ORH
VHA Office of Rural Health

The Rural Connection

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VHA OFFICE OF RURAL HEALTH

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Message from the Director of the VHA Office of Rural Health

Dr. Mary Beth Skupien
ORH Director

In the Fall of 2010, the VA Under Secretary for Health, Dr. Robert A. Petzel, publicly released his new campaign entitled "VA Health Care: Defining Excellence in the 21st Century". This campaign is focused on the transformation of the Veterans Health Administration (VHA) and its mission to increase access to high quality patient-centered care to all enrolled Veterans. One area where the VHA is recognized as a national leader is in the use of 'telehealth' to deliver health care. Telehealth is defined as *"the use of information and telecommunications technologies that enable the delivery of health care services in situations where patient and provider are separated by geographic distance."* It is a model of care that the VA is expanding in order to increase access to cost-effective, high quality health care to enrolled Veterans, especially those living in rural and highly rural areas.

There are three main approaches in which telehealth is currently being used to deliver care in the VA. One approach is to provide care through a two-way video which allows for remote communication between a health care provider and a patient; a provider and another provider; or a health care provider and patient with another provider, usually a specialist. Another approach uses technologies that capture digital images, such as retinal images, pathology slides or images of pressure sores, that are clear enough to be read by a specialist in another location; and finally the VHA uses home telehealth technologies which supports health care provider monitoring of patients either in their own home or through a mobile device that the patient wears.

In this issue of 'The Rural Connection' we highlight several ORH–funded telehealth initiatives that are bringing VHA health care "closer to home" for rural Veterans. In the Rocky Mountain Network, Dr. Leigh Anderson and colleagues have set up the VA's first virtual intensive care unit (vICU) managed by a critical care nurse. In the Stars & Stripes Healthcare Network, Chief Medical Officer Dr. David McPherson is using secure email to facilitate contact between with community-based outpatient clinics (CBOCs) providing health care for rural Veterans and medical specialists such as cardiologists and neurologists located at VA Medical Centers. In the VA Sunshine Healthcare Network, Dr. Charles Levy is bringing rehabilitation services into the homes of rural Veterans. He and his team provide cognitive therapy for TBI and physical therapy for low-back pain through the use of real-time two-way video. Finally, Dr. Daniel Anaya and the regional Virtual Tumor Board are literally saving lives with telehealth technology. They are increasing access to cancer specialists and improving the quality of cancer care for rural Veterans the South Central VA Health Care Network.

The Office of Rural Health is a proud supporter of these exciting telehealth projects and their role in transforming VA health care and "Defining Excellence in the 21st Century".

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

We are on the Web! Visit us at **www.ruralhealth.va.gov**

In the Spotlight: ORH Veterans Rural Health Resource Center - Central Region

by Dr. Mary Charlton, Veterans Rural Health Resource Center - Central Region

In 2008, ORH established three different resource centers to serve as field-based laboratories engaging in studies as well as implementation and evaluation of innovative practices to support the unique health care needs of Veterans residing in rural areas. Their missions also include serving as national rural health experts for field-based staff and other stakeholders, as well as facilitating the exchange and dissemination of information geared towards improving access and quality of care for rural Veterans.

In this issue, we are highlighting the work of the Veterans Rural Health Resource Center-Central Region (VRHRC-CR), based in Iowa City, Iowa. The Director of the VRHRC-CR is Dr. Peter Kaboli, a staff physician at the Iowa City VA Medical Center and an Associate Professor of Internal Medicine, at the University of Iowa, Carver College of Medicine. Dr. Kaboli is a seasoned investigator who has conducted landmark research in patient safety and quality, best practices implementation, and VA health care organization. He directs the VA Quality Scholars training program in Iowa City, and serves on the national VA Hospitalist Field Advisory Committee, the VISN 23 Formulary Committee, and the national Flow Improvement Inpatient Initiative (FIX) Steering Committee.

