



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

Thomas Klobucar, Ph.D., ORH Executive Director

As the U.S. Department of Veterans Affairs' (VA) lead advocate for rural Veterans, the Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. And as anyone in the medical field knows, health care is a team sport. Therefore, I'm excited to share that [Dr. Sheila Robinson](https://www.ruralhealth.va.gov/aboutus/bios.asp) (https://www.ruralhealth.va.gov/aboutus/bios.asp) is now part the ORH team as Deputy Director. A retired Air Force colonel, Dr. Robinson's specialties are health care administration and program management. She is excited to use her talents and skills to continue ORH's mission to care for rural Veterans. **Read more in Meet Dr. Sheila Robinson, ORH's New Deputy Director on Page 2**

As part of her work, Dr. Robinson will oversee the management of ORH's

[Enterprise-Wide Initiatives](https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) (https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) – national programs this office works to establish and implementation nationally to bring care closer to home for the 2.8 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. This issue of "The Rural Connection" focuses on several of our Enterprise-Wide Initiatives and how the Office uses new technology to track program outcomes to bring the most value to the rural Veterans we serve.

As a survivor of three heart attacks, Air Force Veteran Bill Nelson faced and conquered many health challenges in his life. Nelson's found it to be a challenge to receive follow-up

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treatments close to home in his rural community. Luckily, through a special Home-Based Cardiac Rehabilitation (HBCR) program, Nelson cut his commute time down to the walk to his couch. **Read more in Connecting Rural Veterans to Care Closer to Home on Page 3**

VA launched an effort to enhance its telehealth network with a series of partnerships aimed to improve access to connected health services for rural Veterans. With the use of telehealth technology, VA increases health care access and improves the quality of health care for rural and underserved Veterans. **Read more in Telehealth Clinical Resource Hubs Enhance Veteran Access to Health Services on Page 5**

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

Meet Dr. Sheila Robinson, ORH's New Deputy Director

The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) is pleased to announce the addition of Dr. Sheila Robinson as the Deputy Director of the ORH team. She brings with her 20+ years of health care, team leadership, project management, and military expertise obtained through her career in the Air Force and as a contractor who supported federal and military health systems.



Dr. Sheila Robinson, Col, USAF (Ret), ORH Deputy Director

Executives (FACHE). She is also a Program Management Professional (PMP) and DAWIA Program Management Level II certified. She holds a Doctorate in Health Administration from Central Michigan University, a Master of Health Administration from Chapman University, and a Bachelor of Science in Biology from Grambling State University.

As a contractor, Dr. Robinson managed the staffing of medical providers at various federal agency clinics. She also previously worked as an Operations Executive responsible for managing the directorate's budget execution, logistics, personnel, and administrative support.

Dr. Robinson served in the United States Air Force for more than twenty years. In July 1990, she was commissioned as a second lieutenant into the Air Force through the Air Force Reserve Officer Training Course. She spent the first seven years of her Air Force career as a Personnel Officer before she transferred to the Medical Service Corps in February 1998. She served in various executive and director positions in the Air Force Medical Service where she oversaw many departments and programs including, leading six high-functioning divisions comprised of over 80 military, civilian, and contracting staff members performing clinic operations.

Dr. Robinson retired from the Air Force as a colonel on October 1, 2016. Her awards and decorations include the Defense Superior Service and Defense Meritorious Service Medals.

Dr. Robinson is a board-certified fellow in health care management through the American College of Health

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Meet Dr. Sheila Robinson, ORH's New Deputy Director (continued from page 2)

We recently sat down with Dr. Robinson to find out more about her and what drives her passion for rural Veterans. Here's what she had to say:

Q: Why is rural Veteran care important to you?

A: Rural Veteran care is important to me because it is our duty to take care of all our Veterans who have served, regardless of where they live. Just because our Veterans live in rural communities, this should not be a barrier for them to have access to quality health care or health services. It is important that we continue to conduct research, develop initiatives, and collaborate with local agencies/organizations to bring services needed to the Veterans who live in rural communities.



Q: What is your specialty and how do you hope to use it at the Office of Rural Health?

A: My specialties are health care administration and program management. I also have extensive operational and leadership experience at various levels within an organization. I hope to use all my talents and skills at the Office of Rural Health to continue its mission of caring for our Veterans who live in rural areas.

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

A: Throughout my military career I have had the opportunity to be a part of many projects. But the project that stands out currently is breaking ground on the \$18M military clinic construction project at Beale Air Force Base in rural California. The project had been over budget and deemed out of scope for many years. However, we were able to rescope and redesign the project, which allowed us to build an alternative clinic that was desperately needed for this community, all within the approved budget.

