



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

Thomas Klobucar, Ph.D., ORH Executive Director

Warm weather has arrived, and with many Americans now fully vaccinated against the coronavirus, some are looking forward to summer vacations, time spent with family and friends, and an eventual return to the workplace.

As of May 21, [over 3 million Veterans and VA employees have received at least one coronavirus vaccine dose](#). ORH programs continue to work toward increasing care options in rural areas, ensuring that rural Veterans have equal access to COVID-19 testing, treatment, and vaccinations.

This April, the Veterans Rural Health Advisory Committee (VRHAC) held our annual spring meeting. The topic of this year's meeting was increasing access to care for minority rural Veterans.

Read more in VRHAC Recap on page 2.

ORH's five Veterans Rural Health Resource Centers (VRHRCs) are satellite offices that serve as hubs of rural health

care, research, innovation, and dissemination. The second in our series of VRHRC spotlight articles highlights the Iowa City location.

Read more in Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: Iowa City on pages 3-4.

Noticing a low rate of monthly physical therapy referrals at her VA clinic, one graduate of the VA Geriatric Scholars program saw an opportunity to launch an intervention to increase Veterans' access to physical therapy. Learn how her team is raising awareness of physical therapy resources to improve the health and well-being of older Veterans.

Read more in Increasing Access to Physical Therapy for Older Veterans on pages 4-5.

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

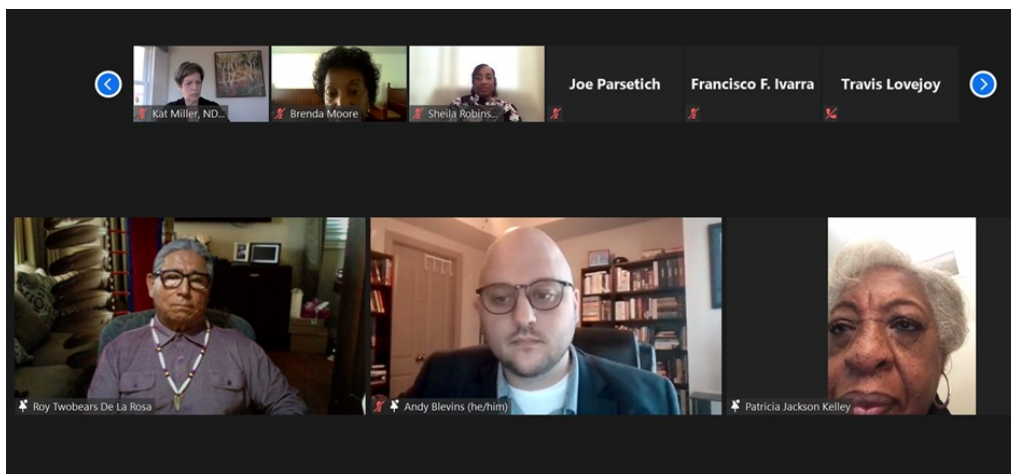
For the latest information about COVID-19 at VA, please visit <https://www.publichealth.va.gov/n-coronavirus/index.asp>. ♦

Veterans Rural Health Advisory Committee (VRHAC) Discusses Health Care Access for Minority Rural Veterans

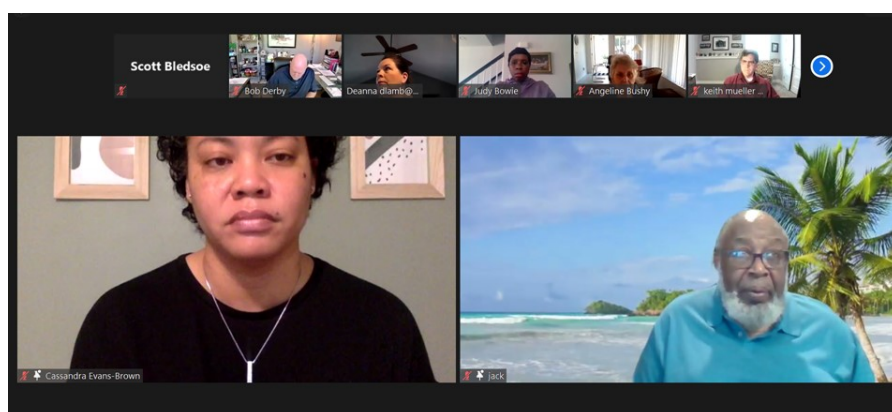
By **Scott Bledsoe**, VA Office of Rural Health

The [Veterans Rural Health Advisory Committee](#) (VRHAC) convened their spring meeting in April with a focus on improving health care access for minority Veterans in rural communities. For these Veterans, the barriers to care can go beyond geography—minority Veterans tend to have poorer health outcomes and face systemic inequities in health care delivery. These obstacles were closely examined by VRHAC members over the course of a three-day virtual meeting.

