

Message from the Director of the VA Office of Rural Health

Improve Employee Engagement



Thomas Klobucar, Ph.D.
ORH Acting Executive Director

This issue of “The Rural Connection” focuses on the U.S. Department of Veterans Affairs’ (VA) health priorities to “improve employee engagement” and “increase access to care.”

Over the last few months, I connected with VA’s rural care teams throughout the country. I heard our clinical experts present at the National Rural Health Association’s Rural Hospital Innovation Summit; I spoke with researchers in Columbia, South Carolina as part of VA’s Health Services Research and Development’s research week; and I had the opportunity to address rural health stakeholders, including VA medical professionals, community providers, and clinic managers, from across the country at the National Rural Health Association’s Annual meeting.

At each venue, it was clear rural medical providers have a deep commitment to and passion for rural Veteran care. Our employees are engaged in the creation of new solutions that not only deliver beneficial medical outcomes but also meet the needs of our Veterans. Beyond delivering new types of care, they focus on sharing their knowledge with other healthcare professionals – within the VA as well as our

community partners. They know that the best solution for rural Veterans is to collaborate.

To bring the highest quality of care to rural Veterans, employees are finding new ways to connect with their medical colleagues from around the country. For example, if a rural provider needs a second opinion on a diagnosis, help is just a few clicks away through the PTSD Consultation Program. The program is free and available to both VA and community providers who treat U.S. Veterans. Read more in **The PTSD Consultation Program: Virtual Colleagues for Providers Treating Veterans on Page 2**

Engaged employees also created and piloted a program that delivers medical training to rural sites of care. The VA Mobile Training Simulation Training Team (MSTT) pilot program, from the Nebraska-Western Iowa Health Care System (NWIHCS) Omaha VA Medical Center, is where specialized trainers bring their knowledge and expertise directly to rural Community Based Outpatient Clinics (CBOCs). This program saves valuable time and reduces the facility staff’s need to close or cancel patient appointments. Read more in **The Mobile Training Cadre Goes Rural for Veteran Care on Page 3**

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Our employees also focus on innovations that bring VA care to the Veteran, rather than requiring the Veteran to get to a VA. One program helping to pave this digital path is VA Video Connect, whose latest innovation enables patients to conduct video visits with VA providers using their personal mobile devices. Veterans who live far from medical centers or whose health conditions prevent them from traveling will soon be able to hold live video appointments from the convenience of their own phone, desktop or tablet. Read more in **Digitally Connecting Veterans to Health Care Providers on Page 4**

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

VA's Top Health Priorities

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

The PTSD Consultation Program: Virtual Colleagues for Providers Treating Veterans

By **Todd McKee**, Program Manager, PTSD Consultation Program, National Center for PTSD

Most mental health providers can relate to this experience: You just finished an intake appointment with a new patient but feel a bit uncertain about the patient's diagnosis or the best approach to treatment. The patient's situation might be complicated by other health issues or by the fact that the rural Veteran experienced a mild traumatic brain injury.

Your first instinct might be to head down the hall and hope that a trusted colleague's door is open so that you are able to discuss the case. However, for many providers working in rural areas, there is no one down the hall. You are the only mental health provider for miles around.

A program at the National Center for Post-traumatic Stress Disorder (PTSD) is working to support all providers, including those practicing in rural communities, who treat Veterans with PTSD. Expert clinicians in the [PTSD Consultation Program](http://www.ptsd.va.gov/consult) (<http://www.ptsd.va.gov/consult>) are ready to be that virtual colleague. The program offers psychologists, psychiatrists, pharmacists, and other mental health professionals, who are available by email or phone, to discuss PTSD-related assessments, treatments, medications, and referral questions. The services are free and available to any provider treating a U.S. Veteran. Consultation is consistent with evidence-based practices for PTSD and consensus statements such as the [VA/DoD Clinical Practice Guideline for PTSD](http://www.healthquality.va.gov/guidelines/MH/ptsd/) (<http://www.healthquality.va.gov/guidelines/MH/ptsd/>).

"We're available to consult on everything from the toughest cases to general questions on topics like resources, evidence-based treatment and medications," Norman adds, "We're here to support providers and to help them get the information and resources they need to treat Veterans with PTSD. The PTSD Consultation Program doesn't provide services directly to Veterans, but providers are encouraged to use the consultation we provide in the ways that seem the most helpful for their patients."

Providers with questions about treating a Veteran with PTSD can contact an expert clinician by emailing PTSDconsult@va.gov or calling 866-948-7880. The typical response time is less than a day. ♦

Meet One of the Consultants

From the moment you start talking with Elissa McCarthy, her enthusiasm and friendliness are obvious. "I love being a consultant," she said recently, "because I love to support the providers who do so much to support Veterans."



Dr. Elissa McCarthy

Dr. McCarthy is a VA psychologist and researcher at the National Center for PTSD. However, forget about the stereotype of a researcher who seems disconnected from the real world – McCarthy has more than 10 years of experience treating Veterans. Like the other members of the PTSD Consultation Program team, she continues to treat patients with PTSD and is eager to find practical ways to apply research findings to the everyday clinical challenges of helping people recover.