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

A: The kernel of wisdom that was reinforced by one of my mentors but instilled in me from both my family and the Air Force is, Integrity First, Service Before Self, and Excellence in all that I do. I was taught that I should always do the right thing even when no one is watching, remember to serve those who may be less fortunate, and to always strive for excellence in everything that I do. I attempt to govern my life both professionally and personally accordingly and live by these values each and every day.

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

A: I enjoy traveling and spending time with my family. We really enjoy shopping together and each other's company. ♦

Are You a Veteran in Crisis or Concerned About One?

Did you know that VA offers same day services in Primary Care and Mental Health at 172 VA Medical Centers across the country? [Make the Connection Resource Locator](https://maketheconnection.net/resources) (<https://maketheconnection.net/resources>)

Talk with other Veterans who have walked in your shoes on [RallyPoint](https://www.rallypoint.com/industries/mental-health-services/answers/advice-on-depression-anxiety). (<https://www.rallypoint.com/industries/mental-health-services/answers/advice-on-depression-anxiety>)

Contact the [Veterans Crisis Line](https://www.veteranscrisisline.net/) (<https://www.veteranscrisisline.net/>) online, by phone at **1-800-273-8255** and press 1, through [Chat](https://www.veteranscrisisline.net/get-help/chat) (<https://www.veteranscrisisline.net/get-help/chat>), or by Text 838255. ♦

Care from the Clinic to the Couch

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

Air Force Veteran Bill Nelson has faced and conquered many health challenges in life. As the survivor of three heart attacks, Nelson's ability to receive follow-up treatments close to home is critical to his care. Like many other rural Veterans, this can be a huge challenge since Nelson lives nearly 40 minutes from the nearest U.S. Department of Veterans Affairs' (VA) medical center.

Luckily, through a special Home-Based Cardiac Rehabilitation (HBCR) program from the VA Office of Rural Health (ORH), Nelson cuts his commute time down to the walk to his couch

Nelson benefits from ORH's HBCR program, a Rural Promising Practice which enables Veteran patients, like Nelson, to first meet in-person with a specialist to safely learn rehabilitation exercises, with subsequent sessions conducted via telehealth at home. This eliminates the need to travel multiple times to a rehabilitation facility.

Nelson connects weekly with rehabilitation specialists, during regularly scheduled phone calls, to review risk factors, such as smoking cessation and proper nutrition. Other discussion topics include exercise, medication adherence and stress management.

By participating in the HBCR program, Nelson focuses more of his retirement time building scale model aircraft, fishing, and with his wife of 51-years, Bonnie—and not on his commute.



Air Force Veteran Bill Nelson

Telehealth is a game-changer for rural Veterans,” said Dr. Thomas Klobucar, ORH Executive Director. “It breaks through the barriers of cost, time and distance. Bringing rehabilitation services to the Veteran’s living room can connect patients with the care they might otherwise struggle to receive.”

About the Home-Based Cardiac Rehabilitation (HBCR) program

The HBCR is a 12-week customized care plan that Veterans can participate in from home. The 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 please visit: https://www.ruralhealth.va.gov/providers/promising_practices.asp

To read the original article by Hans Petersen, Senior Writer-Editor, Office of Communications please visit: <https://www.blogs.va.gov/VAntage/60216/telehealth-working-well-rural-veterans/>. ♦

Telehealth Clinical Resource Hubs Enhance Veteran Access to Health Services

By **Kelly Lora Lewis, PhD**, Office of Rural Health, **Jill Hedt, PhD**, Office of Primary Care, **Kendra Weaver, PsyD**, Office of Mental Health and Suicide Prevention, and **Toni O'Day, RN**, Office of Primary Care, U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) launched an effort to enhance its telehealth network with a series of partnerships aimed to improve access to connected health services for rural Veterans.

On June 6, 2018, President Trump signed the “John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA [Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 \(VA MISSION Act\)](https://www.veterans.senate.gov/imo/media/doc/VA%20Mission%20Act%20Section%20by%20Section.pdf) (https://www.veterans.senate.gov/imo/media/doc/VA%20Mission%20Act%20Section%20by%20Section.pdf) into law. Title IV of the MISSION Act (Health Care in Underserved Areas) directs VA to implement initiatives to increase health services to Veterans in underserved areas – areas where there are access issues or shortages of health professionals. One such initiative includes the implementation of Clinical Resource Hubs (CRHs) and Mobile Deployment Teams (MDTs) to provide virtual and in-person care to Veterans.