Leaders from the VA Office of Health Equity, VA Center for Minority Veterans, and VHA Population Health briefed the committee on programs and outreach efforts that impact rural and minority populations. Members learned about current resources in place to serve minority Veterans on the local level, such as [Minority Veterans Programs Coordinators](#).



Left to right: Roy Delarosa, Spiritual Advisor, Native American Veterans Association; Andy Blevins, Operations and Policy Director, Minority Veterans of America; Patricia Jackson-Kelley, President, National Association of Black Military Women



Left to right: United States Army Veteran Cassandra Evans-Brown and United States Air Force Veteran Jack Stephens speak to the Committee about their experiences navigating VA care.

their members. The committee also heard from enrolled Veterans in Mississippi about their challenges navigating VA care in the state.

Looking to the fall meeting, the committee will build on the knowledge they've gained to produce concrete policy recommendations for VA leadership on how to improve care for rural Veterans across the country. ♦

The committee also gained valuable academic perspectives from researchers who presented their findings on racial disparities in health outcomes and implicit bias in physician communication with minority patients. They learned about clinical outreach and treatment efforts from the Chief of Staff of the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS, a facility that serves one of the largest rural minority Veteran populations in the country.

VRHAC members engaged directly with Veterans through round table discussions about their experiences navigating VA care. Veteran leaders from the National Association for Black Military Women, Native American Veterans Association, and Minority Veterans of America, talked to the committee about current issues facing

Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: Iowa City, Iowa

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



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

- *Improve the understanding of the challenges faced by Veterans living in rural areas.*
- *Identify disparities in the availability of health care to Veterans living in rural areas.*
- *Formulate practices or programs to enhance the delivery of health care to Veterans living in rural areas.*
- *Develop special practices and products for the benefit of Veterans living in rural areas and for implementation of such practices and products in the Department system-wide.*

VRHRCs are bridges that connect research and study data with real-world, practical innovations to benefit Veterans living in rural areas. Each of ORH's VRHRCs maintains an annual portfolio of studies, innovative pilots, dissemination projects and other initiatives designed to expand rural Veterans' access to health care.

Located on the main campus of the [Iowa City Health Care System](#), the ORH Veterans Rural Health Resource Center (VRHRC) in Iowa City, IA was established in 2008. The Iowa City VRHRC maintains a diverse portfolio of more than 30 projects focused on understanding rural disparities, delivering innovative solutions, serving rural Veterans, and improving the rural workforce. Additional focus areas include:

- *Developing interventions and care coordination services to meet the needs of women Veterans*
- *Improving access to high quality care for older Veterans suffering complex illnesses, such as lung and prostate cancer, or cardiopulmonary illness*
- *Identification, referral and coordination of care for Veterans seeking care in non-VA community settings*
- *Use of telehealth to bring hospitalists and specialty care to underserved rural settings*



Iowa City Health Care System—Main Campus

(Continued on page 4)

Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: Iowa City, Iowa (continued from page 3)

The Iowa City VRHRC is led by Clinical Director Carolyn Turvey, PhD and Operations Director Samantha Solimeo, PhD, MPH with project personnel in Iowa City and VA staff, researchers, and community organizations at more than 55 VHA facilities throughout the U.S. to address the needs of vulnerable rural Veteran populations.

As with all of ORH's VRHRCs, the Iowa City VRHRC is charged with implementing Rural Promising Practices (RPP), which are innovative projects that have consistently demonstrated a positive impact on rural Veterans' access to health care. RPPs receive mentorship from the VRHRCs during the initial dissemination period of three years at new VA locations; the VRHRCs also help inaugural programs establish a framework for their long-term sustainment. The Iowa City VRHRC currently has four RPP programs in mentored implementation, including:



