



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

Thomas Klobucar, Ph.D., ORH Executive Director

Whether it is from the end of a stethoscope or through the screen of a digital device, the U.S. Department of Veterans Affairs (VA) is focused on finding ways to better connect Veterans with accessible health care options that deliver top-quality patient experiences. As VA Secretary Wilkie recently noted, connecting with Veterans relies on listening and incorporating feedback from patients to develop world class customer service solutions.

Through the work of our Veterans Rural Health Resource Centers and our VA Clinical Program Office partners, the VA Office of Rural Health (ORH) actively engages with rural Veterans to deliver health care solutions that make accessing care easier. Our Rural Promising Practices and Enterprise-Wide Initiatives give the nearly 3 million rural Veterans enrolled in VA care 50+ additional ways to obtain health care close to home. In this issue, you'll read about a few of our innovative

practices and hear the impact our programs have on rural Veterans.

You'll meet three rural Veterans who found they needed skilled nursing care but didn't want to leave the comfort of home. Through the VA Medical Foster Home program, these Veterans now live with a large family who provides not only nursing home-level care in their personal residence, but a loving family, too. **Read more in "Veterans Find a Home Away from Home" on Page 3**

For many patients with chronic obstructive pulmonary disease (COPD), the chance a respiratory infection might worsen to pneumonia is always present. If symptoms escalate late in the week, the emergency room (ER) may become the only alternative for care—and its often many miles away. One nurse found a new approach that

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not only helps to reduce ER visits but also increased patient satisfaction. **Read more in “New Approach Reduces COPD-related Hospital Visits” Page 4.**

Relationships can be difficult, especially if one partner struggles with mental health issues. For Veteran couples who live in rural areas, the lack of qualified providers can pose another significant obstacle. Thanks to the VA Telemental Health Hubs, many rural Veterans and their partners are getting the help they need right from the comfort of their own couch or a nearby Community Based Outpatient Clinic. **Read more about the Technology Connects Couples for Therapy on page 6.**

In Memoriam of ORH’s Daniel Mades and Alan West, Ph.D.

By **Blaine Reynolds**, Office of Rural Health, U.S. Department of Veterans Affairs

It is with great sadness that the U.S. Department of Veterans Affairs’ (VA) Office of Rural Health (ORH) announces the loss of two valued friends and members of the ORH family.

Daniel H. Mades

Lieutenant Commander (retired) Daniel H. Mades was an integral member of the team who built the early foundation of ORH and exemplified excellence and dedication in all that he did.

Dan was a decorated 26-year Veteran of the United States Coast Guard before he joined our Veterans Rural Health Resource Center as the Operations Director in Togus, Maine. As his network’s rural consultant, Dan oversaw the Veterans Rural Health Program and Native Veterans Program for all six New England states and was a vital member of Veterans Integrated Service Network (VISN) 1, serving on their Strategic Planning Committee, TeleMedicine Advisory Committee and Outreach Committee.

“Dan devoted his life to service, first as an enlisted man and officer in the Coast Guard, then as a tireless advocate for rural Veterans as VISN rural consultant and operations officer for our resource center in Togus. He was a colleague and friend. He will be missed.” - Tom Klobucar, Executive Director of ORH.



Dan leaves behind a large, loving family, including his wife, Laura, of 25 years, their three children, many other close family members and friends from all over the world.

Alan N. West, Ph.D.



A true champion for rural health, Alan West, Ph.D. served as the Director of the Veterans Rural Health Resource Center in White River Junction, Vermont before retiring in the fall of 2017. During his time with ORH, West was also a principal investigator for a VA Health Services Research and Development Service (HSR&D) grant, “Access Factors Affecting VA Enrollees’ Use of Non-VA Medical Care.”

Among his many interests, West researched the impact distance and transportation had on rural Veterans’ use of both VA and non-VA healthcare services. His work included the publication of numerous research papers and statistical analyses.

Prior to his career at ORH, West spent 17 years working as a clinical psychologist for the VA Medical Center in White River Junction.

West is best known for his extensive knowledge and sharp wit. As his former colleague, Mary Charlton memorialized, “I worked with Al on some VA rural health grants and he was the most clever and witty person I have ever met. I don’t think I had many conversations with him when I didn’t end up snorting with laughter from

one of his sarcastic comments. He was a great researcher, collaborator and friend, and I will miss him a lot.”

Dr. West leaves behind a loving family, including his wife of 31 years, Priscilla, their two children and many friends, family and colleagues. ♦

Veterans Find a Home Away from Home

By Casey Hutchison and Vicki Brienza, Office of Rural Health, Department of Veterans Affairs

Sometimes a Veteran needs skilled nursing care but doesn't want to leave the comfort of home. Now, there's an option to get both—and maybe a new family, too. The U.S. Department of Veteran Affairs (VA) Medical Foster Home (MFH) program offers nursing home-level care in a personal home setting for selected Veterans who are no longer able to safely live independently.

As recently featured on CBS News (<https://www.cbsnews.com/video/families-open-up-their-home-and-hearts-to-serve-veterans/>), three rural Veterans found such a home and “extended” family with Sarah and Troy Rufing, along with their six kids in Greenville, Indiana. Army Sgt. William Sutton, 53, Sgt. Charles Hughes, 87, and Army Cpl. Robert Schellenberg, 89, all call the Rufing's house their home. Not only did Troy and Sara open their home and hearts, they also provide basic care as well as feed, bathe, dress and perform other everyday activities for these Veterans.



