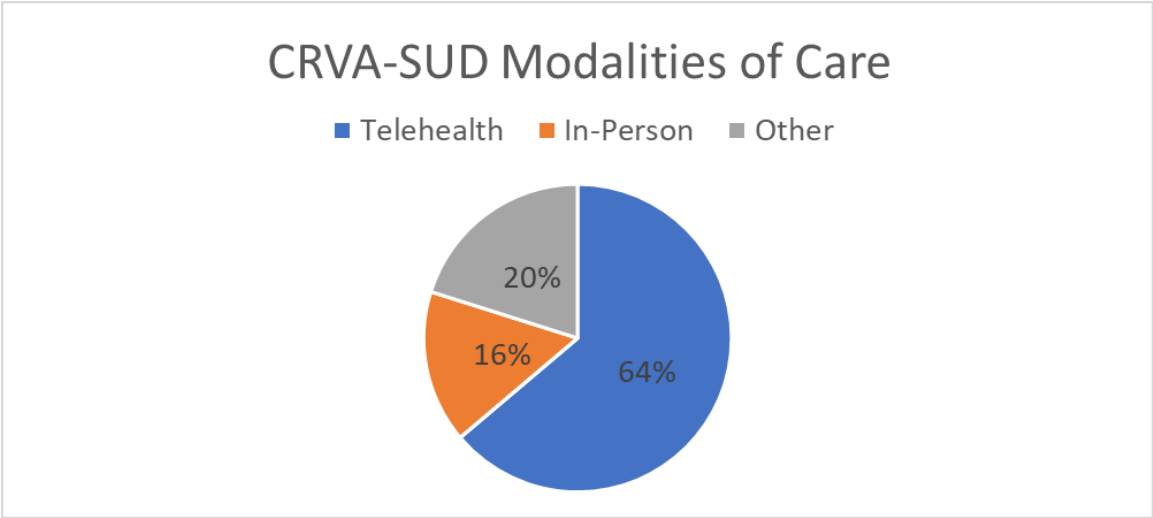


Figure 5 summarizes the impact of CPPs in CRVA-Diffusion from the first quarter of FY 2021 through the third quarter of FY 2021

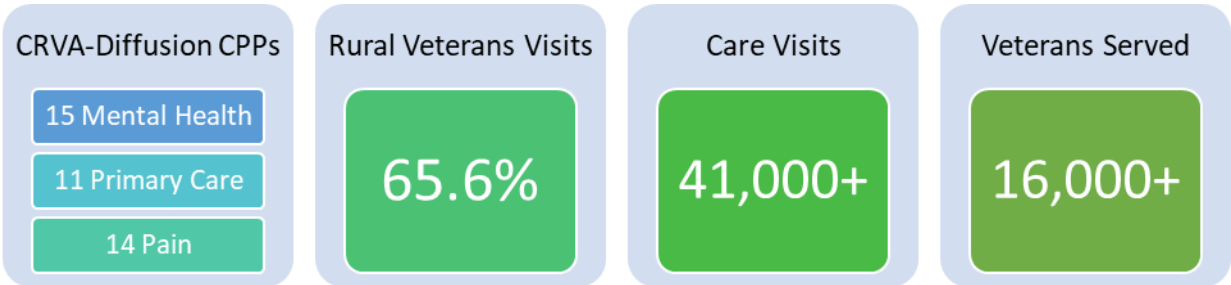
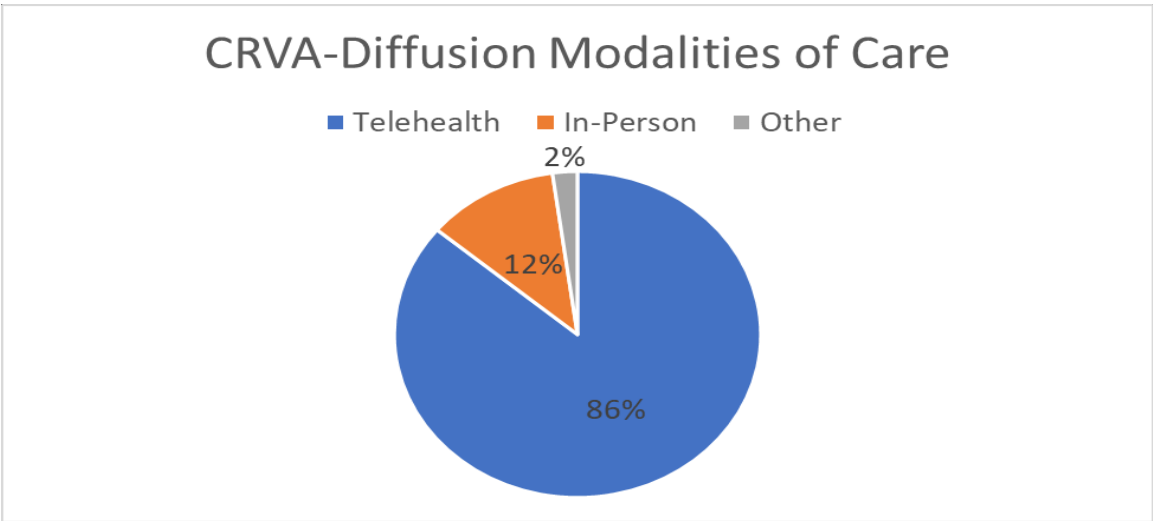