Carolyn Turvey, PhD and Samantha Solimeo, PhD, MPH

- **[Remote, Home-Based Delivery of Cardiac Rehabilitation \(HBCR\)](#)** provides rural Veterans with timely, convenient access to critical specialty care services they may otherwise be unable to obtain. This twelve-week program is delivered through video and/telephone appointments and provides individualized care to Veterans with cardiovascular disease in the areas of: exercise prescription; nutritional counseling; medication adherence; stress management; and tobacco cessation.
- **[Home-Based Pulmonary Rehabilitation \(HBPR\)](#)** provides rural Veterans with timely, convenient access to critical specialty care services they may otherwise be unable to obtain. Modeled after HBCR, this twelve-week program is delivered through video and/or telephone appointments and provides individualized care to Veterans with chronic pulmonary disease in the areas of: exercise prescription; nutritional counseling; medication adherence; stress management; disease and symptom management; and tobacco cessation.
- **[Telehealth Collaborative Care for Rural Veterans with HIV Infection \(HIV TCC\)](#)** uses telehealth to enhance access to care for rural Veterans and helps improve communication between a Veteran's HIV specialists and their primary care provider. VHA is the single largest provider of HIV care in the United States, and the HIV TCC program has been implemented in more than a dozen VHA hospital systems nationwide. Rural Veterans living with HIV face challenges in accessing HIV specialists, who are typically located in urban centers. This care model has become an even more valued resource during the coronavirus pandemic. In the coming year, the program will further expand to sites in the South and Southwest United States to serve a diverse community of rural Veterans hardest hit by ongoing HIV transmission.
- **[Advanced Comprehensive Diabetes Care \(ACDC\)](#)** is designed to manage blood sugar levels in Veterans with diabetes and leverage existing VHA clinical staffing and infrastructure to deliver care to rural Veterans. ACDC includes three components: telemonitoring, module-based self-management support, and medication management. ACDC has been implemented by VHA sites nationwide, and over 300 Veterans have received treatment.

For more information about the Iowa City VRHRC and its Rural Promising Practices, please reach out to VRHRCIowaCity.va.gov. ♦

Increasing Access to Physical Therapy for Older Veterans

By **Maureen Jerrett**, VA Geriatric Scholars Program

U.S. Department of Veterans Affairs (VA) Geriatric Scholar Jane Gitlin-Nitti, PT, from the Key West VA Outpatient Clinic in Florida, is raising awareness of physical therapy resources to improve the health and well-being of older Veterans.

As lead physical therapist at her clinic, Gitlin-Nitti oversees physical medicine and rehabilitation. Her career with VA spans 15 years.

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Increasing Access to Physical Therapy for Older Veterans (continued from page 4)



Jane Gitlin-Nitti, PT, Miami VA Healthcare System

“In our Key West VA clinic, about half of the Veterans we serve are over the age of 65,” said Gitlin-Nitti. “They seek physical therapy for mostly orthopedic problems such as neck and back pain, post-joint replacement rehabilitation, and other chronic conditions that affect mobility function and quality of life.”

Noticing a lower rate of monthly physical therapy referrals at her clinic compared to a neighboring VA clinic, Gitlin-Nitti and her team saw an opportunity to launch an intervention to increase Veterans’ access to physical therapy.

They started by interviewing providers to understand the current referral process. They learned there was a lack of knowledge of the health conditions physical therapists treat and the services they offer. As a result, providers were referring Veterans to other specialty clinics instead, such as orthopedics or podiatry.

Acting on this information, the team conducted one-on-one outreach with providers to inform them about the benefits and applications of physical therapy.

The intervention worked. A month after launch, providers from the Key West clinic had significantly increased the number of patients referred to physical therapy. One provider referred twice as many patients after the intervention.

“I never thought that this project would be so successful and that the providers would be so open to instruction,” said Gitlin-Nitti.

Physical Therapy at Home Using Telehealth

Gitlin-Nitti and her team transitioned to virtual physical therapy when the coronavirus pandemic limited face-to-face encounters.

“I’ve been doing video appointments since I started with VA 15 years ago. Most patients are able to use home telehealth equipment, whether it’s their phone, tablet, or computer. User-friendly platforms make it easy for all patients to connect, regardless of age or familiarity with technology.”

VA Geriatric Scholars Program

Gitlin-Nitti’s project was inspired by and developed as part of her engagement in the [VA Geriatric Scholars Program](#) Quality Improvement Workshop and Practicum.

The Geriatric Scholars Program, an ORH Rural Promising Practice (RPP), is a national workforce development initiative that trains primary care providers in geriatric medicine and teaches fundamental skills in quality improvement based on the Institute for Healthcare Improvement (IHI) Model for Improvement and Plan-Do-Study-Act (PDSA) Cycle.