Dr. Peter Kaboli
Director

Dr. Mary Charlton
Deputy Director

Deputy Director, Dr. Mary Charlton, is also an Assistant Professor in the Department of Health Management and Policy at University of Iowa College of Public Health. Dr. Charlton has extensive experience in the private sector working for Wellmark Blue Cross/Blue Shield, and was involved in rural health research at the University of Nebraska, Medical Center College of Public Health before coming to the VA.

Among the Central Region's major areas of emphasis are: (1) conducting outreach and analyses to determine the challenges and opportunities for providing easy-to-access, quality health care to Veterans in rural areas, and (2) developing innovative telehealth programs to overcome the distance and access barriers facing rural Veterans. The Central Region team has created two "toolkits" that can be used to help ensure our Veterans get the best possible healthcare. One toolkit is used by the Rural Consultants in each VA region to conduct a "needs assessment" in order to identify ways to improve Veterans' health care. The other toolkit is a Telehealth Evaluation Guide that helps program analysts look for better ways to measure telehealth effectiveness.

Current VRHRC-CR projects use a variety of proven telehealth modalities, including video conferencing, telephonic coaching, and store and forward imaging, in new and innovative ways. ◆

Did you know?

- The VA is widely recognized as the national leader for the use of telehealth technologies to deliver and manage high quality health care.
- The Office of Rural Health has invested over 95 Million dollars in telehealth equipment and programs to achieve its goal of improving access to primary and specialty care for rural and highly rural Veterans.
- At the end of September 2010, over 71,000 Veterans were enrolled in the VA Care Coordination Home Telehealth (CCHT) program.
- Clinical Video Telehealth (CVT) is being used to deliver evidence-based treatments to rural Veterans with Post-Traumatic Stress Disorder (PTSD). Telemental health services can be delivered by clinicians to rural VA Community Based Outpatient Clinics (CBOCs), non-VA health care facilities, homeless shelters, supervised housing sites and Veterans' homes.
- Over the past 4 years, 100,500 Veterans have received mental health services via clinical video telehealth technologies.

Critical Care Delivered Virtually

by Dr. Leigh Anderson, Chief Medical Officer, Rocky Mountain Network

Rural health challenges and solutions are not new to the Rocky Mountain Network (VA Region 19) which encompasses Montana, Utah, most of Wyoming and Colorado, and parts of Idaho and Nevada. As one of the largest regions within the VA with regard to geographic area, VA Region 19 has struggled with providing the full complement of primary and specialty care to Veterans residing in highly rural and frontier areas. Provision of tertiary specialty care in critical care areas is particularly difficult due to the lack of available medical and surgical specialists in these low population density regions.

The virtual Intensive Care Unit (vICU)

As a result, the virtual Intensive Care Unit (vICU) was developed around the central concept of augmenting critical care provided by smaller VA facilities through virtual communication with a site that provides specialty care. Championed by Dr. Leigh Anderson, Chief Medical Officer for the Rocky Mountain Network, the vICU is the first of its kind in the VA system. Unlike other virtual ICU models, this program is unique because it is nurse driven. Modeled after a traditional Rapid Response Team (RRT) approach, a critical care certified nurse (CCRN) manages the system 24/7 from a VA facility in Denver. The vICU registered nurse is available for immediate collaboration, consultation, and support. This nurse also coordinates the point-to-point video communication between hospital physicians at the rural sites and specialty physicians in Denver.

The vICU advances the RRT approach by adding modern electronic technology and empowering nursing staff to take the lead in coordinating rapid response care in a virtual setting. The addition of remote video allows just-in-time specialty support from the Denver site and allows access and connectivity to VA critical care services that was not possible before.

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Bringing Specialty Care Closer to Home through E-Consults

by Jason Ormsby, PhD and Rachael Abednejad, Policy Planning Group

The E-Consult program in the VA Stars & Stripes Healthcare Network (VA Region 4), was funded by the Office of Rural Health (ORH) to expand rural Veterans' access to specialty care providers by giving an alternative to face-to-face care and reducing travel time.