"It is somewhat ironic that some of the providers who are helping isolated Veterans are themselves isolated professionally. They don't have to be alone in this work," she says. "A little support goes a long way."

McCarthy describes her style as a mixture of providing research-based recommendations and being a sounding board for providers who find it helpful to "talk it out" with her when they are dealing with a challenging case. However, her consultation is not only for the toughest situations. She encourages busy providers to have a low threshold for using the program. "I would tell them, 'Don't be afraid to ask even the most basic questions. We're here to help.'"

Trainers Bring Training to Rural Areas

By **Nebraska-Western Iowa Health Care System (NWIHCS) Mobile Training Cadre**

The U.S. Department of Veterans Affairs (VA) has a new training approach that is positively impacting rural veteran care. Two years ago, the Nebraska-Western Iowa Health Care System (NWIHCS) trialed a new modality to bring training directly to Community Based Outpatient Clinics (CBOC), rather than requiring the CBOC staff to block appointments and travel to the supporting VA medical center or health care system to receive vital or required training. This Mobile Training Cadre consists of emergency management, safety, and clinical staff.



Over the last two years, the Mobile Training Cadre tailored their training based on VA mandatory requirements, site-specific needs, and requests. This “on the road” training approach is a win-win to keep frontline staff in place to provide access to our Veterans, while reducing expenses, travel inconveniences, and increasing CBOC staff satisfaction.

Expanding upon the success of the Mobile Training Cadre program, the Omaha VA Medical Center is the first VA facility to host the Mobile Simulation Training Team (MSTT) program.

The MSTT is a small training team outfitted with the latest simulation equipment, fully accredited medical training courseware, qualified educators and maintenance technicians. This specialized team travels to the CBOC to set-up equipment, teach courses and train the CBOC staff together.

Based on the success of the NWIHCS’s Mobile Training Cadre, the MSTT plans to use their development model, but take the training to a much larger geographical area to serve hundreds of CBOCs in the Midwestern region of the United States.

As the MSTT program matures and grows, watch for a website to emerge with a list of mobile simulation accredited courses available and instructions on how to schedule training for your CBOC. ♦

Don’t Delay: Search Wait Times and Ratings for Your Local VA Medical Center

Veterans now have a new tool to help with their health care decisions. The new [Access and Quality Tool](http://www.accesstocare.va.gov/) (<http://www.accesstocare.va.gov/>) provides Veterans an easy-to-use, easy-to-understand way to:



- ✓ Quickly compare their VA facility with others and, where possible, provide an easy comparison to private sector facilities
- ✓ Average wait times at a facility for both new and established patients
- ✓ Ability to sort by type of clinical care
- ✓ Research satisfaction scores for access to primary and specialty care options
- ✓ And the timeliness of urgent appointments

To learn more about the program or to search for ratings or wait times, visit www.accesstocare.va.gov. ♦

Digitally Connecting Veterans to Health Care Providers

By **Alan Greilsamer & Treva Lutes**, Communications Specialists, VHA Office of Connected Care

The Department of Veterans Affairs (VA) is developing new digital solutions to give rural Veterans more access to their health care teams, virtually. One of the newest products in testing is VA Video Connect, which enables patients to conduct video visits with VA providers using their personal mobile devices. VA Video Connect allows Veterans who live far from medical centers or whose health conditions prevent them from traveling, to hold live video appointments from the convenience of their own phone, desktop or tablet. This is especially helpful when Veterans are managing a chronic disease.

Regional/National Telehealth Hubs are also making great strides in serving areas of the country with fewer specialty providers. Through funding over the past year from VA's Office of Rural Health, VA opened Telemental hubs in Pittsburgh, Penn., Charleston, S.C., Salt Lake City, Utah, the Pacific Northwest, New York City, N.Y., West Haven, Conn., Honolulu, Hawaii, Sioux Falls, S.D., and Harlingen, Texas to provide video mental health appointments for Veterans across the country. Hubs are also forming to support delivery of primary care from Boise, Idaho, Little Rock, Ark., San Francisco, Calif., Honolulu, Hawaii, and Prescott, Ariz. to other remote locations.

Additionally, VA's Telegenomic medicine services, based in Utah, provide genomic medicine and counseling services to more than 80 VA medical centers. Two TeleICU centers in Minneapolis, Minn. and Chicago, Ill. provide additional support to intensive care unit staff serving Veterans in approximately 300 VA Intensive Care Unit beds across the nation.

Access to Providers and to Information Leads to Better Health Outcomes

It is important for rural Veterans to have access to their own health information and tools to help manage their well-being. For many years now, VA has worked to make individual health information more accessible so patients are able to view it securely, when and where they need it. In 2016, 55.8 million people visited [My HealthVet](http://www.myhealth.va.gov) (www.myhealth.va.gov).