From CBS This Morning, the Rufing family sit around and sing with their Veteran roommates.

Currently, the Rufings are one of 664 families across 45 states and Puerto Rico who host Veterans through MFH. For the nearly 1,000 Veterans involved, the majority of whom have serious chronic conditions, the program is a better alternative than a nursing home. Sutton says, “This place has become home. I feel very grateful.”

“Veterans living in this type of setting tend to thrive and often have fewer hospitalizations than those who are living alone or in institutional care. This environment really enriches the lives of both the Veterans and the remarkable caregivers who accept these Veterans into their homes.” - VA program coordinator Lori Paris

While doctors and therapists make house calls for the Veterans, the foster caregivers provide the remainder of care in exchange for an average stipend of \$2,400 per month per Veteran. The job is 24 hours a day, which includes preparing meals, shopping, socialization, housekeeping, laundry and more. Troy Rufing says it's worth the effort: “It's a family, and Veterans feel like they're at home, like they belong somewhere. We feel like we were meant to do this. And we plan to help for as long as we possibly can.”

In partnership with the [Office of Geriatrics and Extended \(GEC\) Care](https://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp) (https://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp), VA's Office of Rural Health supports increasing access to community-based alternatives to nursing home placement for rural veterans. Through ORH funded Enterprise Wide Initiatives like [Home Based Primary Care \(HBPC\)](#) and [Medical Foster Home \(MFH\)](#) the VA provides high quality, personalized, proactive and patient-driven care that helps Veterans achieve their highest possible level of health, independence and well-being.

Learn more about the Medical Foster Home program and eligibility requirements (https://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp).

Watch the entire story from CBS on (<https://www.cbsnews.com/video/families-open-up-their-home-and-hearts-to-serve-veterans/>). ♦



New Approach Reduces COPD-related Hospital Visits

By **Roberta Whetzel, BSN, MSN**; Nurse Practitioner; Cumberland VA Clinic, **Leona Cook, FNP, PMHNP, DNP**; Nurse Practitioner; Martinsburg VA Medical Center and **Milton Havron, MD**; Physician; Martinsburg VA Medical Center, Department of Veterans Affairs

For patients with chronic obstructive pulmonary disease (COPD), the chance a respiratory infection might worsen to pneumonia is always present. If symptoms escalate late in the week, the emergency room (ER) may become the only alternative for care—and could be many miles away for rural Veterans.

To help rural Veterans avoid a trip to the ER and its potential high costs, a Geriatric Scholars project from the Home-Based Primary Care (HBPC) team at the Martinsburg VA Medical Center in Martinsburg, West Virginia, found a way to reduce expensive hospital visits by providing emergency medications—and an action plan to use them—in the home when illness strikes.

The idea for the emergency kit, coined the EKit, is the brainchild of Nurse Practitioner Leona Cook, who joined the U.S. Department of Veterans Affairs' (VA) in 2014. Cook observed that the treatment of escalating COPD symptoms may be delayed at the end of a workweek because overnight pharmacy delivery is not always available in remote areas. Plus, caregivers can't safely leave HBPC patients alone to drive to the pharmacy on short notice.

"What if our patients with advanced lung disease already had antibiotics at home to take when they started getting sick?" asked Cook. "Maybe that could keep them out of the ER?"

"Two or three days can be critical in terms of treating their infection and deteriorating lung function," added Geriatric Scholar alumnus Dr. Milton Havron, medical director of HBPC at the Martinsburg VA Medical Center. The program he oversees serves approximately 550 patients living in 22 counties in the four states of West Virginia, Maryland, Virginia and Pennsylvania.



has any two of those four symptoms, and it's a Saturday night and they can't reach us, they're authorized to go ahead and start taking the emergency kit," said Havron.

Medications are adjusted for patients with multiple chronic conditions. Controls put in place by the multidisciplinary HBPC medical team ensure patients only use medications for emergencies to avoid the risk of contributing to antibiotic resistance.



"The Martinsburg VA was also concerned about its rate of admissions for ambulatory care sensitive conditions, or ACSCs," said Havron. ACSCs are acute exacerbations of chronic conditions considered potentially preventable through primary care. "Leona's interest dovetailed perfectly with our drive to decrease admissions for ACSC diagnoses."

"These people have been living with lung disease for years," added NP Roberta Whetzel from the Martinsburg HBPC team. Of her panel of roughly 90 patients, one third have COPD. When they received the EKit, Veterans acknowledged that finally someone understands.

The kit consists of an antibiotic, oral steroids and a plain-language action plan. The plan spells out four respiratory symptoms—drawn from Dr. Havron's research of the medical literature—that would justify use of an antibiotic. "If the patient

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New Approach Reduces COPD-related Hospital Visits (continued from page 4)

In September 2017, Cook and Whetzel attended an intensive quality improvement (QI) workshop as part of the VA Geriatric Scholars Program. QI projects use data to determine if a change in practice results in improvements of care. For their project, Cook and Whetzel aimed to increase the number of E Kits in the homes of Veterans with COPD to 80% within six months. Their multidisciplinary HBPC team exceeded this target and reached 89% by January 2018.

Hospital admissions for respiratory ACSC also dropped from 4.9 per month during the months of October 2016 to May 2017 to 1.5 per month during the months of May 2017 to January 2018.