How does it work? Once the patient gives approval, their primary care provider in a rural clinic and a specialty provider located in a VA hospital can communicate about the patient through secure email. The E-Consult program makes coordination of care easier by using the patient's electronic medical record, so both doctors are looking at the same information.

E-Consults are best suited for questions about short term diagnostic and therapeutic issues, but, they can also be used for specialist advice on what tests are needed before a face-to-face visit. E-consults are also good for sharing ongoing advice on how best to manage a condition such as chronic kidney disease. Rural Veterans can choose whether they would like to participate in the E-Consult initiative, or they can choose routine (face-to-face) care.

VA Region 4 Chief Medical Officer and Project Director Dr. David Macpherson said "the E-Consult Program creates a communication stream between rural community-based outpatient clinic (CBOC) providers and specialists that was not there before." This communication strengthens ties between rural Veterans' primary-care providers and specialists while also increasing Veteran access to specialty expertise. It is hoped that this will, in turn, also enhance the quality of care for rural and highly rural Veterans requiring specialty care. In VA Region 4, which serves Veterans in Pennsylvania, West Virginia, Delaware,

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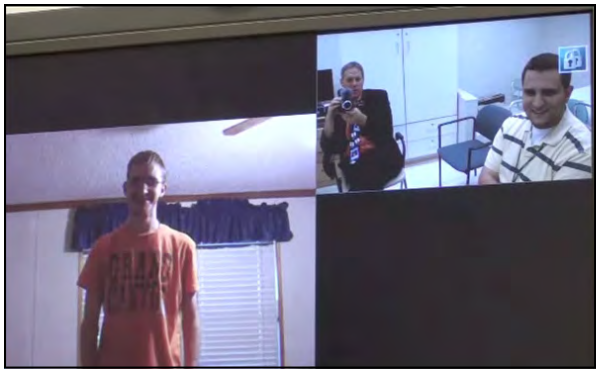
Providing Rehabilitation Services to Rural Veterans via Home Telehealth Technologies

by Charles E. Levy, MD, Chief, Physical Medicine and Rehabilitation (PM&R), North FL/South GA Veterans Health System

The mission of the Veterans Health Administration (VHA) is to deliver high quality care to all Veterans, regardless of geography or their distance from a VA facility. Unfortunately, this goal can be difficult to achieve in rural areas especially when it comes to rehabilitation services. Physical, occupational, and recreational therapy provide essential assistance to help Veterans maximize their functional abilities and to live as independently as possible. However, this commonly requires ongoing visits with therapists, physicians, and other healthcare providers, often 2 to 3 times per week, for periods of weeks or months, placing these services beyond reach for many rural Veterans.

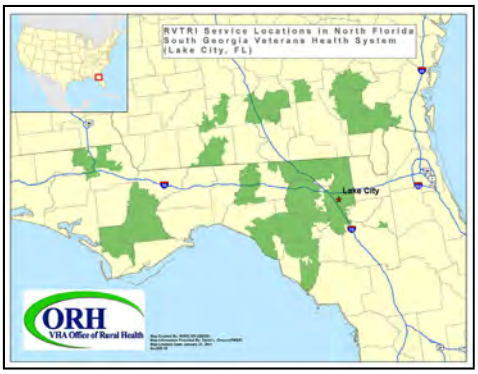
To bridge this gap, the Office of Rural Health (ORH) is supporting the Rural Veterans Tele-rehabilitation Initiative, (RVTRI). "The RVTRI is the first large scale project of its kind, delivering healthcare services directly to patients in their homes through real-time two-way video", says Dr. Charles E. Levy, leader of the RVTRI and Chief of Physical Medicine and Rehabilitation (PM&R) and Associate Director of the Rehabilitation Outcomes Research Center at the North Florida/South Georgia Veterans Health System (NF/SGVHS), centered in Gainesville and Lake City, Florida.