CRH is a Veterans Integrated Service Network (VISN) level resource that provides teleprimary care, telemental health, and telespecialty care services to Veterans in rural and underserved areas. The CRHs combine teams of primary care, mental health, pharmacy, nursing, and specialty care providers in VISN hub locations across the country with web-based video conferencing services and mobile device applications. The hub sites effectively and efficiently deliver services to VISN “spoke sites” and to the Veteran’s home or other preferred locations. By using telehealth technology, VA increases health



care access and improves the quality of health care for rural and underserved Veterans.

The Office of Rural Health partnered with the four VA Veterans Health Administration program offices: Office of Connected Care, Office of Primary Care, Office of Mental Health and Suicide Prevention, and the Office of Specialty Care Services. ORH will commit up to \$100 million annually to support the ORH CRH Enterprise-Wide Initiative. This funding is intended to help launch new services and sustain current services to increase rural Veteran access and services. In Fiscal Year (FY) 2020, ORH will provide 10 percent sustainment of existing hub costs after seed funding in two-year cycles to ensure CRHs’ long-term continuity.

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Telehealth Clinical Resource Hubs Enhance Veteran Access to Health Services (continued from page 5)

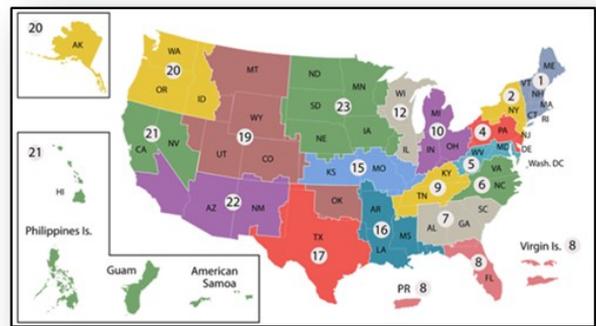
The clinical services are provided through a combination of modalities,:

1. Virtual care
2. In-person care
3. Mobile deployment teams

VISNs currently use CRHs to match clinical provider supply and demand across Network facilities. All 18 VISNs requested ORH funding for FY 2020 and FY 2021 to develop, expand, and/or sustain CRHs, and received recognition as a nationally designated CRH.

Nationally Designated CRHs provide:

- Team-Based Primary Care Services
 - ◆ Primary care provider
 - ◆ Clinical pharmacy specialist
 - ◆ Primary care mental health integration
 - ◆ Registered nurse care coordination and care management
- Team-based outpatient general and specialty mental health
- services for the full spectrum of mental health conditions
 - ◆ Evidence-based psychotherapy
 - ◆ Evidence-based pharmacotherapy
 - ◆ Care coordination and management
- Team-based specialty care services
 - ◆ Teledermatology
 - ◆ Telecardiology
 - ◆ Teleneurology
 - ◆ Telerheumatology
 - ◆ Teleinfectious disease
 - ◆ Teleoptometry



For additional information, please visit the CRH SharePoint site (for VA employees only) at https://vaww.portal2.va.gov/sites/PERC/CR_HUB/layouts/15/start.aspx#/ or contact the National CRH Leadership Team at CRHNationalORH@va.gov. ◆

Free National Park Service Lifetime Pass for Disabled Veterans



Many Veterans with a service connected disability rating can enter federal parks for free with the [Lifetime National Parks Access Pass](https://www.blogs.va.gov/VAntage/60590/disabled-veterans-eligible-free-national-park-service-lifetime-access-pass/) (<https://www.blogs.va.gov/VAntage/60590/disabled-veterans-eligible-free-national-park-service-lifetime-access-pass/>) from the U.S. Department of the Interior’s National Park Service.

The pass admits disabled Veterans, and any passengers in their vehicle, into 400+ national parks and over 2,000 recreation sites across the country. It also provides discounts on camping, swimming, boat launching, and guided tours.

To learn more about eligibility requirements and how to get the pass please visit <https://www.blogs.va.gov/VAntage/60590/disabled-veterans-eligible-free-national-park-service-lifetime-access-pass/>. ◆

VA Partners with Microsoft to Improve How Rural Veterans Access VA's Online Services and Benefits

By **VHA Office of Community Engagement**, U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) and Microsoft Corp., recently partnered to improve how Veterans who live in rural areas can access VA's online services and benefits.

VA and Microsoft formalized the agreement, in mid-April, to advance and improve the quality of life for Veterans by identifying opportunities to extend broadband internet connectivity to underserved rural Veteran communities.