VA has a partnership with the American Physical Therapy Association to promote and support physical therapy for Veterans and to raise awareness of resources and practice opportunities at VA. ♦

ORH Data Visualizations Demonstrate Extent of Recent Rural Hospital Closures

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

According to research from the Cecil G. Sheps Center for Health Services Research Program, 178 rural hospitals closed across the United States between 2005 and 2020. 19 of those closures occurred in 2020 alone, and approximately 94 per cent were less than 60 miles from a VA primary care site.

The ORH Veterans Rural Health Resource Center (VRHRC) in Gainesville, FL created a series of maps to visualize the depth of these closures across the United States.

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ORH Data Visualizations Demonstrate Extent of Recent Rural Hospital Closures (continued from page 5)

- Figure 1 illustrates the locations of VA Health Care *primary* care sites nearest to 178 closed rural hospitals, 2005-2020

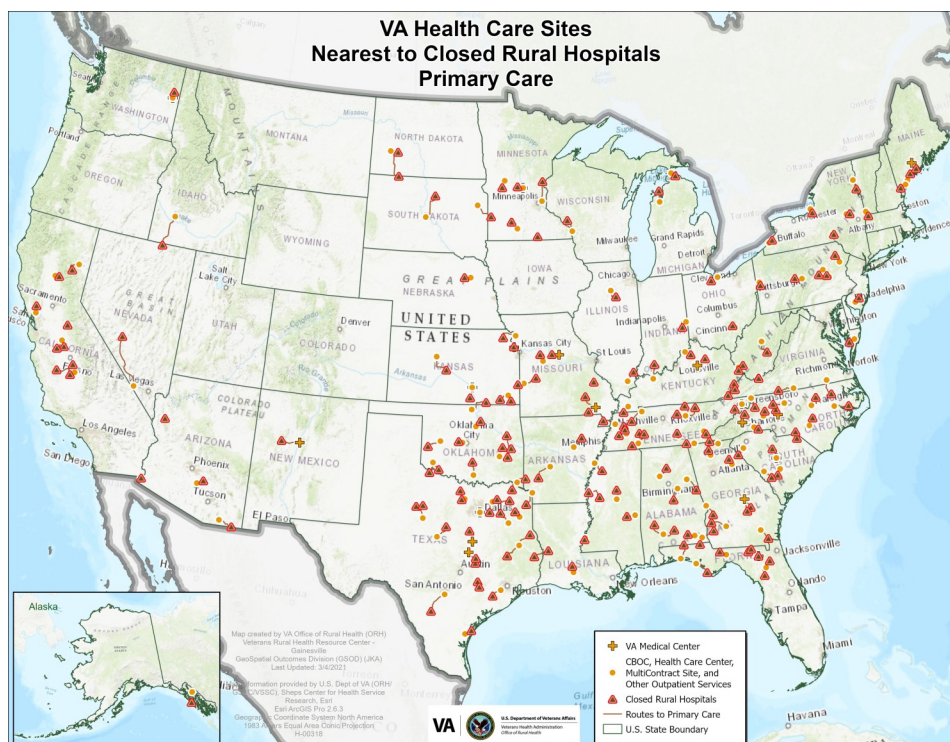


Figure 1

- Figure 2 illustrates the locations of VA Health Care *secondary* care sites nearest to 178 closed rural hospitals, 2005-2020