RVTRI - "The Therapist's Experience"

"The RVTRI is typically used after an initial in-person assessment has been completed" explains, David Omura, Rehabilitation Services Coordinator for the RVTRI. "For example, in the treatment of low back pain, it is usually important on the first visit to use a hands-on approach for the physical assessment, to evaluate alignment and determine movement restrictions. However, after the Veteran has been given a set of stretching and strengthening exercises, follow up visits can occur at a distance using telehealth technology."

The RVTRI uses Tandberg E 20 videophones that are placed in Veterans' homes and connected by a secure, encrypted Internet network to VA therapists, physiatrists, and other healthcare providers in Gainesville and Lake City. At the appointed time, the provider at the medical center receives and accepts the incoming "call" from the Veteran. "Both the Veteran and the provider are able to interact as if they were in person," says Dr. Levy. He added, "The NF/SGVHS covers territory roughly the size of West Virginia. With the RVTRI, distance no longer matters; I can reach Veterans wherever they are."



RVTRI Service Locations in the NF/SGVHS

Therapists can direct the Veteran to demonstrate various physical exercises and offer feedback to make sure that the proper muscles are stretched or strengthened. For those with cognitive limitations, cues can be provided to make sure memory devices are being used properly and that routines to organize activity are reinforced.

"With over 2000 encounters I am pleased to say our initial quality measures are looking quite good" states Dr. Levy. "Comparison of initial to discharge scores on a number of measures shows significant positive change." In the first year of the demonstration project, rehabilitation care has been delivered to 40 out of 137 rural zip codes. The average Veteran being served lives 93 miles away and receives 7 visits. Some Veterans, such as those who have long lasting combat-related cognitive impairments are followed indefinitely. Besides saving travel time and parking frustration for the Veteran, significant financial savings are being realized by the VA, all while delivering the same high quality care. Of course the critical measure is patient satisfaction, which is also rated near the top of the scale. Veterans who participated in the RVTRI reported high rates of satisfaction in several aspects of the program, including overall quality of the service delivered, wait times, times spent with the provider, privacy, and video and audio quality. ◆

Expanding Rural Health through Telehealth

by Andrew J. Kalinen, Community Based Outpatient Clinic Administrative Officer, VA Salt Lake City Healthcare System

The VA Salt Lake City Health Care System (VASLCHCS), anchored by the George E. Wahlen VA Medical Center in Salt Lake City, Utah provides health care services to Veterans throughout most of Utah; southeastern Idaho and northeastern Nevada. The VASLCHCS covers approximately 144,000 square miles and has five community-based outpatient clinics (CBOCs). These CBOCs are located in Pocatello, Idaho; Orem, Ogden, Western Salt Lake, and St. George, Utah. Health care services are also provided at three contract clinics, located in Ely, Nevada; Nephi/Fountain Green and Roosevelt, Utah; and two primary care telehealth-outreach clinics (PCTOCs) in Elko, Nevada and Idaho Falls, Idaho. The most distant clinic from the VA Medical Center in Salt Lake City is just over 300 miles away.

Between 10-38% of Veterans served by the VASLCHCS are 65 years old and older and live primarily in high desert and mountainous regions. The highway to the Ely, NV clinic has been named the "loneliest highway in America"; and Route 6 to Price, Utah (a future site for a new PCTOC) is one of the most dangerous highways in America. Inclement winter weather can either close access roads to medical resources or render the roads extremely dangerous to travel.

To better support and provide health care for Veterans who live in rural and highly rural communities, the VA Salt Lake City Healthcare System (VASLCHCS) embarked on an aggressive telehealth program. At sites where direct care providers are not available, medical services are offered through the telehealth program. Telehealth services include: primary care; mental health services; the MOVE program; nutrition education, diabetes management, diabetic teleretinal imaging; OEF/OIF/OND transition and assistance; audiology, anti-arrhythmia cardiology; and home telehealth which includes care coordination (i.e. health buddy and other technology). There are also tele-education courses available for healthcare navigation; congestive heart failure; smoking cessation, nutrition and diabetes.