"This partnership will serve a particularly vulnerable population of Veterans," said VA Secretary Robert Wilkie. "Millions of people in the U.S., including many of the 4.7 million Veterans living in rural areas, lack the broadband internet connection necessary to access opportunities to learn, work, access information and communicate."

The VA's Veterans Health Administration's offices of Community Engagement, Connected Care, Telehealth Services, Rural Health, and VA's Office of Information and Technology work together to improve access to online VA services and benefits, such as telemedicine. Telemedicine and access to online services and benefits are forms of digital inclusion that support Veterans, their families and VA staff. Digital inclusion can increase access to continuous health care services — enhance the workflow, reach and efficiency of VA staff — and support Veterans' participation in their own health care.

The partnership with Microsoft is another step toward achieving VA's strategic goals to provide excellent customer service and business transformation. ♦



Secretary's Rural Health Advisory Committee Visits Iowa City

By **Casey Hutchison**, Office of Rural Health, U.S. Department of Veterans Affairs



The Veterans Rural Health Advisory Committee with VA Midwest Health Care Network Director Robert McDivitt (4th from right) and Iowa City VA Health Care System Director Judith Johnson-Mekota (3rd from right).

Secretary of Veterans Affairs' Veterans Rural Health Advisory Committee (VRHAC) traveled to Iowa City, Iowa on April 17-18 for its biannual meeting. The members, including community medical directors, academic professionals, rural health experts, Veteran Service Organization leaders and Veterans from across the country, travel to a rural-serving U.S. Department of Veterans Affairs' (VA) facility once per year to learn about how VA serves rural Veterans nationwide. They use these visits to research and make recommendations to the Secretary on how to increase rural Veterans' access to care.

In Iowa, the Committee heard from national, local and regional VA leadership, as well as additional federal and community rural leaders. They also toured the VA Medical Center in Iowa City and drove to Cedar Rapids to see the Community Resource and Referral

Center, Vet Center and Community-Based Outpatient Clinic (CBOC). To help develop the Office of Rural Health's 2020-2025 strategic plan, the Committee also met with local Veterans to discuss ways to improve patient experience and outreach. Review meeting highlights online at <https://www.ruralhealth.va.gov/aboutus/vrhac.asp>.

Interested in serving on the advisory committee? Nominations are being accepted for members to serve three-year terms on the VRHAC. Self-nominations are welcome. To learn about the requirements or how to submit a nomination, please visit <https://www.ruralhealth.va.gov/aboutus/vrhac.asp>. ♦

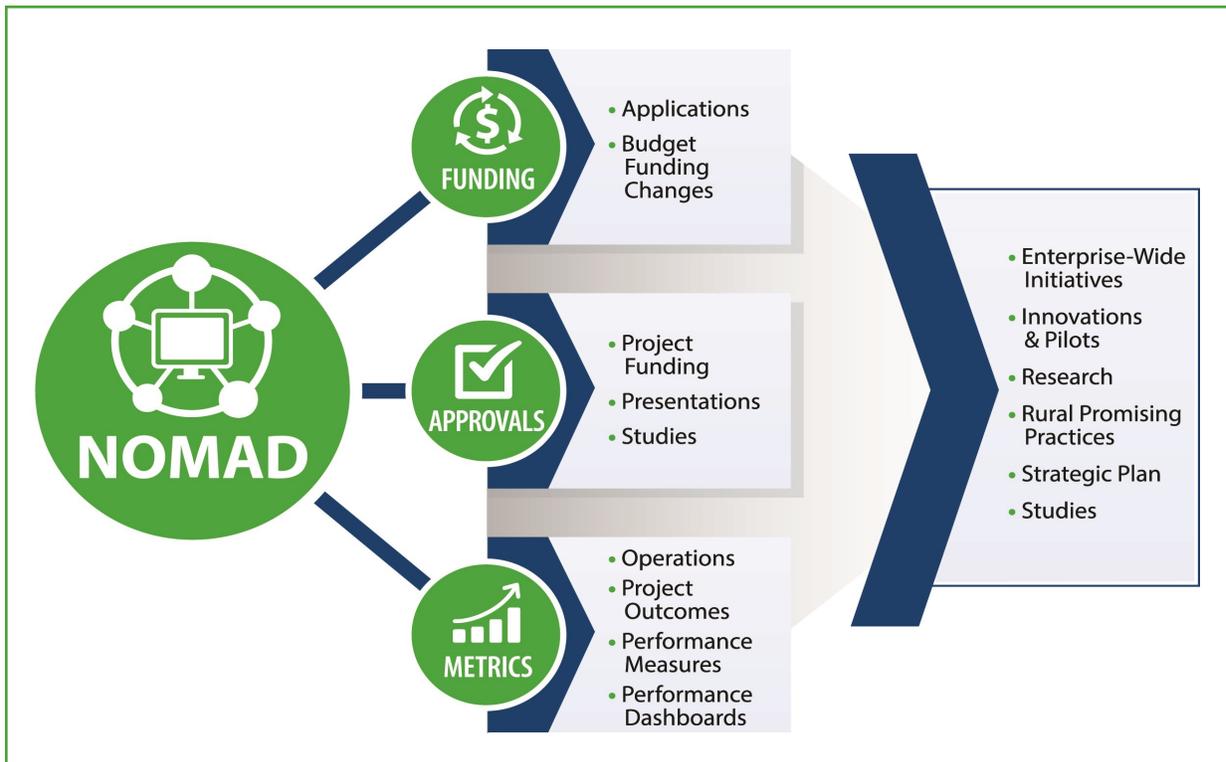
Office of Rural Health Consolidates Four IT Systems to More Efficiently Manage Programs Nationwide

