Message from the Director of the VA Office of Rural Health

Thomas Klobucar, Ph.D.

This issue of “The Rural Connection” focuses on the U.S. Department of Veterans Affairs’ (VA) efforts to provide innovative health care technology options for Veterans, especially in the area of telemedicine.

As the largest provider of telehealth services in the country, VA conducted more than 2.1 million telehealth encounters with Veteran patients last year, 45 percent of whom were rural.

As Secretary of Veterans Affairs David Shulkin, M.D. emphasized, “We’re removing geography as a barrier so that we can speed up access to Veterans and really honor our commitment to them.”

An example of where innovation, technology and Veteran health care intersect is the pilot program that launched recently in southern Kentucky. Instead of driving over an hour to the closest VA hospital, Veterans can now go to a nearby library for their health care appointments. Rural Kentucky Veterans can visit a specialized, private Virtual Living Room (VLR) at the Jackson County Library that connects with doctors at Lexington Veterans Administration Medical Center located over 60 miles away. The VLR program is the first of its kind in the country. Read more in Local Library Offers Private Space for Rural Veterans’ Tele-mental Health Services on Page 2

Finding a dermatologist can be a challenge in rural communities. Patients may have to drive hundreds of miles just to see a skin care doctor. Moreover, with more than five million people diagnosed with skin cancer annually, the need to find ways to get care to rural areas is important. Teledermatology is one way rural Veterans can connect with their dermatologists without the drive and time away from work and family. Read more in Teledermatology Improves Rural Veterans’ Access to Expert Skin Care on Page 3

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

Rural Veterans who need critical care can now access intensive care closer to home. In November, three new Tele-Intensive Care Units opened their doors to provide critical care support, increase collaboration for improved safety and to promote enhanced outcomes. This added support is facilitated remotely by intensivists and clinicians at larger VA facilities. Read more in VA Now Offers Rural Veterans’ More Local ICU Services 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.

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Local Library Offers Private Space for Rural Veterans’ Tele-mental Health Services

By Mark Sulfridge, Marketing Representative, Peoples Rural Telephone Cooperative

Rural Veterans in southern Kentucky have a new, private Virtual Living Room (VLR) to use for medical appointments, instead of driving hours to the nearest VA facility.

The Virtual Living Room (VLR) pilot project allows rural Veterans in Kentucky to connect with health care providers at the Lexington Veterans Administration Medical Center, over 60 miles away. Through the telemedicine program, Veterans can use a private room in the Jackson County Public Library in McKee, Kentucky to speak directly to their VA provider by web cam and computer. The Peoples Rural Telephone Cooperative (PRTC) provides the high-speed internet connection, at no cost, to connect Veterans to their medical providers.

“The concept is to provide a comfortable living room environment for the Veterans so they won’t have to drive three hours for care.” PRTC Chief Executive Officer Keith Gabbard said. “PRTC is excited to be part of this program,” Gabbard shared, “Veterans are the backbone of this country, and we want to do what we can to help them.”

The VLR program is the first of its kind in the country. The U.S. Department of Veterans Affairs’ (VA) Office of Rural Health (ORH) helped to connect PRTC with the Lexington Veterans Administration Medical Center, NTCA—The Rural Broadband Association, and the Jackson County Public Library to launch this pilot program.

“What I see is a better future for our Veterans” said Dr. Tuyen Tran of the Lexington VA Medical Center, “If we do this well, we can mimic this model in other places.” Initially, the VLR program allows Veterans to speak with mental health care providers, but the intent is to open the facility for other doctor visits at some point in the future. The program is set to be especially helpful for Veterans who do not have access to high-speed internet connections in their homes or who lack a private space for one-on-one talks with their health care providers.

Telemedicine programs are not new to the VA system, as they began as a way to increase patient access and reduce long waits for care.

In 2016, more than 455,000 rural Veterans used telehealth technology to connect to their VA health care providers. In 2017, the Office of Rural Health allocated $106 million to fund 24 Enterprise-Wide Telehealth Initiatives.