ORH Director Mary Beth Skupien (center) and Congressman Mike Simpson of Idaho (right), help cut the ribbon to officially open the Primary Care Tele-Outreach Clinic (PCTOC) in Idaho Falls.

On February 23, 2011 a second primary care tele-outreach clinic opened in Idaho Falls, Idaho. In the past, Veterans in the Idaho Falls area would have to travel one hour for primary care services and 3½ hours (220 miles) for specialty care services now provided through telehealth technology. Due to the success of the telehealth program, another PCTOC is in the process of opening in Price, Utah; and telehealth services are expanding at the Elko, Nevada PCTOC.

The VASLCHCS hopes to continue its successful and aggressive campaign to provide healthcare in the communities where Veterans reside. ◆

Critical Care Delivered Virtually *(continued from page 3)*

These virtual "Hallway" discussions allow for quick decision-making regarding care management and emergency transfer collaboration. This accessibility of immediate specialty care clinical support has enhanced hospitalist/specialty care communication, and allows the lower complexity facilities to manage patients that, in the past, required transfer to another facility.

The vICU, funded by the Office of Rural Health, went live October 13, 2009. The inaugural year of the program laid the foundation for improving the quality of care for patients at rural sites. During this time, the vICU experienced 687 encounters with rural sites, initiated 117 interventions, and responded to 32 rapid response calls. Specific interventions include 48 sub-specialty physician consults, 15 nursing consults, and 74 expedited critical care transfers. In addition, the program has resulted in a 49% increase of ICU RNs at the Denver VA obtaining their critical care (CCRN) certification. In the first year of the program, the vICU system resulted in nearly $500,000 of cost avoidance by reducing transfers of patients to non-VHA facilities. ◆

Using Technology to Improve Access and Quality of Cancer Care for Rural Veterans

by Daniel A. Anaya, MD Surgical Oncologist and Director, Virtual Tumor Board Project, Michael E. DeBakey VA Medical Center

Cancer is one of the leading causes of death among Veterans. Cancer treatment continues to change and improve, resulting in better rates of patient survival and quality of life. However, these improvements rely on appropriate evaluation by many different types of health care providers (e.g., surgical oncologists, medical oncologists, radiation oncologists, pathologists, etc.) that are not available at all VA facilities. To overcome this access limitation, the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston, TX, under the leadership of Dr. Daniel A. Anaya, and supported by the VA Office of Rural Health (ORH) implemented a Virtual Tumor Board (VTB) between different institutions in the South Central VA Health Care Network (VA Region 16).

One of the first success stories of this new program was that of Navy Veteran Roy Whitehead. He was told at a non-VA institution that he had liver metastasis and had only 6 months to live. However when his case was presented from the outpatient clinic in Louisiana to the Virtual Tumor Board at MEDVAMC, the plan for liver resection was made. One month later, Roy was sent to MEDVAMC, had the liver resection and was recovering back at home. Now, Mr. Whitehead has a new outlook on life and a favorable prognosis, and after almost one year after the surgery, he is doing well and completely recovered.

Veteran Roy Whitehead, pictured with his daughter and Dr. Anaya during a postoperative visit.

"Ensuring appropriate multidisciplinary evaluation – often accomplished through Tumor Board conferences - is essential in providing the best care available to each individual patient, and is currently considered the standard of care" explained Dr. Anaya, surgical oncologist and Director of the DeBakey Cancer Center. "When such expertise is not available, access to quality cancer care is limited and can result in substandard care when not referred to an institution with the necessary experience/ infrastructure. Additional referral to such centers often comes at the expense of multiple trips and repeat studies, which are associated with significant emotional and economic burden to patients and families and can result in treatment delays, potentially adversely affecting patient outcomes."