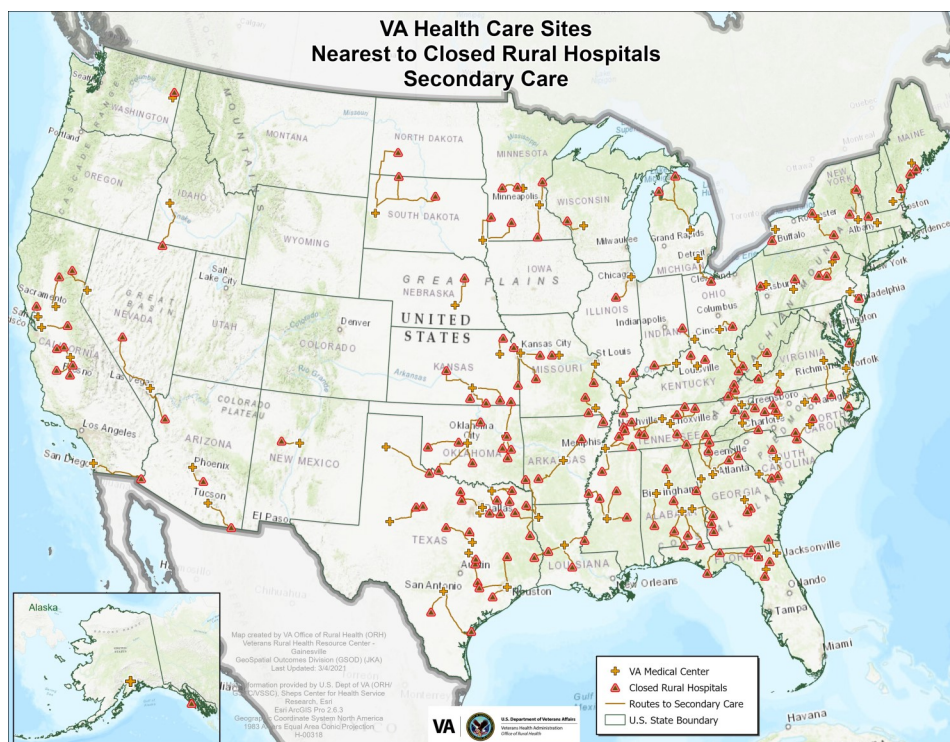
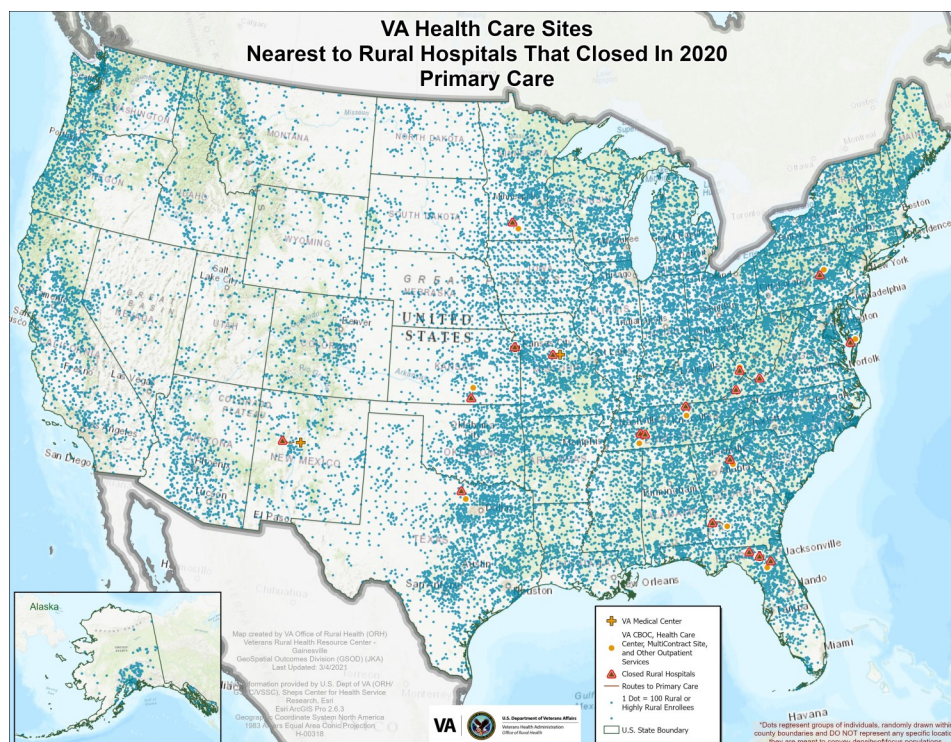


Figure 2

(Continued on page 7)

ORH Data Visualizations Demonstrate Extent of Recent Rural Hospital Closures (continued from page 6)

- Figure 3 illustrates the locations of VA Health Care *primary* care sites nearest to 19 closed rural hospitals in 2020. The blue dots represent rural and highly rural Veteran enrollees by county.