“We believe it’s been effective in decreasing trips to the ER and admissions for COPD exacerbations and pneumonia,” said Havron, who cautioned that to prove the EKit worked would require a formal clinical study, which was outside the scope of their project and budget. “Nevertheless,” he added, “it doesn’t negate how great it feels to get a patient going on the EKit who looks like they were headed for the ER for sure, and three days later they’re feeling okay and they didn’t need to go.”

Cook, Whetzel, and Havron disseminated their project within VA and presented on it at the West Virginia Advanced Practice Nursing Conference in May 2018. Cook also responded to inquiries of interest from 25 VA medical centers across the United States. For more information about the EKit project, contact the [Martinsburg VA Medical Center](https://www.martinsburg.va.gov/contact/index.asp) (https://www.martinsburg.va.gov/contact/index.asp).

This program receives funding indirectly from VA’s Office of Rural Health, through its ongoing financial support of VA’s Patient Care Services and Geriatrics Extended Care which oversees the Geriatric Scholar’s program. Visit the [VA Geriatric Scholars Program](https://www.va.gov/GERIATRICS/Geriatric_Scholars.asp) (https://www.va.gov/GERIATRICS/Geriatric_Scholars.asp) website for more information. ♦



Researchers Share Home-Based Cardiac Rehabilitation Program

By **Blaine Reynolds**, Office of Rural Health, U.S. Department of Veterans Affairs



Kariann Drwal, HBCR National director, and Adrienne Wagenblast, Durham VA Health Care System HBCR director.

For Veterans who find it difficult to get cardiac rehabilitation care close to home, the Home-Based Cardiac Rehabilitation (HBCR) program from the U.S. Department of Veterans Affairs (VA) helps Veterans access clinical services to meet their needs and health goals. In a three-minute [Facebook video](#), Kariann Drwal, HBCR national director, and Adrienne Wagenblast, Durham VA Health Care System HBCR director, talked about the program and how it helps Veterans with recover from a cardiac incident at home.

Through a 12-week customized care plan, the HBCR program begins with an initial appointment for the Veteran cardiac patients to meet with a medical provider and is followed by weekly check-ins with a variety of health care specialists through calls or video

conferences. The meetings are personalized to each Veteran and topics cover everything from medication and exercise to nutrition and tobacco cessation. Because these check-ins can occur anywhere, the program allows Veterans to overcome barriers such as transportation, scheduling difficulties, financial hardship and availability of services at local medical facilities. This award-winning program is one of VA’s Office of Rural Health’s funded Rural Promising Practices. To download implementation materials, https://www.ruralhealth.va.gov/providers/promising_practices.asp.

For more information about HBCR, check out the [Facebook video](https://www.facebook.com/VADurham/videos/vb.248376375172490/751035451948342/?type=2&theater) (https://www.facebook.com/VADurham/videos/vb.248376375172490/751035451948342/?type=2&theater) or contact Kariann Drwal at Kariann.Drwal@va.gov. ♦

Technology Connects Couples for Therapy

By **Brittney Jordan Psy.D.**, Psychologist, **Nicole Nehrig, Ph.D.**, Psychologist, and **Lauren Wash, M.A.**, Program Analyst, VA New York Harbor Healthcare System, Veterans Health Administration



Relationships can be difficult, especially if one partner struggles with mental health issues. For Veteran couples who live in rural areas, the lack of qualified providers can pose a significant obstacle. Thanks to the U.S. Department of Veterans Affairs' (VA) Telemental Health Hubs, many rural Veterans and their partners can get the help they need right from the comfort of their own couch or nearby Community Based Outpatient Clinics (CBOCs).

The VA New York Harbor Healthcare System's Telemental Health (TMH) Hub in New York City (NYC) is one of eleven telemental health hubs funded by VA's Office of Rural Health. The telemental health hub initiative began in 2002 with the goal of using technology to provide faster and broader access to a range of specialized mental health services to Veterans in areas that lack appropriate resources.

Using VA's telehealth technology, rural Veteran couples connect with full-time doctoral-level psychologists for couple's therapy. For couples in upstate NY, this means virtually connecting with a psychologist located at the Telemental Health Hub in New York City (NYC). Since the NYC hub started to offer this service in July 2017, it became one of the department's greatest referral sources and currently makes up 16% of all encounters. The hub has provided more than 350 couple therapy sessions to approximately 35 couples to date, and this service continues to grow each week. To exemplify the flexibility of these offerings, 6.5 % of these sessions take place when the couples are located at home.

For most of the rural Veteran couples who utilize the TMH service, one or both members have received a psychiatric diagnosis, most often post-traumatic stress disorder (PTSD). Their PTSD symptoms often contribute to relationship distress which, in turn, exacerbates and reinforces PTSD symptoms. The interconnected nature of PTSD and relationship distress among Veterans suggests the value of including partners in their mental health treatment. Working with Veteran couples has the potential to create a more positively reinforcing system where each can be soothed by their partner, helping them to be more responsive to their partner's needs and ultimately reducing symptoms while increasing relationship satisfaction.

Hub clinicians utilize the evidenced-based Emotionally Focused Therapy (EFT) framework to provide couples with support on their relationship goals. This type of therapy targets the couple's cycle(s) of disconnection to help change these patterns, re-establish connection, and create a stronger emotional bond.

At the NYC TMH, practitioners participate in weekly group supervision exercises to navigate the complexities of learning this model of couple's therapy and then transferring it to telehealth. The program has received positive feedback from referring providers and couples.