VA continues to strive to provide Veterans with:

- The ability to complete simple health-related tasks online
- Secure online access to health care records and vetted health information
- Multiple communications channels to reach VA health care teams
- Connections to VA expertise when and where Veterans need it – by desktop, laptop, tablet or smart phone

VA aims to enhance the Veteran experience, make health care simpler, and to augment the connections Veterans all need and desire during their lifetime health journey.

For more information about VA's Connected Care technologies, visit <https://connectedcare.va.gov>.

My HealthVet Experience

To make health information more available, VA is making changes to enhance the [My HealthVet](https://www.myhealth.va.gov) (https://www.myhealth.va.gov/) experience. Veterans can now use the secure messaging feature to:

- Communicate about non-urgent issues with their VA health care teams
- Request appointments
- Get prescription renewals
- Download personal health records
- Access other tools and resources to stay healthy

Veterans are able to easily access most of the data from their VA medical record through VA's Blue Button feature. Plus, the Open Notes initiative makes clinical progress notes available for review online.

New Features Coming Soon:

- Expansion of the VA Health Summary to make surgical and clinical procedure notes available
- The ability for Veterans to securely transmit their VA Health Summary to other organizations or community providers through Direct Messaging

Furthermore, VA is testing and rolling out a variety of [web and mobile apps](https://mobile.va.gov/appstore/) (https://mobile.va.gov/appstore/) that will connect Veterans to their health information. ♦



VA's Office of Connected Care enables patients to conduct video visits with VA providers using their personal mobile device

Get Your Groove On: Telehealth Brings Dance Therapy to Veterans' Homes

By **Dr. Charles Levy**, Site Co-director of the Center of Innovation on Disability Rehabilitation Research, North Florida/South Georgia Veterans Health System

Florida area Veterans are moving to the rhythm of the beat thanks to the Rural Veterans TeleRehabilitation Initiative (RVTRI) dance/movement therapy program. Turning their homes into dance floors with the help of telehealth technology, Veterans of all ages are getting their groove on for good health.

A 75-year-old Veteran with Parkinson's disease, who struggles to travel to a Department of Veterans Affairs (VA) medical facility for on-site therapy, uses live streaming video to participate in weekly dance/movement therapy sessions. With the direction of Jenny Baxley Lee, a board-certified dance/movement therapist of the Malcom Randall VA Medical Center, the Veteran and his wife dance together again, cheek to cheek. They sing the praises of the RVTRI in general, and Jenny in particular.



This photo is from the University of Florida, Center for Arts in Medicine, and features the Dance for Life, Movement Program for People with Parkinson's disease.

*"People are surprised to hear that dance/movement therapy for Veterans works. It works for both genders, it works for all ages and it works using Telehealth technology."
— Jenny Baxley Lee - Board-certified Therapist*

"At 75 years old, you might assume there would be some resistance to using telehealth technology, but it's just the opposite," says Jenny.

In partnership with the University of Florida's Center for Arts and Medicine Program, and through sponsorship from the VA's Office of Rural Health, the RVTRI brings therapists into the patient's home via televideo. Veterans have multiple paths to connection through smartphones, laptops, desktops and tablets. This access facilitates distance dance therapy into Veterans' treatment plans.

The program is groundbreaking, using technology to treat Veterans with the arts where they live.

Veterans welcome the therapists virtually into their homes. Telehealth therapy enables VA care teams to learn more about the Veteran's daily surroundings, including obstacles in the room, dogs barking, other family members, and the current condition of the Veteran's environment. So far, the team in Florida has seen an enthusiastic embrace of the dance/movement telehealth program.

To learn more about the dance/movement telehealth program at the North Florida/South Georgia Veterans Health Service, please contact Charles Levy at Charles.Levy@va.gov.

Read more about how telehealth affects Veterans in a 2015 study on the [Effects of physical therapy delivery via home video telerehabilitation on functional and health-related quality of life outcomes](http://www.rehab.research.va.gov/jour/2015/523/JRRD-2014-10-0239.html). (<http://www.rehab.research.va.gov/jour/2015/523/JRRD-2014-10-0239.html>)

To learn more about VA's Telehealth Services at <http://www.telehealth.va.gov/>. ♦

VA's Joint Legacy Viewer — Ensuring a Complete Record for Your Clinical Visit

By **Stacie M. Rivera**, MPH, APR, Public Affairs Officer, Office of Informatics and Analytics

Vital signs, immunization records, medications, and lab results are critical parts of a patient's electronic health record (EHR). For a better diagnosis, it is important for a Department of Veterans Affairs (VA) primary care team or other providers to have a well-rounded view of a patient's current and past medical history. With the VA's Joint Legacy Viewer (JLV), Veterans can feel confident that their VA providers will have access to critical health data – no matter where they were previously treated.

JLV gives medical professionals the ability to access a patient's historical EHR, including visits from other health care providers. This means that if a Veteran was treated by the Department of Defense (DoD) or a community health partner in the Virtual Lifetime Electronic Record Health Exchange (VLER), their VA provider has access to their health data. This information makes the point-of-care experience more meaningful and ensures a Veteran's provider has the most complete information to make better treatment decisions.