Watch a video of the launch of the Virtual Living Room at https://youtu.be/qM9yqZc0mOM.
Teledermatology Improves Rural Veterans’ Access to Expert Skin Care

By Dennis H. Oh, MD, PhD and Martin A. Weinstock, MD, PhD, Co-Leads for Teledermatology, Office of Health Informatics, Veterans Health Administration

Dermatology expertise is a scarce resource in many rural areas in the United States, both inside and outside of VA. To help reach these patients, teledermatology has emerged as an effective strategy to enhance patients’ access to high-quality skin care within VA, both to give improved access to Veterans who live far from VA dermatologists and to provide Veterans rapid access to dermatologic evaluation in multiple settings. Moreover, the quality of care for Veterans who use teledermatology is equivalent to those managed by in-person, face-to-face dermatologists. Teledermatology is also very cost-effective.

There are two principal types of teledermatology:

- **Store-and-forward or asynchronous teledermatology (SFT)** involves the transmission of high-quality digital photographs and key medical history to dermatologists who may be at a different location than the patient and who may receive this information at a different time. SFT is the most frequently used form of teledermatology in the VA.
- **Live-interactive teledermatology** uses real-time video and is a much less common form of teledermatology.

SFT is the focus of the Enterprise-Wide Initiative (EWI) which represents collaboration between U.S. Department of Veterans Affairs’ (VA) Office of Rural Health (ORH), Office of Health Informatics, and the Office of Specialty Care Services. Teledermatology in VA is typically a multi-step consultative process that requires contributions from primary care providers and trained imagers who may be located at a rural facility or Community-Based Outpatient Clinic (known as “spokes”), and dermatologists who respond to or “read” the consults, typically from “hub” medical centers (Figure 1). In fiscal year 2017, over 107,000 teledermatology consultations helped more than 100,000 Veterans.

Although teledermatology is used throughout VA, its implementation is not uniform at each VA Integrated Service Network (VISN). The lack of teledermatology systems and services is likely due to multiple factors, which include no VA-wide mechanism for to support the effort of primary care providers and dermatology readers. Through the EWI, facilities may request ORH funds to support these crucial players in the teledermatology process. In the current 2018 fiscal year, the EWI also allows the funding of equipment such as digital cameras. So far, 15 facilities that serve as hubs have participated in the EWI, connecting to 125 rural spokes.

The Office of Health Informatics is innovating new technology to bring mobile teledermatology to both VA providers and patients. This technology development is partially-supported by ORH. One new mobile app, VA Telederm, will streamline the process to submit requests for teledermatology consultations for both primary care providers and imagers. The other mobile app, My Telederm, will allow dermatologists to select certain established patients to follow-up with care. Patients will also be able to use the mobile app to take photographs of themselves (or to involve family members or others to do so) instead of the need to travel back to the clinic in person. It’s anticipated that both of these to be released in early 2018. The Office of Health Informatics is working with VA researchers to measure the effect the Teledermatology EWI and both of the mobile apps on the access of Veterans to expert skin care.

Figure 1
More rural Veterans can now access intensive care closer to home as three new Tele-Intensive Care Unit (tele-ICU) clinics recently opened their doors in November.

In West Virginia, two new tele-ICU units launched; one at the VA Medical Center in Beckley and the other at the Louis A. Johnson VA Medical Center in Clarksburg. These new tele-ICU units partner with VA hospitals in Cincinnati and Baltimore to provide remote monitoring and care.

In Mississippi, the Biloxi VA opened its doors to their tele-ICU with support from the Minneapolis VA Health Care System (VAHCS). Biloxi currently operates 10 ICU beds and this unit is a first for Veterans Integrated Service Networks (VISN) 16.

**How does Tele-ICU care work?**

Through telehealth technology, the VA’s Tele-Intensive Care Unit licensed doctors, intensivists and critical-care nurses are able to remotely view and monitor critically ill Veterans that receive treatment in specialized rural ICU units. The doctors are able to review charts, order tests, prescribe medications, make diagnoses, and consult with family members.

The intent of tele-ICU care is not to replace in person care, but to provide support, increase collaboration with bedside clinicians for improved safety and to promote enhanced outcomes. Tele-ICU care is supportive clinical surveillance that can help monitor patients closely for critical issues and delivery timely interventions.

The expansion of the tele-ICU programs is in support of VA’s modernization efforts to enable patients to receive real-time care when and where they need it.

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**20 Reasons Why Nurses Love Working at the VA**

Dedicating your career to help others can bring great job satisfaction, especially if it is to care for Veterans who answered the call to serve our country.

Of course, jobs with good pay, decent hours, and work-life balance help, too. It’s those factors and more that propel a rewarding career from good to great.

Nurses at VA are a dynamic, diverse group of honored, respected, and compassionate professionals. VA is the leader in the creation of an organizational culture where excellence in nursing is valued as essential for quality healthcare for those who served America.