VA Region 16 covers 170,000 square miles across Oklahoma, Arkansas, Louisiana, Mississippi, and parts of Texas, Missouri, Alabama and Florida. It is one of the largest rural and underserved areas within the US. Veterans in this region receive care through 10 major VA medical centers and multiple VA community-based outpatient clinics (CBOCs). The MEDVAMC is one of the largest medical centers within the VA system and has become one of the major VA cancer referral centers in the nation. It has all the infrastructure and expertise required for management of all simple and complex cancers.

The Virtual Tumor Board (VTB) project was designed to allow physicians at smaller distant clinics to present complex cancer cases during the MEDVAMC Tumor Board conference, using telemedicine technology. This real-time interaction uses videoconferencing and electronic medical records between the primary care physicians treating patients at the distant site and the cancer care specialists at the DeBakey Cancer Center. This high-tech communication gives the physicians a way to review the cancer patient's case, and to discuss and develop a consensus for a treatment plan, just as if they were in the same room.

The VTB has proven to be an essential tool in the management of cancer patients in Region 16. "We are proud to be able to provide the best cancer care available in the nation to our Veterans, regardless of their geographic residence, be it in the metropolitan area of Houston or in a remote rural area in Louisiana. And we are doing this while decreasing inconvenient trips and repeat testing/studies to patients and families, and by reducing costs to the VA Healthcare system" said Dr. Anaya, who is also an Assistant Professor of Surgery at Baylor College of Medicine and a Research Scientist at the Houston Health Services Research & Development Center of Excellence. The DeBakey Cancer Center is now working on implementing this project on a wider scale with the goal of making this service available throughout Region 16 and across the nation. ◆

Using Telemedicine to Address the Growing Mental Health Needs of Rural Veterans

by Jason Ormsby, PhD and Rachael Abednejad, Policy Planning Group

As the rural and highly rural enrolled Veteran population continues to expand, the number of rural Veterans seeking mental health services is increasing. Between October 2006 and September 2010, there was a 40% increase in mental disorder diagnoses among outpatient rural Veterans (from 395,917 to 552,637 unique patients). During the same time period, the VA saw a 67% increase in Post-Traumatic Stress Disorder (PTSD) diagnoses in outpatient rural Veterans (from 116,010 to 193,219 unique patients). Complicating this increase is the fact that rural Veterans have poorer access to mental health services than their urban counterparts. For this reason, rural Veterans experience longer delays between a mental health diagnosis and the beginning of treatment. In addition, rural Veterans, particularly those newly diagnosed with PTSD or depression, are less likely than urban Veterans to receive individual or group psychotherapy services. On the other hand, pharmacotherapy is more likely to be used as the sole treatment for depression in rural Veterans, whereas urban Veterans are more likely to receive a combination of pharmacotherapy and psychotherapy. Although not using psychotherapy can be a matter of patient preference, it is also possible that regular psychotherapy visits are not a practical option for many rural Veterans.

Telemental health encounters and patient count also increased among female rural Veterans and OEF/OIF rural Veterans. Of note, PTSD services accounted for a greater proportion of rural women and OEF/OIF encounters than encounters in the general rural Veteran population.

In order to address the increasing demand for mental health care services for Veterans in rural areas, the Office of Rural Health (ORH) has funded several initiatives across the country to enhance access to specialized services through new innovative care delivery tools. Given the transportation distances rural Veterans face in order to receive care, ORH has promoted the use of new telemental health technologies. Many mental health services, including cognitive-behavioral therapy and PTSD therapy, delivered via videoconferencing have been shown to be as effective as the same services provided in person.