VA programs like the [Veteran Transportation Service](#) (VTS) provide safe, reliable transportation to Veterans who require assistance traveling to the nearest VA facility. These programs are especially useful to rural Veterans who have been affected by medical facility and hospital closures in their area. For more information, visit:

<https://www.va.gov/healthbenefits/vtp/>. ♦

VA Reaches Rural Veterans to Honor National Healthcare Decisions Day

By **Jane Ann McCullough**, Acting National Program Coordinator, Advance Care Planning via Group Visits Program

The U.S. Department of Veterans Affairs (VA) National Care Management and Social Work Program Office promoted awareness across Veterans Health Administration (VHA) about National Healthcare Decisions Day (NHDD) which occurred on April 16, 2021. The mission of NHDD is to inspire, educate and empower Veterans, the public and providers on the importance of protecting their future health care preferences.

With support from the Office of Rural Health (ORH), the Advance Care Planning via Group Visits Program rallied VA staff in 40 sites across the nation to host activities for local Veterans to learn more about NHDD and Advance Care Planning (ACP).

These activities supported Veterans, their families and caregivers in preparing for unexpected health situations—like reviewing the VA advance directive form and discussing how to wisely choose a ‘health care agent.’

Veterans were encouraged to think about four points when choosing a health care agent:

1. *Is the person dependable and reliable?*

The health care team may contact your health care agent during an emergency or crisis. It is important to ask yourself—Is this someone that shows up when they say they will? Do they consistently return my phone calls?

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VA Reaches Rural Veterans to Honor National Healthcare Decisions Day (continued from page 7)

2. *Is the person capable of making tough decisions?*

The health care agent's job is to speak for you and to honor **your** health care preferences when you can't speak for yourself. It is important to choose someone who will know and go by **your** values and instructions—not their own.

3. *How would this person interact with your other loved ones?*

There may be situations where your health care agent is the only person who gets to speak to the doctor or is the only person contacted by the hospital. Think about your family and friends and consider a health care agent who you believe is equipped to interact with loved ones who may not agree with your wishes.

4. *How does this person respond when you bring up the topic of caregiving?*

It may be helpful for you to talk with a potential health care agent before your decision is final. You'll want to be sure that the person is willing and able to serve as your health care agent and that they have a strong understanding of your wishes.



Additional information about ACP and completing an advance directive is found at the links below:

- **VA Podcast:** Choosing a Health Care Agent <https://www.youtube.com/watch?v=hU9vNHwYDGu&feature=youtu.be>
- **VA Podcast:** What's an Advance Directive and Why Should I Complete One? https://www.youtube.com/watch?v=bSw13r93Lic&feature=emb_logo
- **VA Podcast:** I've Been Chosen as A Health Care Agent – Now What? <https://www.youtube.com/watch?v=g0uu7ZzF7Og&feature=youtu.be>

To complete a VA Advance Directive form, visit https://www.ethics.va.gov/for_veterans.asp

For more content about Advance Care Planning, visit https://www.va.gov/geriatrics/pages/advance_care_planning_topics.asp

To learn more about Advance Care Planning in a Group Visit setting, visit https://www.socialwork.va.gov/ACP_GV.asp ♦

Accredited, Veteran-Focused Competency Courses Available Online

By, **Employee Education System (EES)**, Department of Veterans Affairs Veterans Health Administration (VHA)

Community providers who treat Veterans are invited to take a variety of self-paced, accredited online courses, offered 24/7 through the [VHA TRAIN MISSION Act \(MA\) Curriculum](#). The [MISSION Act](#) requires VA to ensure that all community providers treating Veterans meet certain competency standards and requirements regarding opioid prescription practices.

The courses available on VHA TRAIN MA provide training and resources in the areas of military culture, suicide prevention and other Veteran-related topics, equipping community providers with general knowledge about mental and physical health diagnoses commonly found in the Veteran population.

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Accredited, Veteran-Focused Competency Courses Available Online (continued from page 8)

Click on any of following courses to learn more and register:

- [Community Care Provider Opioid Safety Initiative](#) – This course was designed to build a collaborative effort between VA and community care providers promoting evidence-based management of Veterans with chronic pain, improve patient outcomes, and decrease incidence of complications in prescribing opioids.
- [Community Care Provider: A Perspective for Veteran Care](#) – This course offers an introduction about Veterans for community providers and diagnoses that are deemed more common in Veteran patients.
- [MISSION Act 133: A Core Training on Military Sexual Trauma \(MST\) for Community Medical Professionals](#) – This course is designed to provide community medical professionals with brief training on key information related to the care of Veterans who experienced MST.
- [MISSION Act 133: Traumatic Brain Injury](#) – This course is designed to provide community providers with general training and resources in the areas of military culture, traumatic brain injury, suicide prevention and other related topics.
- [MISSION Act Section 133: Post-Traumatic Stress Disorder \(PTSD\)](#) – This course gives community providers basic information on the diagnosis and treatment of PTSD.