Couple members noted feeling closer and more connected, as well as shared a better understanding of how to support their partner and ask for support when needed. Hub clinicians appreciate the opportunity to pursue more advanced training in EFT and provide these services. The team is continually inspired at the ability to build secure relationship connections from afar.



Learn more information about the TMH Program or other Office of Rural Health [Enterprise-Wide Initiatives](https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) (https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp). ♦

Rural Suicide Prevention: Together With Veterans

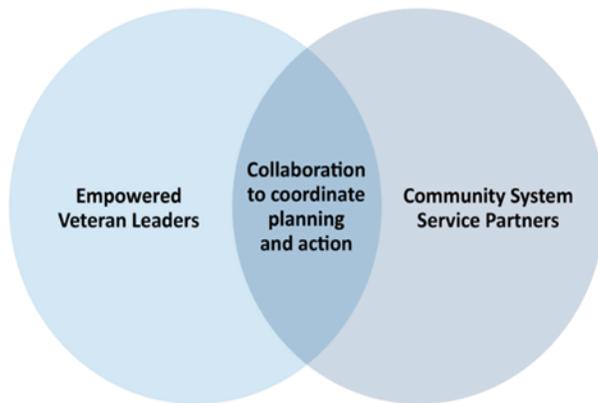
By **Nathaniel Mohatt, Ph.D.** and **Leah Wendleton, MPH/MSW**, VA Rocky Mountain MIRECC for Suicide Prevention and **Gina Brimmer, MSW**, Western Interstate Commission for Higher Education

On a recent crisp February morning, 36 Veterans and community health partners gathered in Boulder, Colorado, to discuss how to prevent suicide among rural Veterans. As a light snow dusted the streets and trees outside, attendees expressed a desire to learn more about suicide prevention, to network and find peers with whom they could consult. Everyone shared a deep and often personal commitment to save the lives of Veterans in their home communities.

The attendees represented four community teams, one each from south-central Colorado, Northeastern Colorado, coastal North Carolina, and Northwestern Montana. Back home, local Veterans lead each team, and each develops and manages a suicide prevention initiative in their rural corner of the country. The four community teams participate in the U.S. Department of Veterans Affairs' (VA) Office of Rural Health's (ORH) Enterprise-Wide Initiative for Rural Suicide Prevention called Together With Veterans. Together With Veterans enlists rural Veterans and their local partners to join forces to reduce Veteran suicide in their community.



Attendees at the Rural Suicide Prevention: Together with Veterans workshop in Boulder, Colorado.



Together With Veterans process uses Veterans to help implement evidence-based intervention strategies for community suicide prevention.

Suicide is a major public health problem that disproportionately impacts Veterans who live in rural communities. Suicide is also preventable and as such, Veteran suicide prevention is the VA's top clinical priority. In 2018, VA released the National Strategy for Preventing Veteran Suicide 2018-2028, which outlines a vision for preventing Veteran suicide that relies on taking a comprehensive public health approach. Central to VA's public health approach to suicide prevention is collaborating with communities.

Since 2016, ORH, in collaboration with the Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention and the Western Interstate Commission for Higher Education (WICHE) developed a model for how VA can collaborate with rural communities to roll out best practices in suicide prevention. The Together With Veterans Program is the culmination of this effort. Together With Veterans is:

- **Veteran-driven:** Veterans provide permission to implement suicide prevention in their community and leadership to guide the process
- **Collaborative:** Collaborative planning with community partners strengthens the suicide prevention network for Veterans
- **Evidence-informed:** The planning and suicide prevention strategies are well-researched models that reduce suicide risk and deaths
- **Community-centered:** Community teams develop a unique suicide prevention action plan based on community strengths and addressing community needs.

At the summit in Boulder, the four community teams heard from each other about the opportunities and challenges they face. Community teams expressed that they all share certain challenges, such as ways to address health care shortages in rural areas and navigating community resources. They also all agreed that Together With Veterans helps shape a shared vision and mission for Veteran suicide prevention in their community. "I can see the vision, see the next steps. We can see the path to success," stated one participant. While another attendee closed the meeting emphasizing, "If we can help one Veteran, it's all worth it." ♦

VA and Walmart: Transforming Telehealth

By **Sandra Gillum**, VA Office of Modernization's Communication Team, Department of Veterans Affairs

Living in rural or remote areas may have its benefits, but access to health care is often not one of them. Driving for hours to get to a medical appointment results in significant costs in both money and time, as well as wear and tear on the body. And not everyone has internet access in their home. Together, VA and Walmart have a viable solution.

The U.S. Department of Veterans Affairs (VA) and Walmart announced an innovative collaboration to offer telehealth services to reach underserved Veterans. The partnership includes donated space and operational support by Walmart for a VA-led telehealth services. The pilot will kick off in targeted locations that consider the number of Veterans and the health resources offered.

The announcement was made at the "Anywhere to Anywhere Together" summit in Washington, D.C., hosted by VA's Center for Strategic Partnerships and Office of Connected Care on December 6, 2018. The forum brought together industry, government, and non-profit leaders to discuss innovative solutions that will increase access to telehealth and virtual care for Veterans.

"These types of events will help accelerate our shared journey to fully integrated, seamless access to health care no matter where a Veteran resides," said VA Secretary Robert Wilkie. "Indeed, from anywhere to anywhere. We thank our industry and community partners for their commitment to improve Veterans' health care."