As the VA expands the availability of telemental health for rural Veterans, continually rising rates of use suggest that this effort is succeeding in providing this population with much-needed mental health care. Most of the telemental health services provided focused on individual counseling, psychiatry, group and individual substance abuse services, and individual PTSD services. Data suggests that telemental health service utilization among rural Veterans will continue to increase. ◆

To see a list of information sources used for this article, please see the electronic version of The Rural Connection, available on the Office of Rural Health website at:

http://www.ruralhealth.va.gov/news2/ORH_The_Rural_Connection_Newsletter.asp

Specialty Care through E-Consults *(continued from page 3)*

New Jersey, New York and Ohio, there have already been 145 E-Consults from rural CBOCs. In December 2009, the E-Consult program was operating in 8 CBOCs and now the program operates in all rural CBOCs across Region 4, as well as in 20 additional CBOCs and 4 spoke facilities. E-Consults make up 26% of all consultations from rural sites for special health care issues such as cardiology, orthopedics, neurology, diabetes/endocrinology, women's health and hematology/oncology.

At the Crawford County, Pennsylvania CBOC, nearly 50% of all specialty care consultations are E-Consults. Region 4 Program Analyst Jennifer Skoko reported that the Crawford County clinic is an "early adopter of the program and excited about bringing it to the rural Veterans they serve."

Researchers from the VA's Center for Health Equity Research and Promotion (CHERP), based at the Pittsburgh VA Medical Center, conducted an evaluation of the E-Consults program. The evaluation focused on overall satisfaction, quality, time, access, safety, expectations, confidence and intent to use E-Consults in the future. Overall, Veterans and primary care physicians were significantly satisfied with the E-Consult program.

In 2011, Dr. Macpherson hopes to continue to expand the scope of the E-Consult program in Region 4. ◆

My HealthVet Spotlight: Caregiver Assistance

My HealtheVet, the VA Health Care Portal, has created a special area in the Healthy Living Center called Caregiver Assistance. In this area, visitors will find links to many helpful Web sites that cover topics such as:

- Caregiver resources for specific diseases and conditions and when to get additional help
- How family and friends can provide support
- Benefits of change, how to start healthy living, and special situations
- Understanding and tracking health behavior change progress
- Complementary and alternative approaches

To access the Caregiver Assistance section of My HealtheVet visit http://www.myhealth.va.gov, then click on:

RESEARCH HEALTH (TAB AT THE TOP) → then → HEALTHY LIVING CENTERS (TAB AT THE TOP) → then →  Caregiver Assistance

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The Department of Veterans Affairs has launched a toll-free National Caregiver Support Line 1-855-260-3274.

The Caregiver Support Line was created to recognize the significant contributions made by caregivers allowing Veterans to remain at home surrounded by family and friends. Open Monday through Friday 8:00 a.m. to 11:00 p.m. and Saturday 10:30 a.m. to 6:00 p.m. Eastern Time; licensed clinical social workers will be available to answer your questions, listen to your concerns and directly link you to the Caregiver Support Coordinator who can locate assistance tailored to your unique situation. For more information, visit http://www.caregiving.va.gov.

Upcoming Rural Health Events and Conferences

National Rural Health Association
Annual Rural Health Conference
May 3 - 6, 2011
Austin, TX

NRHA's Annual Rural Health Conference is the nation's largest rural health conference, created for all of those with an interest in rural health care, including rural health practitioners, hospital administrators, clinic directors and lay health workers, social workers, state and federal health employees, academics, community members and more.

WEBSITE: http://www.ruralhealthweb.org/annual

AcademyHealth's Annual Research Meeting (ARM)
June 12 - 14, 2011
Seattle, WA
Washington State Convention Center

For 27 years, AcademyHealth's ARM has been the premier forum for health services research, where more than 2,400 attendees gather to discuss health policy implications, sharpen research methods, and network with colleagues from around the world.

WEBSITE: http://www.academyhealth.org/events/content.cfm?ItemNumber=882&&navItemNumber=529

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VHA Office of Rural Health
"Using Innovation and Technology to Improve Access and Quality"
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