See 20 reasons why nurses love to work at the U.S. Department of Veterans Affairs.
VA Butler Uses Secure Messaging System to Announce Facility Move

By Lauren Heiger, MS, My HealtheVet Coordinator and Secure Messaging Administrator, Veterans Health Administration

To reach local Veterans about the VA Butler Health Care’s pending facility move to a brand new location, the Primary Care Patient Aligned Care Teams (PACT) used the Secure Messaging program of MyHealtheVet to announce the Health Care Center’s (HCC) move.

In a secure message to patients, staff included information about the new facility and asked Veterans to reply via Secure Messaging should they have any questions or comments about the new location. Staff also added an attachment of an HCC flyer that included VA Butler’s new address and a list of features and services available to the Veterans.

What are Secure Messages?

Secure Messaging is identified as an appropriate encounter method for Same-Day Services and is a new tool to support Veterans’ health and well-being. Through this technology, Veterans can:

- Renew VA prescriptions
- Ask health-related questions
- Seek medical advice
- Make or change appointments
- Communicate non-urgent health concerns/issues
- Request test results and health information
- Send self-monitored health updates – and even attach reports and images

Secure Messaging from staff are initiated to meet a variety of protocols that include the ability to send appointment reminders, communicate test results, share news or information, and to become an audit trail when staff is unable to reach the Veteran by phone – or simply to check in on a Veteran with a health condition.

Committed to Patient-centered Care

At VA Butler, staff help remind Veterans that with Secure Messaging they are only one message away from VA. The secure messages are identified and time-stamped from the moment the Veteran sends it, to help ensure timely responses and uphold the commitment to patient-centered care. VA Butler’s Secure Messaging completion rate is less than one day and the escalation rate is less than two percent. The VA Butler Veterans know that Secure Messaging is a ‘go to’ – not a ‘go away’ tool. It’s a virtual care option for them, as well as a compliment to their traditional care options. Connected Care (https://connectedcare.va.gov/) works to connect with Veterans from where they are and in real-time.

Want you join the VA Butler movement? VA Butler wants to hear from you. Visit the VA Butler web site (http://www.butler.va.gov/) today – and subscribe to receive email updates for timely, on-message news and information for and about Veterans.

U.S. Navy Veteran Maria Womer with MHV Coordinator Lauren Heiger
United States Senate Confirms Randy Reeves to Lead VA Post

By Emily Oehler, Office of Rural Health, Department of Veterans Affairs

Randy Reeves, both an Air Force and Navy Veteran, received Senate confirmation to run the U.S. Department of Veterans Affairs’ National Cemetery Administration (NCA). NCA runs 135 national military cemeteries across the U.S. for the burial of Veterans and their families.

Reeves testified at his October 4 confirmation hearing, according to the release, saying, “I am acutely aware that, if confirmed, I will be ultimately responsible for the care and service provided to Veterans and families during what is, arguably, the most difficult time in their lives; a responsibility I take very seriously.”

Leading up to this appointment Reeves’ focused his career on service to the country, first in the Air Force from 1980 to 1988 and then an officer in the Navy where he served until retiring at the rank of Commander in August 2008. He served in the military for 27 years and is a Veteran of Operation Desert Storm, Operation Iraqi Freedom, and Operation Enduring Freedom.

Since leaving the military, Reeves’ career has centered on Veteran care. In 2009, he became the first Director of the Mississippi Veterans Memorial Cemetery (MVMC). Later he was appointed to the Mississippi Veterans Affairs Board, which runs MVMC and four Veteran’s nursing homes. His advocacy for Veterans extended to the national level in 2015 when the Secretary of Veterans Affairs appointed him to a three-year term on the Veterans Rural Health Advisory Committee. Later in 2016, he was elected president of the National Association of the State Directors of Veterans Affairs.

The House that Toni Chiara Built

The caring legacy of Antoinette “Toni” Chiara, PhD continues to bring communities together for a greater cause, and now a family in need will soon be able to call a new house their home.

As a valued member of the U.S. Department of Veterans Affairs’ (VA) Office of Rural Health’s (ORH) team, Chiara served as a leading expert in the field of multiple sclerosis (MS) and a pioneer in telerehabilitation. She was a VA research and clinical physical therapist with the rural health initiative at the North Florida/South Georgia VA Medical Center until she passed away in the spring of 2016.