By **Emily Oehler**, Office of Rural Health, U.S. Department of Veterans Affairs

As the U.S. Department of Veterans Affairs’ (VA) lead advocate for rural Veterans, the Office of Rural Health (ORH) works to see that America’s Veterans thrive in rural communities. ORH fulfills its mission and [legislative mandate](https://www.govinfo.gov/app/details/USCODE-2008-title38/USCODE-2008-title38-partV-chap73-subchapl-sec7308) (https://www.govinfo.gov/app/details/USCODE-2008-title38/USCODE-2008-title38-partV-chap73-subchapl-sec7308) through the following components:

- Veterans Rural Health Resource Centers’ research and innovation
- Enterprise program funding to increase the number of sites of care, move care closer to home in rural communities, and expand care capacity
- Partnerships with federal, state, local, nonprofit and academic organizations

To manage its \$270 million program portfolio, ORH historically used the ORH Management and Analysis Tool (OMAT), Request for Information Portal, InfoPath and SharePoint. ORH consolidated these applications and databases to create a single environment, called NOMAD: New ORH Management and Analysis Database. NOMAD provides a single, central repository for users to manage the entire lifecycle of their projects in a cloud-based environment. This system upgrade supports the Secretary of Veterans Affairs’ priority to transform business systems.



“NOMAD enables the U.S. Department of Veterans Affairs to track and manage the outcomes of its rural-centered health care programs from a national to an individual project level, all in one system,” explained ORH Executive Director, Thomas Klobucar, PhD. “This helps us to not only be accountable to taxpayers as stewards of their funds, but to quantifiably show how we increase rural Veterans’ access to care.”

Access and Training

ORH will register individuals who previously accessed the ORH RFI Portal or ORH Management and Analysis Tool (OMAT) in the last two years in NOMAD. Users will receive an email from ORH with instructions for setting up their account in July 2019. Other users can register through a link on the ORH SharePoint RFA Information/FAQ page starting in July (https://vaww.vashare.vha.va.gov/sites/ruralhealth/Pages/RFI_info.aspx).

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ORH Consolidates Four IT Systems to More Efficiently Manage Programs Nationwide (continued from page 8)

ORH will provide pre-recorded training sessions and online materials. Additionally, users can request targeted sessions delivered via Skype upon completion of the pre-recorded session(s).

Phased Implementation

The technology integration will occur in phases through the end of calendar year 2019:

- Phase 1 (July 2019): Request for Application, which includes RFA applications and approval workflow functionality
- Phase 2 (October 2019): Project Management to include quarterly milestones and measures, and budget change request functionality
- Phase 3 (November 2019): Veterans Rural Health Resource Centers' functions to include Rural Promising Practices and studies management

ORH will transition quarterly reporting functionality from OMAT to NOMAD throughout FY 2020, beginning with projects participating in the RFA process. Users will receive an email notification indicating which system to use to enter quarterly measures.

For more information about NOMAD, please contact rural.health.inquiry@va.gov. ♦

In Memoriam of ORH's Lezlie Cohn-Oswald



It is with great sadness that the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) announce the loss of another valued friend and member of the ORH family. Lezlie Cohn-Oswald was an integral member of the Veterans Rural Health Resource Center (VRHRC) in Salt Lake City, Utah, where she worked as a program specialist dedicated to rural Veteran outreach, rural Veteran suicide prevention, rural provider mental health education, and rural women Veterans' initiatives. Lezlie passed away quietly at home after a long, valiant battle with breast cancer.