Telemedicine technology is a game changer for the health care industry. It makes use of electronic technologies, such as email, smart phones, and video conferencing, to deliver patients' medical information to providers. This helps health care providers effectively extend their services to remote areas.

According to Research and Markets Global Telemedicine Market outlook 2022, telemedicine is a \$17.8 billion industry and is expected to grow almost 19 annually from 2017-2022. The emphasis is on improving patients' access to quality care.

Telemedicine can overcome geographic barriers to health care, especially for specialized providers. It benefits patients in medically underserved communities and those in rural geographical locations where clinician shortages exist.

"[It] totally changes VA's footprint for delivering care," Deborah Scher, executive adviser to the Secretary's Center for Strategic Partnerships, said. "We mapped out where our Veterans are in greatest concentration against VA facilities, and then we put the Walmart map on top of that. Ninety percent of Americans live within 10 miles of a Walmart. Ninety percent of Veterans don't live within 10 miles of a VA medical center. This totally changes their ability to access care in a way that works for their lives."

VA is one of the largest connected care networks in the country, with more than one million video telehealth encounters reported in 2018 in more than 50 areas of specialty care, at more than 900 sites nationwide according to va.gov. VA is focused on extending access to quality care for Veterans through this platform.

Walmart is working to leverage its existing strength in health and wellness to make an even bigger impact in the future, having served pharmacy customers for 40 years with a history of launching products and programs that have transformed the industry.

"Walmart is proud to collaborate with VA to bring telehealth service to Veterans that are having difficulty accessing services," said Marcus Osborne, vice president of Health and Wellness Transformation at Walmart. "The opportunity to work with VA to expand its ability to serve Veterans through technology is an important way that Walmart can continue to show its commitment to Veterans and deliver on our promise of providing Americans with more affordable health care."

Ultimately, these partnership-based solutions will serve all Americans, as health care delivery systems continue to evolve and shift with technology – and that leads to happier, healthier patients. ♦



At-Home Teaching Tool for Veterans with Diabetes

By **Jennifer L Cole PharmD, BCPS, BCCCP** (corresponding author), Clinical Pharmacy Specialist Department of Pharmacy; **Laura K Mortensen RN**, Primary Care, Nursing Education; and **Lisa D Mann MSN, RN**, Patient Safety Manager Veterans Healthcare System of the Ozarks

To help rural Veterans better manage their diabetes, members of the Veterans Healthcare System of the Ozarks (VHSO) Healthcare Failure Mode and Effect Analysis (HFMEA) for glycemic safety team recently developed a novel education tool. The Diabetic Stop Light magnet (Figure 1) is intended to empower Veterans and their caregivers at home with simple reminders of glycemic safety.

There are three distinct zones of the Diabetic Stop Light to help a patient or their caregiver determine the best course of action. The zones are:

Green zone: Indicates a safe zone for diabetes symptoms, which includes those feeling well with fasting blood sugar between 80-130mg/dL.

Yellow zone: Indicates caution should be taken and instructs patients to call their primary care or diabetes education teams for further management.

Red zone: Indicates that patients should seek emergency care, citing extremes in blood sugar and signs/symptoms of diabetic emergencies.

The 2017 joint U.S. Department of Veterans Affairs and U.S. Department of Defense (VA/DoD) clinical practice guidelines for diabetes management recommends educating patients and family members on self-management of their diabetes.¹ While diabetic educational tools such as a pocket card and trifold are available through VA/DoD, the Diabetic Stop Light is designed as a magnet to be placed on the refrigerator at home or another prominent place for constant reminders and easy access.

The VHSO nursing education coordinators and other members of the 2018/2019 HFMEA for glycemic safety team developed the Diabetic Stop Light. Hypoglycemia and hyperglycemia are both major concerns for diabetes patients and caregivers. That is why continued patient education is very important and scores continue to be high on the HFMEA scoring matrix. Therefore, this innovative tool will be included in the diabetes patient education packet with the goal of disseminating through primary care and all Community Based Outpatient Clinics.

Patient-centered support for self-management and community resources are among the six core elements to provide optimal care in chronic disease states such as diabetes.² Patient preferences should be considered. As such, this project can be modified to meet the needs of individual facilities. In addition to high-quality diabetes self-management education, the new stop light will serve as a tangible reminder of teaching points to optimize care at home.

For more information, please contact laura.mortensen@va.gov.

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2. Strategies for Improving Care. *Diabetes Care* 2016;39:S6-S12. DOI: 10.2337/dc16-S004 ♦