In addition to enhancing patient care, JLV supports patient safety. According to Patient Safety Manager-Simulation Specialist, Denise R. Cochran, from the North Florida-South Georgia Veterans Healthcare System, JLV is especially helpful for providers to understand a patient's immunization history and helps them with medication reconciliation. She says that 100 percent of their pharmacy team and about 80 percent of their Patient Aligned Care Team (PACT) nurses regularly use JLV across their system. It has had a huge impact in reducing medication errors. She added, "We love JLV!"

Veterans are also fans of JLV. Dr. Kathryn Corrigan from the James A. Haley Veterans Hospital in Tampa, Florida, said that Veteran patients are amazed that their PACT providers have access to their records. She said one Veteran commented, "This is great that you can see all of our records from other VAs."

JLV doesn't just benefit providers – it's valuable to Veteran patients as well:

- JLV pulls data from VA, DoD, and VLER community health partners – all places where a Veteran might receive care
- JLV helps ensure that VA staff can quickly access up-to-date, integrated data when they need it
- JLV meets national standard terminology and codes, making it easier to compare information between health systems
- JLV satisfies federal mandates for secure access to patient data

Next time you visit a VA health care or benefits office, ask your VA staff members if they are using JLV. ♦



Medical Foster Homes Provide a New Option for Veterans

By **Kim Kelley**, MA, MSW, LCSW, Director, Home & Community Based Services, Geriatrics and Extended Care Services

Rural Veterans who need the quality care of a skilled nursing facility but want the comfort of a personal home now have another option. A Medical Foster Home (MFH) offers nursing home-level care in a personal home setting for selected Veterans who are no longer able to safely live independently.

MFH is a type of Community Residential Care (CRC) home chosen by Veterans with serious chronic disabling conditions who require care coordination and enhanced access to VA services but prefer a non-institutional setting for their long-term care. MFH strives to offer Veterans independence while balancing their need for safety and support.

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Medical Foster Homes Provide a New Option for Veterans (continued from page 6)

The U.S. Department of Veterans Affairs (VA) MFH program brings together a person who is willing to open their home and serve in the role of a strong family caregiver, the VA MFH Coordinator who manages the program, and a VA interdisciplinary home care team that provides care in the MFH and trains the MFH caregiver. The MFH matches the Veteran's physical, social and emotional needs, including supervision and protection.

The MFH coordinator finds a caregiver in the community who is willing to take a Veteran into their home and provide 24-hour supervision with personal assistance, as needed. VA provides comprehensive primary care through the interdisciplinary home care team, and the Veteran pays the caregiver. The expectation is that this is a long-term commitment, where the Veteran may live for a few years, or often for the remainder of his or her life.

The VA MFH program was successfully piloted at the John J. McClellan Memorial Veteran Medical Center, in Little Rock, Ark. in 1999. In 2004, two additional sites implemented MFH programs in Tampa, Florida, and San Juan, Puerto Rico. With demonstrated pilot success at three locations, MFH progressively expanded each year. Presently, VA MFH operates at 121 sites in 42 states, with more than 1,000 Veterans receiving care every day in a VA MFH.

Through funding provided by the VA Office of Rural Health and expansion access to MFHs for rural Veterans, the Office of Geriatrics and Extended Care continues to provide innovative health care that helps Veterans achieve their highest possible level of health, independence and well-being by providing personalized, proactive and patient-driven care.

To find out more information about Medical Foster Homes, visit https://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp. ♦



Exploring New Treatment Options for Veterans

By VA Center for Compassionate Care



VA pilots program to expand veterinary health benefits for mental health mobility service dogs.

Experiencing everyday life can be a challenge for rural Veterans who struggle with mental health conditions. Regular daily activities which most people take for granted, like going to a crowded baseball game or traveling to an appointment in a big city, can feel limiting. There is considerable anecdotal evidence to suggest that a service dog trained to assist persons with mental health conditions may be a possible solution to help Veterans that face this challenge.

The Mental Health Mobility Service Dog Veterinary Benefit Initiative is one of the projects that the new VA Center for Compassionate Innovation is spearheading. The Center's mission is to explore emerging therapies that are safe and ethical to enhance Veteran physical and mental well-being when other treatments have not been successful. "Our goal is to offer hope

to those Veterans, who along with their treatment teams, have tried traditional treatments to no avail," says Director Lelia Jackson, herself a Marine Veteran. Rural Veterans who receive care at the Martinsburg, West Virginia and Phoenix, Arizona VA medical centers are among those who are approved for the benefit.

Under this innovative initiative, up to 100 Veterans with mobility impairments secondary to a mental health condition may be eligible for the VA veterinary benefit, if it is determined that a service dog is the best solution to mitigate the Veteran's circumstance. The benefit provides comprehensive coverage for the service dog's health and wellness, prescription medication and dental care necessary to enable the dog to perform its duties in service to the Veteran. The first step is for the Veteran to see their treatment team for an individualized assessment.