Lezlie joined the VRHRC Salt Lake City team seven years ago and made such an impact through her abilities to develop and foster relationships with community partners, VA colleagues across the nation and in the territory of American Samoa, and to provide operational insights into the development of projects from her long history of working in our health care system. She was always passionately committed to serving Veterans, having worked at VA for more than 25 years as a pharmacy technician and then with the VRHRC team. Co-workers referenced her contagious laughter, warm heart and bubbly personality.

“Lezlie was one of the first people I met 16 years ago when I came to the VAMC in Salt Lake City, in her role as the Employee Association President. She was always warm, friendly and went the extra mile to help her colleagues and our Veterans. Lezlie was instrumental in many quality improvement projects in the pharmacy, before joyfully accepting a position with our resource center team to continue her journey. Her commitment to excellence was unwavering. Her presence is greatly missed.”

-- Nancy Dailey, Deputy Director/Director of Operations of the VRHRC-SLC

Lezlie leaves behind a large, loving family, including her husband Josh, her children, her grandchildren and many other close family members and friends from all over the world. ♦

Technology-based Eye Care Services is a Valuable Tool for Rural Veterans

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

Eye care screening is now easier and more accessible for many Veterans, especially for those who live in rural areas, thanks to Dr. April Maa and her team. In partnership with the Atlanta U.S. Department of Veterans Affairs' (VA) eye clinic, Dr. Maa developed an eye-screening program called Technology-based Eye Care Services (TECS).

TECS is a very valuable program since Veterans are at higher risk for eye disease. And rural Veterans may be diagnosed in later stages of eye disease more often than their non-rural counterparts due to lack of access to specialty care.

TECS found possible vision-threatening disease in nearly one in three patients.

The TECS program allows patients to be checked for eyeglasses and screened for common eye diseases using special equipment and eye photographs at several local U.S. Department of Veterans Affairs (VA) Community Based Outpatient Clinics (CBOC).

Streamline the process

TECS is used at VA facilities across the country. After a Veteran makes an appointment, they go to their local CBOC where an eye technician performs the tests.

With specially trained ophthalmology technicians at the Veterans primary care clinic, TECS uses state-of-the-art eye equipment to perform a high-quality screening eye exam. The technician transmits the images through the VA system to a doctor who reads images and prescribes the glasses, which are mailed to the Veteran's home by the optical contractor.



A specialized camera (left) and machine to check vision and eye-glasses (right) help to provide screening eye care at a TECS site in Blairsville, GA.



Dr. April Maa

With TECS, VA can now use technology to help triage patients into levels of need (basic, intermediate, advanced), which tailors the patient care experience to the appropriate provider while optimizing resources. Moreover, TECS quality data showed that the program improved the ability of patients to get screening appointments and mitigated the distance traveled by Veterans and the time they spent trying to get eye care.

While the program is not meant to replace an in-person eye exam, TECS also helped find possible vision-threatening disease in nearly one in three patients who were checked. The program is now expanding to other VA hospitals across the country with the continued goal to help prevent blindness.

Maa is an Associate Professor at Emory University School of Medicine in the Department of Ophthalmology. She attended medical school at Baylor College of Medicine in Houston and joined Emory and the Atlanta VA in 2008 where she is a practicing clinician and clinical researcher. As a result of her telemedicine work, VA awarded Maa several accolades such as the 2017 Mark Wolcott Award for Excellence in Clinical Care Leadership. ♦

VA Contract with Foundation Medicine Advances Genomic Cancer Therapy for Veterans

By **Jane Looney**, NPOP Program Coordinator, U.S. Department of Veterans Affairs

Veterans with advanced cancer will benefit from a new weapon in the U.S. Department of Veterans Affairs' (VA) arsenal of treatment options with the announcement of a contract between VA and Foundation Medicine, Inc., based in Cambridge, Massachusetts.

VA's National Precision Oncology Program (NPOP) awarded the nationwide contract to Foundation Medicine, Inc., where together, they bring cutting-edge treatment to Veterans with advanced cancer. The partnership leverages NPOP's personalized cancer treatments for Veterans with Foundation Medicine's genomic tests to guide the care of Veterans with cancer by using the highest-quality sequencing technology and data analytics.



Why is this important? Best practices in cancer care now use genomic information to help determine the best treatment therapies. Tests developed by Foundation Medicine give VA relevant genomic alterations and enable VA doctors to match patients' specific markers to targeted therapies, immunotherapies, and clinical trials. These tests include FoundationOne CDx™ and FoundationOne® Liquid for solid tumors, and FoundationOne® HEME for hematological malignancies and sarcomas. Additionally, the information garnered from these tests will help VA implement best practices in cancer care across our health care system.