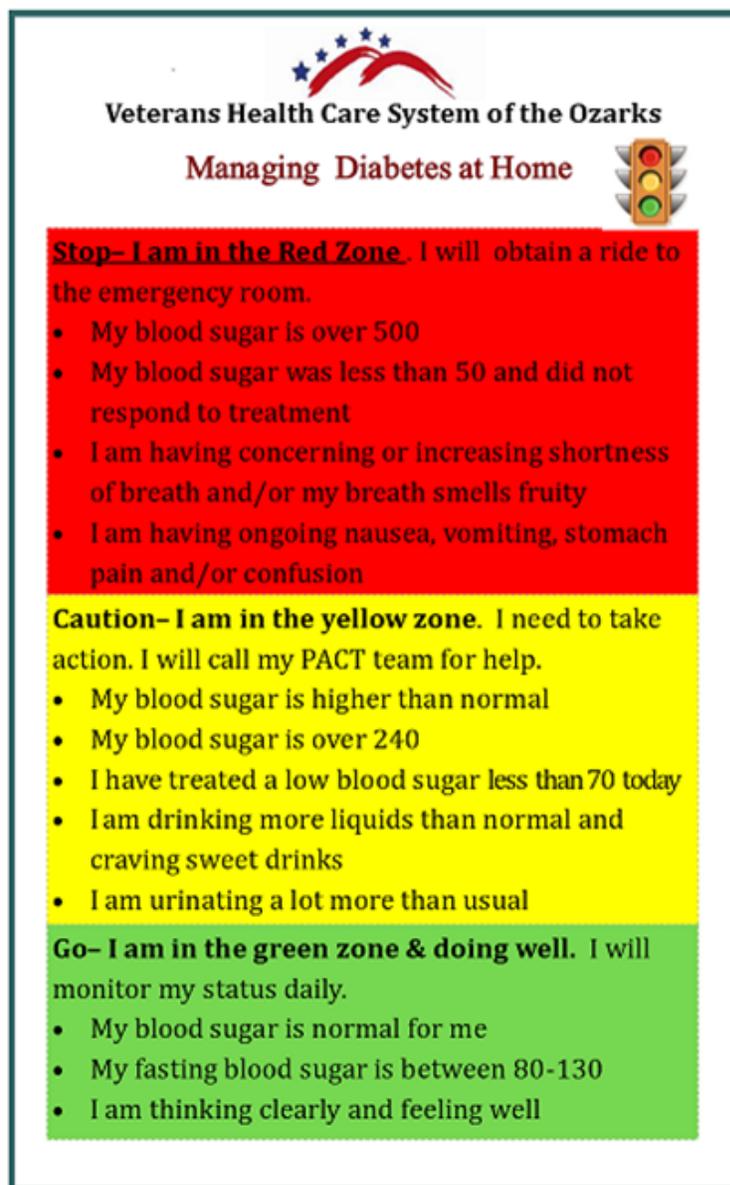


Figure 1

Behavioral Health Integrated into Rural Primary Care via Telehealth Technology

By **Anita “Denise” Savell, DNP, RN, PHNA-BC**, Associate Director Operations, and **Grace Tramm, PsyD, LP**, PCMH Psychologist, VISN 23 TelePrimary Care/TeleMental Health Hub, PC & MH, Veterans Health Administration

The U.S. Department of Veterans Affairs (VA) is well known for utilizing telehealth to improve access to mental health (MH) care. One less well-known but important program is Primary Care Mental Health Integrated (PCMH), which offers Veterans rapid same-day access to behavioral health as a routine part of primary care. During a health care visit, primary care providers (PCP) connect Veterans directly with a PCMH program consultant to provide needed behavioral support. This support aims to advance a Veteran’s primary care health goals seamlessly, and thereby minimize any stigma some Veterans associate with MH care.

These PCMH providers receive direct coordination from PCPs to assist Veterans with emergent concerns such as MH decision support, treatment nonadherence, patient education and participation. Some Veterans may only need one PCMH visit while others benefit from a series of brief sessions that are problem-focused and solution oriented. PCMH providers also perform functional assessments with MH referral when appropriate.

The following examples from the VISN 23 Telehealth Hub, located in North Dakota, South Dakota, Nebraska, Iowa and Minnesota, demonstrate how telehealth PCMH supported the PCP care plans for two rural Veterans with common conditions and contributed to their improved outcomes:

The first example: A Veteran with diabetes, who worked with a pharmacist twice a month for about six months, was hesitant to act on the behavioral recommendations. The Veteran’s hemoglobin A1C level was at a dangerously high level at above 11.

The Veteran was referred to PCMH for additional support controlling his blood sugar. Three main issues were revealed and addressed with PCMH: The Veteran did not think it was “fair” that he had diabetes, did not feel he could give up all the foods he loved, and could not remember to check his blood sugars as requested.

Most of the initial PCMH session was spent processing his frustrations. The next session helped him visualize and act on one small dietary change. In the third, PCMH helped him figure out a way he could remember to check his blood sugar. One change led to another, then to another.

After continued bi-monthly visits with the pharmacist and six visits with PCMH, the Veteran’s A1C level successfully decreased to his goal range below 8.

The second example: A Veteran suffered for 20 years with chronic pain despite having participated in multiple physical therapy programs and walking two miles on most days. His continuous pain was rated on a scale of five to seven.

He was referred to PCMH for evidence-based cognitive behavioral therapy for chronic pain (CBT-CP). The dual goals were to decrease his average pain rating to four or five and increase his daily walking endurance. About midway through the CBT-CP series, the Veteran’s pain rating began to lessen. By the end of CBT-CP, the Veteran rated his pain as 1 to 2. He then wanted to work with his PCP to decrease his pain medications and felt good enough to get a part-time job.

PCMH is not magic, but it can make a real difference toward the advancement of primary care outcomes. To improve PCMH access for Veterans in rural and underserved areas, telehealth technology is also leveraged to overcome limited PCMH provider availability and longer distance to a provider.