Figure 6 highlights the modalities of care used to deliver CMM to rural Veterans by CRVA-Diffusion CPPs from the first quarter of FY 2021 through the third quarter of FY 2021

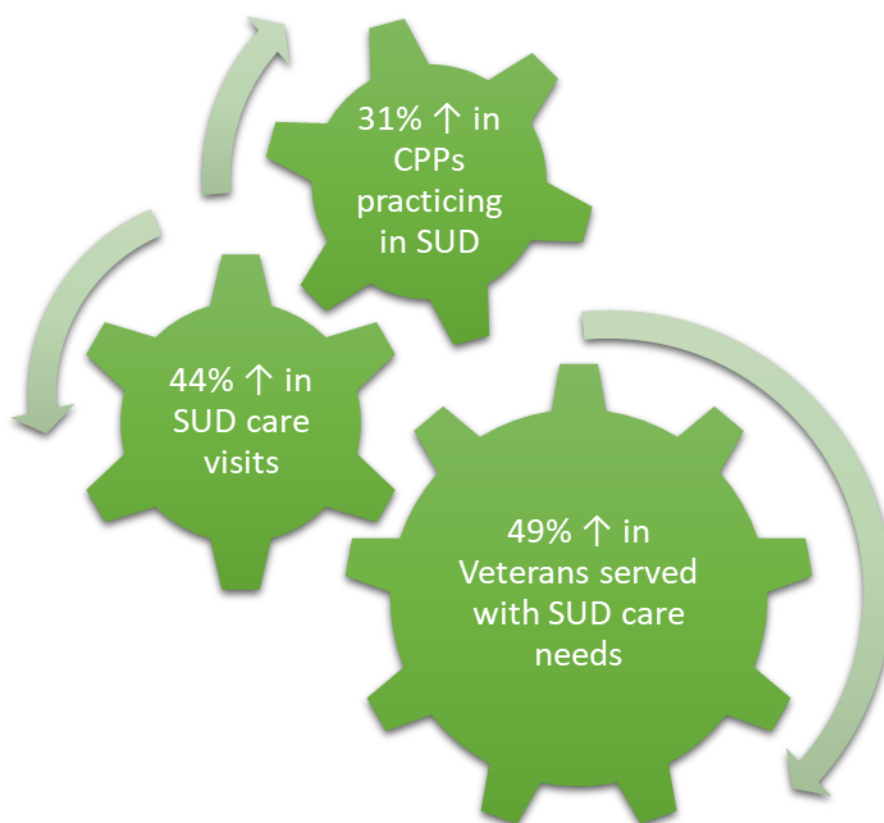


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## Leveraging Clinical Pharmacist Practitioners to Increase Rural Veteran Access (continued from page 9)

As access to SUD care continues to be a top VA priority, CRVA-SUD aims to deliver system-wide CPP education and training targeting SUD screening, care and treatment. Through the CRVA-SUD program, CPPs participated in training sessions designed to provide knowledge and resources on SUD topics. These training sessions, also offered to federal partners at the Bureau of Prisons and Indian Health Services, have played a key role in improving access to opioid use disorder and alcohol use disorder treatment across practice settings.

**Figure 7 describes the impact of training sessions on SUD visits, Veterans served, and CPPs providing SUD care services across VA from the first quarter of FY 2020 to the third quarter of FY 2021**



CPP team integration through the ORH's CRVA initiatives continue to increase access to care for rural Veterans. For questions related to this article, please visit [CPPO - PBM Services](#) or contact [VHAPBMAskPBMCPPO@va.gov](mailto:VHAPBMAskPBMCPPO@va.gov) for additional information.

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## New Mini-Documentary Highlights VA Rocky Mountain Network Coronavirus Response

By **Jason Strickland**, VA Rocky Mountain Network (VISN 19)

A new [mini-documentary](#) captures the response to the coronavirus pandemic by the [VA Rocky Mountain Network](#), also known as Veterans Integrated Service Network (VISN) 19, and explores the path ahead for Veteran health care.

VA clinicians, directors, and medical facility staff from across the country worked tirelessly to care for the Veteran population as COVID-19 arrived in the United States.

The VA Rocky Mountain Network took unprecedented measures to reduce exposure and safeguard its health care workers as well as patients and their family members. The facility's ability to quickly pivot and direct maximum effort to control the spread of COVID-19 – and then begin vaccinating patients – played a crucial role in an overarching, whole government approach to combating the pandemic. The VA Rocky Mountain Network collaborated with the Centers for Disease Control and Prevention (CDC) as well as state and local health care organizations in this effort.



[Click here](#) to read more about the VA Rocky Mountain Network's COVID-19 response. ♦

## VHA Innovation Ecosystem Named One of 100 Best Workplaces for Innovators

The [Veterans Health Administration \(VHA\) Innovation Ecosystem](#), which is funded in part by ORH, leverages the collective power of innovation champions from across VA, academia, non-profit and industry to operationalize innovation within VA.



Fast Company magazine recently listed the Innovation Ecosystem to its [100 Best Workplaces for Innovators 2021](#) list, ranking just above Google. The list specifically recognized the Veterans Mental Evaluation Team (VMET) for homeless Veterans as an example of innovation. The new VMET program, which started with two VHA employees, pairs a VA police officer with a clinical social worker to reconnect with Veterans in crisis and help them get the care they deserve.

[Click here](#) to read the full article from Fast Company magazine.

[Click here](#) for more information about the VHA Innovation Ecosystem. ♦

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### 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**  
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Beth Schwartz, Editor

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