Foundation Medicine give VA relevant genomic alterations and enable VA doctors to match patients' specific markers to targeted therapies, immunotherapies, and clinical trials. These tests include FoundationOne CDx™ and FoundationOne® Liquid for solid tumors, and FoundationOne® HEME for hematological malignancies and sarcomas. Additionally, the information garnered from these tests will help VA implement best practices in cancer care across our health care system.



Over the past year, participation in the program significantly increased. To date, over 4,100 tumor samples, from 75 VA facilities, have been submitted for next generation sequencing. Over a third of Veterans impacted by these new treatment options live in rural areas, regions where these services are in greatest need.

In addition to the implementation of best practices in cancer care, VA's NPOP meets its mission imperative by generating data (i.e., genomic, health factors, treatment, and clinical outcomes) and analyzing it through a central vendor.

The National Precision Oncology Program offers an electronic consultative service and will now offer continuing education credit for participation in a monthly Molecular Oncology Tumor Board.

If you have any questions about the National Precision Oncology Program, please contact Jane Looney, Program Coordinator at Jane.Looney@va.gov. ♦

The Million Veteran Program Surpasses 750K Veterans Enrolled

By **Million Veteran Program (MVP)**, Office of Research and Development, U.S. Department of Veterans Affairs

From humble beginnings, the Million Veteran Program (MVP) is now one of the largest and most robust research programs for genomics in the world. In April 2019, MVP surpassed 750,000 Veteran partners enrolled. Today, the program continues to enroll Veteran volunteers at more than 55 U.S. Department of Veterans Affairs' (VA) medical centers throughout the country with the goal to enroll one million Veterans by 2021 and continuing from there.



VA started MVP in 2011 to help researchers better understand how genes affect health and illness. Genes carry instructions to build and maintain our bodies. They determine the color of our eyes and hair, our height, and other personal features. Small differences in our genes may also explain why some people get diseases and others do not. In addition, genes interact with lifestyle factors and environment to influence a person's risk for common illnesses, such as heart disease, diabetes, and cancer. Genes may also affect how people respond to certain medications and treatments.

VA's long history of technological advancement and decades of electronic health records enable MVP to make research discoveries through a massive, secure, and coded database of health history, genomic data, military exposure, and lifestyle information. This integrated health and genomic database tied to a health care system is the largest of its kind, and the largest genomic cohort of Veterans, in the world.

Additionally, MVP is highly unique as research that uses MVP data is already underway with several studies, including to understand the genetics of post-traumatic stress disorder (PTSD), diabetes, heart disease and suicide prevention, among others. High-impact scientific journals published several significant research findings. The knowledge gained from research can eventually lead to better treatments and preventive measures for many common illnesses, especially those common among combat Veterans, such as PTSD.



With 750,000 enrolled Veteran partners thus far, and continuing to enroll additional Veterans, it is essential to realize the scientific potential of the program. To learn about the role of genes, health researchers compare genetic and health information from thousands of people. The more participants there are, the better researchers can understand the wide, diverse spectrum of human demographic and health traits and gain valuable knowledge to improve health care.

VA is incredibly grateful to the Veterans who volunteered to be a part of the development of precision medicine through MVP. Their dedication may enable a transformation of health care for future generations of Veterans, and in turn all Americans, through better treatments and preventive measures for many common diseases.

Are you interested in genetic research or precision medicine? Want to learn more and find out how to volunteer for the program? Visit <https://www.research.va.gov/mvp> or call the information center toll-free for enrollment information at (866) 441-6075. ♦

Majority of VA Geriatric Scholars Report Increases in Career Satisfaction

By **Maureen Jerrett**, BA, Program Consultant, Geriatric Scholars Program, Offices of Rural Health and Geriatrics Extended Care, U.S. Department of Veterans Affairs

More than 90 percent of the U. S. Department of Veterans Affairs' (VA) Geriatric Scholars Program participants reported the program improved career satisfaction at VA, according to a recent survey. And 96 percent of those surveyed confirmed the geriatrics education they received increased the quality of care in clinical practice.

The Geriatric Scholars Program surveyed scholars and alumni during October and November of 2017. Questions focused on self-reported changes in career satisfaction, clinical behaviors, and the diffusion of scholar quality improvement (QI) projects – performance metrics aligned with VA's FY 2018–2024 Strategic Plan to attract and retain a skilled workforce that delivers the highest level of care to Veterans.