Learn more about PCMH and how they can help at <https://www.patientcare.va.gov/primarycare/PCMH.asp>. ♦



Empowering Veterans with their VA Medical Images & Reports

By Dawn Klein, MSW, Iowa City VA Health Care System (Affiliate), Department of Veterans Affairs

My HealthVet, the U.S. Department of Veterans Affairs' (VA) patient portal provides Veteran's with online access to their health information at the click of a button. Recently, My HealthVet added access for Veterans to view their [VA Medical Images](https://www.myhealth.va.gov/mhv-portal-web/va-medical-images-reports-learn-more) (https://www.myhealth.va.gov/mhv-portal-web/va-medical-images-reports-learn-more). This includes viewing their actual radiology images online and the ability to download a zip file of their diagnostic quality Digital Imaging and Communications in Medicine (DICOM) files along with their radiologist's written reports.



VA is one of the first health care systems to provide patients with access to their actual DICOM images. Previously, only written radiology reports were available in My HealthVet.

Recently at [HIMSS 2019](#), Dawn Klein, with VA's Office of Rural Health's (ORH) Veterans Rural Health Resource Center (VRHRC) in Iowa City, IA, presented the VA Medical Images and Reports feature on behalf of My HealthVet as part of the *Latest in VA Connected Care* session at HIMSS19. A key focus of the [HIMSS 2019](https://www.himssconference.org/) conference, this year, included promoting patient electronic access to, control over, and use of their health information.

Since the national release of the VA Medical Images and Reports feature in April 2018, more than 145,600 Veterans have requested more than 456,800 imaging studies. This convenient online access saves Veterans valuable time. Rather than taking up to 20 days for a release of information request to process, Veterans can now log in, request their available images, and access their information whenever and wherever they need it. For example, Veterans can share this information with community non-VA care providers for care coordination or submit their imaging information as part of disability claims processing.

"I just want VA to know that I love this feature! This is awesome if I ever need to share the images and reports with other providers in the future. Thank you so much for providing this for us!"
- Anonymous Veteran My HealthVet user

In addition to Klein's overview of the VA Medical Images and Reports feature, findings from an Office of Rural Health (ORH) supported project led by Dr. Carolyn Turvey, ORH's Clinical Director of the VRHRC in Iowa City, IA, was shared. This project, Health Information Exchange for Dual Use Veterans, provided education to Veterans about accessing their health record information in My HealthVet and asked Veterans how online imaging access would be of use to them.

- 45% of Veterans said it would help them better understand their health, provider recommendations and/or treatment plan,
- 41% indicated it would make it easier to share their images with other providers, and
- 39% reported it would make it logistically easier to get their images

Other programs highlighted during the "Latest in VA Connected Care" session included a Tele-ICU collaboration with the Department of Defense and VA's Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs). It is through the [Veterans Health API](https://developer.va.gov/explore/health) (https://developer.va.gov/explore/health) that Veterans will be able to access select medical record information on Apple iPhones.

See VA's [press release](https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5199) (https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5199) for more information. VA mobile applications, such as the new VA Launchpad for Veterans, VA Video Connect, Annie text messaging, and apps in development for collecting patient generated data were also reviewed. ♦

VA Exceeds One Million Video Telehealth Visits

By **Office of Media Relations**, Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) recently announced it reached a telehealth milestone, achieving more than one million video telehealth visits in one fiscal year (FY18), a 19% increase in video telehealth visits over the prior year.

Through video technology, VA health care providers are increasing access to care — diagnosing and managing care remotely for enrolled Veterans across the country.

“VA’s telehealth capabilities are bridging the care gap for many Veterans,” said VA Secretary Robert Wilkie. “This technology gives Veterans access to the timely, quality care they deserve, without having to travel great distances to a VA facility. Time spent traveling is time away from Veterans’ jobs and families.”



Video technologies make it possible for Veterans who reside in remote or rural areas to come to many of VA’s community-based outpatient clinics and interact in real-time, through video telehealth, with a specialist physician or another practitioner who may be hundreds or thousands of miles away.

From October 2017 through September 2018, Veterans received VA quality care during approximately 2.3 million episodes of telehealth care.

- About half (1,074,400) were video telehealth encounters, which allows real-time interaction between VA care teams and their Veterans in a clinic or at home.
- The other half of VA telehealth encounters were not real-time, interactive visits; instead, VA staff monitored, screened and assessed Veteran data (e.g., vital signs, sleep studies, etc.) or images (e.g., skin rash, eye disease, etc.) sent by other VA staff in another VA clinic or by a Veteran or caregiver from home.

More than half (582,000) of those video encounters supported Veterans located in rural areas. Additionally, 105,300 of those one million-plus video visits were conducted using the [VA Video Connect application](https://mobile.va.gov/app/va-video-connect) (<https://mobile.va.gov/app/va-video-connect>) on Veterans’ mobile devices or personal computers from their homes or locations of choice.

At more than 900 community-based outpatient facilities, clinicians and Veterans meet through these virtual, real-time visits, providing Veterans care in more than 50 specialties, which range from mental health to rehabilitation.

For more information on VA’s telehealth programs, visit www.telehealth.va.gov. ♦

Veterans – Relieve stress with FREE at-home meditation classes



Veterans who use VA health care can join in weekly FREE mindfulness meditation classes by phone. Research shows that meditation can relieve stress and improve physical health conditions such as insomnia, anxiety, high blood pressure, chronic pain and PTSD. Veterans can learn to relax their minds and achieve a restful sleep-like state to facilitate healing. No registration or special equipment needed except a telephone. Classes offered include Mindful Sitting with the Breath on April 12th and Mindful Body Scan on May 3rd and 10th.