To learn more about the Service Dog Veterinary Health Benefit, including how to apply to receive the benefit, contact Prosthetics and Sensory Aid Services at VHAPSASClinicalSupportTeam@va.gov.

To learn more about the Mental Health Mobility Service Dog Benefit Pilot, contact the VHA Center for Compassionate Innovation at VHACCISD@va.gov or for more information about the VA Center for Compassionate Innovation, go to <https://www.va.gov/HEALTHPARTNERSHIPS/index.asp>. ♦

Neuropsychology in Telehealth, Innovative Ways to Reach Rural Veterans

By **Jeffrey Sordahl**, PsyD, VISN 20 V-IMPACT Neuropsychologist and **Autumn Keefer**, PhD, VISN 20 V-IMPACT PCMHI Program Manager

Rural Veterans are now able to get neuropsychology care via the VISN 20 Virtual Integrated Multisite Patient Aligned Care Team (V-IMPACT Hub). The V-IMPACT Hub offers neuropsychology services to improve outreach to Veterans in rural locations where such services would otherwise be challenging to obtain.

Neuropsychology is a specialty branch of psychology, which focuses on brain-behavior relationships. Veterans may be referred to a neuropsychologist if there is a question that their thinking abilities have changed such as with dementia or after a stroke.

Located in the Boise VA Medical Center, the V-IMPACT Hub uses innovative clinical video telehealth (CVT) technology to pursue its mission of assisting VISNs with providing local Veterans timely access to high-quality health care. The V-IMPACT Hub has a diverse team of medical professionals including physicians, nurses, pharmacists, psychologists and social workers. These teams work together to assure that a Veteran's health is comprehensively treated.

A neuropsychological CVT appointment is much like what a patient would experience if they were to see a provider in person. This appointment includes a clinical interview with the patient and family, followed by 1-3 hours of neuropsychological testing. The testing stimuli are presented verbally as well as visually using specialized cameras that allow for a high degree of clarity of both picture and sound. Following the appointment, results are provided that include findings and recommendations.

In its first year of operation, the V-IMPACT Hub neuropsychology program, operated by Dr. Jeffrey Sordahl, served more than 100 Veterans living in highly rural areas throughout the Northwest.

More impactful, however, is that many of these Veterans, given the lack of local resources and distances and time of

To receive comparable services outside of the V-IMPACT program, these Veterans would have had to cumulatively travel more than 20,000 miles to and from their appointments to the nearest VA provider – that is more than 400 hours in a car, resulting in a cost of more than \$5,000 in travel reimbursements. If referred out to the community, the evaluations alone would have cost more than \$100,000.

travel from their rural residences, would likely not have received services at all had they not participated in the V-IMPACT Hub.

The Boise VA Medical Center is proud to house the V-IMPACT Hub and its many talented and innovative providers, such as Dr. Sordahl, who have a passion for improving rural health care. For his part, Dr. Sordahl is excited to continue his clinical and research work in this pioneering area and looks forward to what the future may hold for neuropsychology in telehealth. ♦



Meet Two Rural Health Innovators and Champions

The Veterans Rural Health Resource Centers (VRHRC) are part of the Office of Rural Health's (ORH) legislative mandate to understand the challenges rural Veterans face, to research innovative practices and to develop programs that deliver advanced health options to benefit this unique community. Since 2012, VRHRC's dedicated and passionate team of doctors, clinicians and researchers launched nearly 200 initiatives to increase access to care for rural Veterans.

Meet Dr. Byron Bair and Dr. Michael Ohl, VRHRC's clinical directors, who lead the way across the United States and learn what fuels their passion for rural health care.

Dr. Byron Bair – Clinical Director of the Veterans Rural Health Resource Center, Salt Lake City



Dr. Byron Bair

Q: What is your education background (undergrad, graduate, fellowships, etc.)?

A: I have the following training:

1. Undergraduate: Biology Major; Math and Spanish Minor
2. Graduate school: Biochemistry and Clinical Psychology
3. Graduate school: Medical School
4. Graduate school: MBA
5. Residencies: Internal Medicine and Psychiatry
6. Fellowships and Training in: Geriatric Internal Medicine and Geriatric Psychiatry
7. Board certifications: General Medicine, Geriatric Internal Medicine, General Psychiatry, and Geriatric Psychiatry

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

A: I consider my specialty to be "Geriatric Med Psych," an integration of Geriatric Internal Medicine and Geriatric Psychiatry.

I am especially excited about providing innovative health care system solutions in order to provide better health care delivery to those experiencing complex and chronic health care problems.

These types of solutions require spanning the gaps that exist between traditionally organized medical specialties and subspecialties. Patient issues do not come compartmentalized. We artificially compartmentalize patient problems into "specialties," which introduces confusion and complexity to patients and family caregivers. It is exciting to break down these barriers and establish interdisciplinary teams to facilitate health care delivery and promote integrated wellness.

It's also exciting to support VA policies which emphasize caring for Veterans who are underserved and disadvantaged from a health care perspective. I am excited and grateful to be able to focus all of my professional efforts on such a deserving population. These men and women have given so much to our country and enable us to enjoy the freedoms we all share. Being able to serve them professionally is a great personal honor and privilege.