Outside of her VA duties, Chiara was an integral part of the Alachua Women Build (https://www.alachuahabitat.org/women-build-11-jasmines-house), a program that mentors women of all ages and backgrounds in construction techniques while participating in a Habitat for Humanity build. Chiara was a very dedicated volunteer that participated in builds on numerous Saturdays and served on its steering committee.

After Chiara’s passing, The Toni Chiara Trust provided a generous contribution that resulted in the reality of and 11th Women Build house. The Toni Chiara Memorial house is currently under construction in Gainesville, Florida where Jasmine and her three children, Aniyha, Akira, and Litton, Jr., expect to move in to their new home in June 2018.

Learn more about ORH’s Rural Health Initiative or on Alachua Women Build (https://www.alachuahabitat.org).
New Veteran ID Cards Available

By Blaine Reynolds, Program Specialist Communications, Office of Connected Care, Veterans Health Administration

Recently, the U.S. Department of Veterans Affairs (VA) announced the start of the application process for the national Veterans Identification Card (VIC) for Veterans. VIC is set to replace the requirement for Veterans to show their DD214 (Certificate of Release or Discharge from Active Duty) to retailers in order to receive promotional discounts. “The new Veterans Identification Card provides a safer and more convenient and efficient way for most Veterans to show proof of service,” said VA Secretary David J. Shulkin, M.D. “With the card, Veterans and honorable service to our nation will no longer need to carry around their paper DD-214s to obtain Veteran discounts and other services.”

Veterans who served in the armed forces, that include the reserve components, and who have discharge of honorable or general (under honorable conditions) can request a VIC.

Veterans can request a VIC at vets.gov (https://www.vets.gov/veteran-id-card/). Veterans who apply for the card should receive it within 60 days and can check delivery status of their card at vets.gov.

Download and Share New Rural Veteran Health Fact Sheets

To support VA’s establishment of a high-performing network that enables Veterans to obtain care within and beyond the VA, the Office of Rural Health (ORH) strives to inform Veteran health advocates about rural Veterans’ demographics, health issues and VA’s best practices. ORH updated 10 fact sheets with the most current fiscal year 2016 data. These files are available for download and public use.

- Office of Rural Health Overview (https://www.ruralhealth.va.gov/docs/ORH_InfoSheet_2016_FINAL508.pdf)
- Resources (https://www.ruralhealth.va.gov/docs/Rural_Veteran_Resources.pdf)
- Indian Health Service (https://www.ruralhealth.va.gov/docs/ORH_InfoSheet_IHSpartership_FINAL_508.pdf)
- Rural Veteran Coordination Pilot (https://www.ruralhealth.va.gov/docs/ORH-RVCP_2017_508.pdf)
- Mental Health (https://www.ruralhealth.va.gov/docs/ORH_Infosheet_MentalHealth_FINAL_508.pdf)
- Specialty Care (https://www.ruralhealth.va.gov/docs/ORH_Infosheet_SpecialtyCare_FINAL_508.pdf)
- Telehealth (https://www.ruralhealth.va.gov/docs/ORH_InfoSheet_Telehealth_FINAL_508.pdf)
- Workforce (https://www.ruralhealth.va.gov/docs/Rural_Healthcare_Workforce.pdf)
- Secretary’s Advisory Committee on Veterans Rural Health (https://www.ruralhealth.va.gov/docs/ORH-VRHAC-2017_508.pdf)
Secretary’s Advisory Committee Convenes in DC

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

For two days in early November, members of the Veterans Rural Health Advisory Committee (VRHAC) convened in Washington, D.C., for their bi-annual meeting. The Committee welcomed six new members: Andrew Behrman, Stephanie Birdwell, Deanna Lamb, Keith Mueller, Joe Parsetich, and Lonnie Wangen.

The committee heard from U.S. Department of Veterans Affairs (VA) Deputy Chief of Staff Gina Farrisee, Rear Admiral Joan Hunter, Director of Commissioned Corp Personnel and Readiness, and Assistant Deputy Under Secretary for Health Policy and Planning, Dr. Regan Crump along with other top executives and experts. The topics covered included rural workforce initiatives, retention strategies and VA’s health care modernization. Access the meeting notes on the Office of Rural Health’s website at https://www.ruralhealth.va.gov/docs/VRHAC/VRHAC_MeetingSummary_Nov2017.pdf. Below are some photos from the meetings and site visits.