[Registration](#) only takes a few minutes and the benefits offered are immeasurable. A VHA TRAIN MA curriculum account offers access to hundreds of accredited courses for community providers. In addition, registered users have access to over 5,000 accredited courses in VA's main [VHA TRAIN](#) site. Click [here](#) to access a catalog of VHA TRAIN MA courses available and [here](#) for VHA TRAIN courses.

For help with course subjects or competencies, please contact the VHA TRAIN help desk at VHATRAN@va.gov. For further information about the MISSION Act courses above, please contact support@missionact.org. ♦

Providing Video Health Care on the Road

By **Connie Meisgeier MSN, RN**, RN Care Manager, Waterloo, IA Community Based Outreach Clinic (CBOC)

Hypertension is a serious medical condition that greatly impacts rural Veterans. In fiscal year 2019, just over 1 million rural Veterans were diagnosed with hypertension. The Video Blood Pressure Visit (VBPV) project is an [Enterprise-Wide Initiative](#) funded by the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) and coordinated through the VA Office of Primary Care to increase care for rural Veterans with hypertension.

As a type of [VA Video Connect \(VVC\)](#) visit, VBPV's allow for increased VVC utilization and allow patients to receive high-quality care in their homes or their location of choice. A VBPV saves the patient the risk of exposure to infectious diseases, the time and cost of travel, the cost of childcare or time off work, and the copay for the visit.

In addition to the challenges that rural Veterans face in accessing care, many rural Veterans hold careers that require them to spend a significant amount of time away from home, further limiting their access to care. One such Veteran, a truck driver from a small rural town who spends much of his time on the road, is a VBPV success story.

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Providing Video Health Care on the Road (continued from page 9)



Photo demonstrates equipment used to deliver remote Video Blood Pressure Visit (VBPV) care

During one of this Veterans' routine VA primary care visits, a provider noted that his blood pressure was gradually elevating. The Veteran was issued a blood pressure cuff and provided education on how to take his blood pressure daily. A follow-up VBPV phone call revealed that the Veterans' blood pressure had jumped to an alarmingly high rate, consistent with hypertension. As a truck driver, this Veteran was highly motivated to get his blood pressure under control in order to save his career. Through VVC, the Veteran was provided with education, medication changes, and specialty consults without any disruption to his employment.

Recent adoption of VVC services such as VBPV at the Waterloo, Iowa Community Based Outreach Clinic (CBOC) have been a big success. When the coronavirus pandemic hit, the VA Iowa Primary Care Services team was just beginning to offer VVC services. Social distancing requirements and concern for the safety of Veterans and staff pushed staff toward much quicker adoption of the program. Staff are finding that VVC is an indispensable tool for connecting with patients. Through the unprecedented challenges of COVID-19 came a golden opportunity that is improving the care that VA provides each day.

To connect with a provider using VVC, Veterans only need a video capable device and access to the internet (such as a smart phone, personal computer, or tablet). For Veterans with difficulty gaining access to these resources, VA loans devices through the [digital divide program](#). With the difficult Iowa winters, traveling to a clinic can be a barrier to accessing care for local Veterans, but the use of VVC has resulted in reduced travel times. The expansion of VBPV has made it possible for providers to evaluate blood pressure, look at a skin condition, or perform a comprehensive medication review for Veterans with hypertension. ♦

ORH Releases New Videos on Innovation and Home Based Primary Care

The Office of Rural Health (ORH) recently developed two new videos to share information about some of its latest initiatives.

The [first video](#) explores ORH's innovation pipeline. In fiscal year 2020, ORH funded \$300 million to programs that support rural Veterans and the providers who serve them. These initiatives collectively impacted millions of rural Veterans across the country. Through innovative research, ORH and its five Veterans Rural Health Resource Centers (VRHRCs), explore new ways to improve the lives of rural Veterans.

The [second video](#) is about the [Home Based Primary Care program](#) (HBPC) led by the [VA Office of Geriatrics and Extend Care](#) (GEC). HBPC brings care directly to Veterans through in-home medical services. More than one-third of program participants live in a rural area. The program has increased delivery of critical health services and improved health outcomes in these areas.

For more information about these programs and other ORH initiatives, please visit ruralhealth.va.gov. ♦



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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Questions? Comments?
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