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

A: I would have them consider a career serving Veterans at the top of their career list, in every way. As an academic career, it is excellent. There are so many intellectual possibilities available within the VA system. Opportunities to actively explore a wide variety of research perspectives include basic science, health service, translational and implementation research opportunities.

There are also unprecedented opportunities to teach a broad cadre of health care professionals, since VA trains more than 80 percent of all health care professionals nationally. From a clinical perspective, it is deeply satisfying to deliver health care to such an exceptional population of deserving men and women. Veterans are wonderful, especially rural Veterans! protocols can also be used to care for Veterans in Manhattan. Understanding how to deliver health care to rural Veterans can serve as a paradigm for how to deliver health care to all Veterans.

Q: Why is rural Veteran care important to you?

A: Rural Veterans represent perhaps the most underserved and disadvantaged of our health care population. However, geographic isolation is only one type of isolation. There are social, economic, environmental and other types of isolation that impact not only rural Veterans, but also urban Veterans. Lessons learned from serving rural Veterans can provide insights into innovative solutions that can be applied to the care of urban Veterans. If we can understand how to deliver care that meets the complex needs for those in rural Montana, similar protocols can also be used to care for Veterans in Manhattan. Understanding how to deliver health care to rural Veterans can serve as a paradigm for how to deliver health care to all Veterans.

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Meet Two Rural Health Innovators and Champions (continued from page 9)

Dr. Byron Bair – Clinical Director of the VA Rural Health Resource Center, Western Region

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

A: Veteran-centric means putting the Veteran first and into the very center of our health care delivery system. It means considering the individual Veteran’s perspective with regard to everything we do in health care, including accessing the health care system, making timely appointments, the actual experience of receiving health care, redefining personalized health care outcomes and wellness, and being at the center of the entire health care process.

I also believe that it means we need to develop innovative ideas concerning where health care is delivered and in what context it is delivered. Having the “Veteran-centric” view means we redefine care outside of a “bricks and mortar” context and reconceive

health care delivery outside of the traditional medical model by “de-medicalizing” health care and integrating (and normalizing) health care and wellness into daily Veteran life.

Q: What impact has your Rural Promising Practices programs had on rural Veteran care?

A: Our Rural Promising Practices address important broad and specific issues facing older rural Veterans and their access to high-quality health care. The Geriatric Scholars Program (Geri Scholar) strengthens and supports workforce development by providing VA rural providers with geriatric education to take care of older rural Veterans. It also establishes a culture of quality improvement by requiring each Geri Scholar to implement a quality improvement project. These quality improvement projects address a wide variety of issues facing rural older Veterans and have the potential to become promising practices themselves.

The Geri Scholar alumni also constitute a rural dissemination network. This network currently consists of more than 290 rural-based clinics. This network is being utilized to implement another Rural Promising Practice: Geriatric Research Education and Clinical Centers (GRECC CONNECT). This Rural Promising Practice provides ongoing Geriatric specialty care support for Geri Scholar alumni as

well as direct rural Veteran consultation concerning complex geriatric care.

Another Rural Promising Practice, Connecting Older Veterans (Especially Rural) to Community or Veteran Eligible Resources (COVER to COVER), is working with county Aging & Disability Recourse Connection in multiple states as well as state offices of Veterans Affairs. COVER to COVER seeks to establish functional relationships between VA

facilities and every state concerning individual rural Veteran access to VA health care and benefits. These functional partnerships focus on the individual as well as population impacts for rural Veteran health care.

Q: What do you like about research?

A: I like the opportunity to explore and innovate without boundaries.

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

A: I am most proud that each of our 200+ projects has provided a continuously evolving learning experience over the entire span of VA’s Office of Rural Health’s (ORH) existence. Each successive year has provided fresh insights into what we should be doing. Each project has provided insights that have impacted the successive years’ work on how to better influence individual rural Veterans health care.

Our focus continues to be on learning more about specific populations of rural Veterans rather than on specific disease entities. Older rural Veterans, native rural Veterans, women rural Veterans and rural Veteran communities have been our major foci. Each of these rural populations presents unique challenges for health care delivery concerning multiple perspectives about medical comorbidities and complexities. All of our projects have focused on how to deliver better care in spite of these challenges. The most rewarding aspect of this is to innovate continuously, to break down barriers and obstacles facing all types of rural Veterans.

Q: If you could get folks to do one thing to improve their health and well-being, what would it be, and why?

A: They should quit soda and exercise more.



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Meet Two Rural Health Innovators and Champions (continued from page 10)

Dr. Byron Bair – Clinical Director of the VA Rural Health Resource Center, Western Region

Q: As a physician, what is the bad habit or vice you'd like to quit?

A: I'd like to quit drinking soda and start to exercise more.

Q: How would you define your leadership approach at the Veterans Rural Health Resource Center?

A: I hope it would be viewed as inclusive, transparent, visionary, innovative and creative.

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

A: Do what you love.