Survey results are based on the responses of 207 scholars from across the country, with a balance of participants from rural and non-rural settings. The team presented survey findings at the Gerontological Society of America's 2018 Annual Scientific Meeting held in November in Boston.

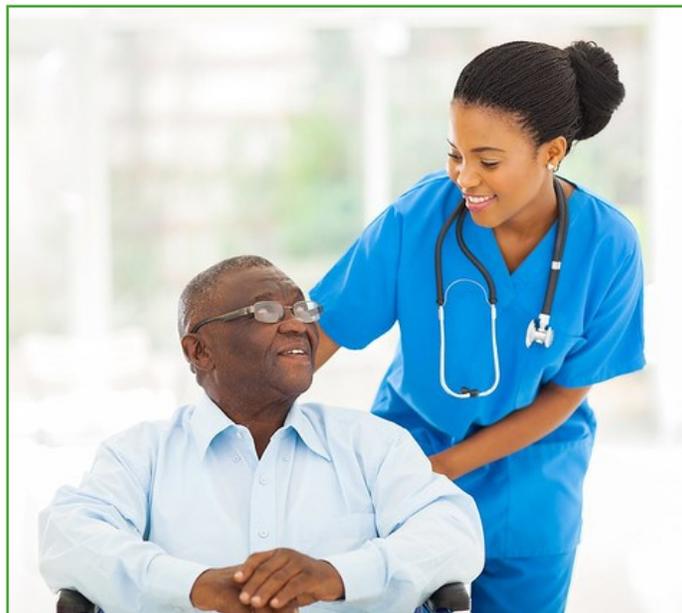
Survey results demonstrate tangible evidence of VA's commitment to workforce education. "Attending the course was the best thing that I could have done for my career," shared a past participant. "Being able to expand my skill set with Geriatric Scholars improved my job satisfaction," another responded added, "I am sure I would have left VA...if this program were not available to me."

In FY 2018, the program enrolled 164 scholars selected from a pool of more than 200 clinicians recommended by their Veterans Integrated Services Networks (VISN). The majority of those recommended were from VA Community Based Outpatient Clinics and programs that primarily serve rural Veterans. Annual enrollment wait lists for the longitudinal program average 60 to 70 clinicians – and demand continues to grow.

All scholars complete a 35-hour Continuing Medical Education/Continuing Education Units (CME/CEU) core course in geriatric medicine and an intensive eight-hour CME/CEU QI workshop. Supported by mentors, they also initiate and conduct a six-month QI project on a topic relevant to their patient panel. QI projects measure changes over a short period of time to quickly evaluate their impact. And they play a critical role in empowering scholars to teach back their training to primary care Patient Aligned Care Team (PACT) teams.

QI project results are widely distributed, and help local innovations spread across the VA Health Care System. Each year, scholars share poster presentations at national Geriatric and Extended Care (GEC) lead's conferences as well as attend monthly GEC calls. Project information is made available on an enterprise-wide intranet site open to all VA users.

The VA Geriatric Scholars Program is funded in part by the VA Office of Rural Health. For more information about the VA Geriatric Scholars Program, employees can view QI posters produced by scholars from 2010 to 2017 on their [intranet site](http://vawww.portal.gla.med.va.gov/sites/GRECCNew/scholars/default.aspx) (<http://vawww.portal.gla.med.va.gov/sites/GRECCNew/scholars/default.aspx>) or visit the [VA Geriatric Scholars Program](https://www.va.gov/GERIATRICS/Geriatric_Scholars.asp) (https://www.va.gov/GERIATRICS/Geriatric_Scholars.asp) webpage. ♦



Photos from the Field

At this year's American Telemedicine Conference, the Telehealth Rehabilitation Enterprise Wide Initiative (TREWI) team presented on how they use Virtual Video Connect (VVC) to connect with Veterans. The TREWI program is one of more than 50 programs funded by the U.S. Department of Veterans Affairs (VA) Office of Rural Health's (ORH) Enterprise-Wide Initiatives. ♦



TREWI Team presents their VVC demonstration (from left to right) James Ferneyhough, OT – San Antonio, TX; Grace Wilske, OT – Minneapolis, MN; Amanda Olney, PT – Puget Sound, WA; Jessica Barton, SLP – Richmond, VA.

TREWI Team VVC demonstration (from left to right) Lesli Culver – Tampa, FL; James Ferneyhough, OT – San Antonio, TX; Grace Wilske, OT – Minneapolis, MN; Amanda Olney, PT – Puget Sound, WA; Jessica Barton, SLP – Richmond, VA.



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"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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