Read more about mindfulness meditation and [view class times](https://www.warrelatedillness.va.gov/) (<https://www.warrelatedillness.va.gov/>) or find [previous recordings](https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/meditation/default.asp#yoganidra) (<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/meditation/default.asp#yoganidra>) of several meditation classes to use when convenient. ♦

Enhancing Relational Coordination at VA

By **Heather M. Gilmartin, PhD, NP**, VA Eastern Colorado Healthcare System, Rocky Mountain Regional VAMC, Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) is exploring how to study and enhance relational coordination across settings, populations and conditions. Through Health Services and Research Development (HSR&D) pilot funding, Office of Rural Health (ORH) projects have free access to the Relational Coordination Research Collaborative (RCRC) Partnership. Additionally, five VA teams have an opportunity to study relational coordination in their current research or quality improvement projects using the Relational Coordination Survey.



Relational coordination is a mutually reinforcing process of communicating and relating for task integration. More than 20 years of research suggests that the strength of relational coordination among participants in a work process predicts outcomes that are critically and strategically important to VA.

These outcomes include quality, efficiency, customer satisfaction, and workforce resilience and well-being. Relationships shape the communication through which coordination occurs for better or for worse, and relational coordination is a component of delivering an effective, reliable, highly coordinated experience of care and key to learning health care and high reliability organizing.

The RCRC is a learning community based at Brandeis University that includes access to relational coordination related research, interventions, trainings, webinars and collaborations. All VA staff can become an RCRC partner at no cost. Sign up here: <https://heller.brandeis.edu/relational-coordination/partners/va.html>

The RC Survey is a validated measure of coordination and team performance that assesses the quality of communication and relationships among teams. The survey is administered by RC Analytics, through their on-line, proprietary survey platform (<http://rcanalytic.com>). Five teams will be chosen to have free access to the survey. There is a competitive application process. The application is available on the RCRC sign-up page: <https://heller.brandeis.edu/relational-coordination/partners/va.html>

Relational Coordination Survey administration includes individualized guidance regarding:

- The design and administration of the survey for your project
- Institutional review board submissions
- Refinement of relational coordination related aims and research questions
- Data feedback strategies
- Relational coordination interventions and coaching to address gaps
- Future measurement of relational coordination in your project

RC Analytics will provide the project team with:

- Administration of the RC Survey tailored to your project
- A summary report of RC Survey findings
- Project raw data

Project criteria:

- Investigators must be currently supported by VA operations, academic, or research funds
- Project must be conducted in VA and address one of the Secretary's priorities
- Project must have current IRB approval or waiver
- Survey administration must be completed by September 30, 2019

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'Virtual Living RoomSM' Telehealth Grant Program Seeks Applicants

By **Stephen Miles**, Office of Rural Health, Department of Veterans Affairs



Virtual Living Room waiting room at the Jackson County Public Library in McKee, Kentucky

[The Foundation for Rural Service](https://www.frs.org/) (<https://www.frs.org/>), in partnership with [NTCA–The Rural Broadband Association](http://www.ntca.org/) (<http://www.ntca.org/>), launched a new grant program to support rural Veteran communities that lack easy access to U.S. Department of Veterans Affairs (VA) hospitals and clinics. The "Virtual Living RoomSM" grant program provides funding to create spaces in rural communities where Veterans can use robust broadband connections provided by local telecommunications providers to access VA telehealth services.

Virtual Living Rooms are designed to serve as comfortable, local spaces where Veterans can virtually meet with a doctor or access other telehealth services.

The ability to connect remotely with health care professionals saves travel time and costs for Veterans while providing crucial assistance with chronic conditions and treatment for acute illnesses.

Communities that are located more than an hour away from a VA clinic or hospital and within the service territory of an NTCA member are encouraged to

apply for \$5,000 grants to support the creation of a Virtual Living Room. Virtual Living Rooms can be installed at local libraries, churches, community centers or other locations such as Veteran organization facilities.

For more information about the FRS Virtual Living Room Grant Program, or for guidance on how to apply, visit <http://www.FRS.org> or contact foundation@frs.org. Applications are available online and will be considered on a rolling basis. ♦

New Office of Rural Health Annual Report Now Available

Each year, the Office of Rural Health (ORH) captures the current state of rural Veteran care and ORH program outcomes in its annual report, Thrive.

Thrive 2018 serves as a comprehensive year-in-review for the Office to educate rural Veteran health care partners, practitioners, advocates and policymakers ORH's role in researching, innovating and disseminating rural-center health care solutions that support rural Veterans nationwide.

In FY2018, ORH:

- Served 1.35 million rural Veterans
- Cared for more than 84,500 rural Veterans through telehealth services
- Trained more than 15,900 VA and community-based clinical and non-clinical employees
- Trained more than 1,400 students to serve rural Veterans
- Collaborated with 21 VA program offices
- Worked with more than 450 VA sites of care that participated in ORH-funded programs



This year's report highlights the innovative rural solutions made possible through engagements with VA program offices, the Veterans Rural Health Advisory Committee, the Broadband Interagency Working Group and more. The report includes a letter from ORH Executive Director Tom Klobucar, as well as an overview of ORH program outcomes, partnerships and strategic communication efforts.

To download Thrive 2018, visit www.ruralhealth.va.gov/newsroom/background.asp. ♦



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

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