Q: What's at the top of your book or playlist?

A: Book/magazine: Time, Smithsonian, National Geographic

Music: 70's hits, Blues, Be-bop Jazz, Celtic, Bluegrass, Reggae, Ska. Basically everything except country.

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

- A:**
1. Family; 10 married children and 22 grandchildren
 2. Community and church volunteer work
 3. Travel

Dr. Michael Ohl – Clinical Director of the VA Rural Health Resource Center, Iowa City



Dr. Michael Ohl

Q: What is your education background (undergrad, graduate, fellowships, etc.)?

A: In addition to my M.D., I completed residency training in Internal Medicine, a clinical fellowship in Infectious Diseases, a research fellowship in Health Systems Research, and a Master of Science in Public Health.

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

A: My specialty is infectious diseases. I was drawn to this field because it is broad and always changing. Diagnosis of infectious illness often requires that we think like an ecologist and a detective. We have to understand not only the history of the individual but also all of the ecosystems they have encountered, and the infections that can result. A thoughtful evaluation means finding out where a person has traveled, what they have been eating, the animals they have been in contact with, and much more. It makes for a lot of fascinating stories that sometimes contain clues.

Q: Why is rural Veteran care important to you?

A: Veterans have given of themselves for their country and their communities, and it is essential that we honor this by providing them the best healthcare. Also, I like chatting with the Veterans I work with and hearing their stories – there is so much life experience to learn from.

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

A: I encourage medical students to pursue careers in the U.S. Department of Veterans Affairs (VA). VA is a rational health care system that gives us the resources to provide comprehensive care, including preventive care. VA is also an outstanding home for academic careers and a lifetime of scholarship.

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

A: Veteran-centric care means understanding each Veteran's values and priorities and then working with them to achieve their goals both within and outside the health care system.

Q: What impact has your Rural Promising Practices programs had on rural Veteran care?

A: Our center sponsored a spread of Rural Promising Practices in both home cardiac rehabilitation and HIV care by telehealth. In each case, these practices use both technology and team-based collaboration to make it easier for rural Veterans to access state-of-the-art care closer to their homes.

Q: What do you like about research?

A: I enjoy research because it involves asking interesting and important questions and working together in a team to answer those questions. Curiosity is the essential requirement. Every question answered leads to two more. It is like picking up a thread and following it wherever it leads you – often to unexpected places.

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

A: Psychologists have found that roughly 50 percent of our happiness is under our own control, and financial and career success contributes little to that 50 percent. Do creative and meaningful work with people whose company you enjoy, and don't worry about the rest.

(Continued on page 12)

Meet Two Rural Health Innovators and Champions (continued from page 11)

Dr. Michael Ohl – Clinical Director of the VA Rural Health Resource Center, Central Region

Q: What project are you most proud of and why?

A: Many projects have worthwhile goals and through collaboration achieve important results, but I do not think in terms of being proud of projects. The most meaningful work I have done is not related to any project – it is the sum total of any small differences I have made in the lives of individual Veterans I have had the privilege to work with in my role as a VA physician.

Q: If you could get folks to do one thing to improve their health and well-being, what would it be, and why

A: Smoking causes more suffering and years of life lost than any other single behavior in our society. The tobacco companies don't deserve our money. As an HIV clinician, I spend more time talking about quitting smoking than any other behavior.

Q: As a physician, what is the bad habit or vice you'd like to quit?

A: I would spend less time worrying about the future and more time focusing on the people with whom I share the present.

Q: How would you define your leadership approach at the Veterans Rural Health Resource Center?

A: My job as a leader is to create a platform for people to do interesting and meaningful work they feel passionate about. My roles are to make sure we have a mutual understanding of where we need to go, give people resources, clear obstacles, and then provide the space to make it happen.

Q: As a physician, what is the bad habit or vice you'd like to quit?

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Q: How would you define your leadership approach at the Veterans Rural Health Resource Center?

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people resources, clear obstacles, and then provide the space to make it happen.

Q: What's at the top of your book or play list?

A: I recently received a subscription to Apple Music as a gift, and I have been working my way through the mid-20th century Jazz collections. I've also been listening to lots of Herbie Hancock and Grant Green lately.

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

A: I enjoy anything out in nature with my family. ♦



Free CEU Classes Online for Providers Working with Veterans with



There are two new, [free online training videos](http://www.ruralhealth.va.gov/providers/training.asp#vha) (<http://www.ruralhealth.va.gov/providers/training.asp#vha>) that offer continuing education (CEU) credits to medical providers and caregivers who work with aging Veterans. The two most common neurocognitive disorders that occur among elderly Veterans are addressed in "Dementia and Delirium." The "Dementia and Driving" course focuses on how to prevent and address driving-related issues. Community providers can access the modules by creating a U.S. Department of Veterans Affairs' TRAIN education account. ♦

HealthLiving Assessment on My HealthVet: A Bird's Eye View of Your Wellness and Your Health Risks

By Treva Lutes, Communication Specialist, Office of Connected Care

When planning a trip, you need to know where you are starting from. A map will give a bird's eye view so you can see where to go. If you are going to manage your health, the HealthLiving Assessment (HLA) can give you that starting point.



The U.S. Department of Veterans Affairs' (VA) HLA, available on [My HealthVet](https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/healthliving-assessment) (<https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/healthliving-assessment>), is a tool to help rural Veterans assess the state of their health and identify health risks. The HLA can take about 20 minutes to complete and includes questions about a Veteran's medical history and lifestyle habits. When finished, the Veteran will receive an HLA Summary Report with information about his or her current health status and healthy lifestyle recommendations tailored for them.

The HLA Summary provides a bird's eye view of a Veteran's current health status, with calculations for their risk of developing certain conditions. Veterans will also find recommendations for improving their health such as reminders about screenings and immunizations, healthy changes they can make to lower or maintain health age and a Health Choices chart.

The key to the Summary is a number that reflects their current health age. The health age is how old a Veteran actually is in terms of health and how well they take care of themselves. If the health age is less than the Veteran's current age, they are making good choices. On the other hand, if the health age is greater than the Veteran's current age, there are opportunities for improvement.

"It's often hard for Veterans to realize the impact of their health choices," explains Kathy Pittman, RN, Program Manager at the VA National Center for Health Promotion and Disease Prevention (NCP) and the HLA's Clinical Project Manager.

"Health age sums up a person's health status in one, easy-to-understand number, and the HLA Summary Report provides concrete, personalized recommendations to help improve that number. Reflecting the effects that lifestyle and health habits have on life expectancy, health age estimates the user's overall health relative to actual age. A health age that's higher than a person's actual age can be a sobering summary of increased risk for disease and potentially reduced life span. By contrast, a health age that's lower than the person's actual age can be a reaffirming 'way-to-go' on a healthy lifestyle."

— Kathy Pittman, RN

To see how the HLA works, check out the new [What is Your Health Age?](https://www.youtube.com/watch?v=iB0mzzU6Fjg) (<https://www.youtube.com/watch?v=iB0mzzU6Fjg>) video, which features the experiences of three Veterans. In the video, the Veterans log in to My HealthVet and access the HLA. They answer questions about their deployments, current stress levels, diet, exercise habits, and other lifestyle choices.

After they submit their assessments, they immediately receive their summaries. Veterans use the information to determine their health care priorities. Armed with their reports, they can share their assessments with their health care teams, set goals as part of their own personal health plan and take the assessment every year to track progress toward even better health.

"Many Veterans have several ongoing health conditions and it can be overwhelming to make many changes at once. That's why we created the HLA to help people see that even making one health change can improve their quality of life," says Ms. Pittman.

The next step is to talk to your health care team and work with them to set goals.



(Continued on page 14)

HealthLiving Assessment on My HealtheVet (continued from page 13)

Meet So What Can You Do?

To get the HLA Summary, complete your report any time. Simply log-on to your [My HealtheVet account](#) (basic account or higher) (<https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/healthliving-assessment>) and select the HLA link.

It is helpful to know your blood pressure, A1C and cholesterol levels before starting the HLA, but you do not have to have that information to complete the assessment. (Note that Veterans enrolled in VA health care often have these numbers already listed for them in the Track Health section of My HealtheVet.)

The HLA only takes about 20 minutes to complete and will provide you a better understanding of your current health status and what you can do to improve your health. You are encouraged to complete the entire HLA at one time, but if you cannot, you can save your input and come back later to complete. Your assessment is private, and your VA health care team cannot see it until you share it with them. It does not affect your benefits or your ratings. ♦

Explore VA – Learn About Benefits and How to Apply

Explore.VA.gov

Staying up to date on U.S. Department of Veterans Affairs' (VA) programs can be a challenge. Thankfully, when it comes to VA benefits, it does not have to be. [Explore.VA.gov](#) (<https://explore.va.gov/>) offers a simple way for Veterans and their families to navigate and search for benefits they may be eligible to receive.

“VA has made it extremely easy to access information to get out there and find benefits that are there for you.”
—Jeffery, an Army Veteran

Explore.VA.gov organizes all VA benefit information in a simple format, all in one place. Tools for Veterans, such as the [Benefits Navigator](#) (<https://explore.va.gov/benefits-navigator>) asks users a few quick questions and then lists out which benefits and services they may be eligible to receive.

“Veterans may be eligible for things they had no idea they were eligible for, no matter what age you are”
—Kim, an Army National-Guard Veteran

In addition to providing benefit information and application assistance, the site also includes resources for supporters, such as an [outreach portal](#) (<https://explore.va.gov/outreach-materials>) to download and share materials about VA benefits.

Can you help us spread the word? We could use your support by:

- Encouraging Veterans to visit Explore.VA.gov to apply for benefits they have earned
- Posting social media content and graphics about ExploreVA on Facebook and Twitter
- Sharing fact sheets, brochures and articles on your website or newsletter

Visit [Explore.VA.gov](#) (<https://explore.va.gov/>) to learn more and access quick resources about VA benefits. ♦



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.

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