



Message from the Director of the VHA Office of Rural Health



Dr. Mary Beth Skupien
ORH Director

In this issue of 'The Rural Health Connection', we highlight a few of our many rural health success stories from this past year as well as new ORH initiatives planned for fiscal year 2012. We recognize that all rural areas are not the same and that different geographical areas require different solutions. Thus, ORH supports a

variety of innovative programs and models of care designed to improve access and quality of health care for all rural Veterans. For instance, in the remote, sparsely populated areas of Montana, Utah, Wyoming and Colorado, ORH has supported the development and expansion of a network-wide operational telehealth infrastructure that supports a virtual intensive care unit, telemental health services, primary care and specialty care to 67 different sites, both fixed and mobile. In rural areas with larger populations, ORH funding has gone to support the opening of new rural clinics, such as the one located in Newport, Oregon, which serves well over 1,200 Veterans. This clinic is a unique partnership between the VA and the local Lincoln County government. The Health and Human Services Department provides the clinical space, equipment and supplies and ORH funds the salaries for the primary care provider and the mental health care provider.

ORH also supports innovative programs targeting conditions prevalent in the Veteran population, such as diabetes and heart disease. ORH supported the development of a mobile teleretinal program designed to improve rural

Veteran screening rates for diabetic retinopathy, a leading cause of preventable blindness among adults. ORH also supported the demonstration of a home, telephone-based outpatient cardiac rehabilitation program that showed significant improvements in key health outcome measures among the participants. In the upcoming year, ORH will continue to support rural clinics, transportation projects, telehealth expansion, geriatrics, mental health, and rural provider training. In addition, ORH will support new specialty care initiatives for rural Veterans such as a mobile prosthetic treatment unit, a virtual cancer care program, a virtual pain treatment program and a mobile outreach and transition team program designed to bring a holistic approach to treating mental health issues in rural Veterans. Finally, ORH is supporting a pilot program known as Project ARCH (Access Received Closer to Home) that is intended to improve access for eligible Veterans by providing contracted care from non-VA health providers closer to where they live.

The ORH staff in Washington, our three resource centers, and across the nation are excited about this upcoming year and the promising new and sustained initiatives for improving access to care for rural Veterans.



We would also like wish you all Seasons Greetings and take this opportunity to encourage everyone to remember our Veterans and many service members who are away from their homes and families during the holidays.

Best wishes for a happy and healthy 2012! ♦



With the Local Government as a Partner, the VA is Expanding Access to Care for Rural Veterans on the Oregon Coast

by William Murray, Strategic Planner, VA Northwest Network (VISN 20)

Lincoln County, on the beautiful but geographically isolated Oregon Coast, is home to more than 5,500 Veterans. Until 2010, those Veterans, seeking VA outpatient care, were faced with a two hour drive over Oregon's rugged Coast Range to reach a VA Community Based Outpatient Clinic in Salem, Oregon. This all changed in May 2010, when the Portland VA Medical Center (VAMC), with support from the VHA Office of Rural Health (ORH), opened its Newport Outreach Clinic to serve the area's sizable rural Veteran population.

The Newport Outreach Clinic is open to VA patients four days a week for primary care services. Mental Health services are provided by a traveling VA Psychiatrist, and via tele-mental health services. Demand for primary care services increased quickly after the clinic opened, with the primary care physician's panel filling within a year. New patients are enrolling at a rate of 20 patients per month, and discussions with Lincoln County Health are underway to add a second primary care physician in either Newport or Lincoln City, less than an hour north, to accommodate the growing demand.



David Stockwell, Portland VAMC Deputy Director, welcomes Veterans to the opening of the Newport Outreach Clinic.

The Newport Outreach Clinic is a pioneering partnership between the VA and the Lincoln County Health and Human Services Department. The VA supplies a primary care provider as well as a part-time mental health provider, and the county offers clinic space, equipment, supplies and support staff. This partnership grew from a desire by the Lincoln County Health Department to provide better health care service to its lower-income citizens, including many Veterans, and the Portland VA Medical Center's goal to reduce travel time and expense for eligible rural Veterans living along the Central Oregon Coast.



ORH's Newport Outreach Clinic expands access to VA health care for rural Veterans living along the Central Oregon Coast.

The experience in Newport has been positive for all parties. The facility's 1,240 enrolled Veterans love the fact they no longer have to leave the Central Coast to receive care, and the Lincoln County Health Department has gained a new source of revenue in this era of serious economic challenges. The VA also benefits significantly from this arrangement, as it is able to provide cost-effective, local primary care and mental health services, paying for only those patients seen at the site and bearing little of the capital costs associated with opening a VA owned or leased facility.



Newport Outreach Clinic staff and Veterans celebrate clinic opening.

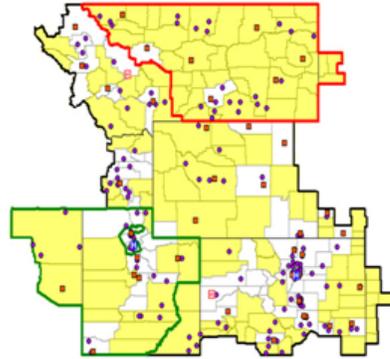
The Newport Outreach Clinic is a model for cooperative, mutually beneficial, arrangements between the VA and city, county or state healthcare organizations across the nation.

For more information about the Portland VA Medical Center's experience, please contact Bill Murray, Strategic Planner, at 503-220-8262, ext. 57765. ◆

The VA Rocky Mountain Network is Expanding Access to Care via Telehealth Technologies

by Ron Schmidt, VISN Rural Consultant, VA Rocky Mountain Network (VISN 19)

The Rocky Mountain Network (VA Region 19) covers 470,000 square miles and includes all of Montana and Utah, most of Colorado and Wyoming and parts of Idaho and Nevada. This network is home to over 260,000 Veterans of which 44 percent live in rural and frontier areas. Due to the large geographical area, remoteness, sparse population, mountainous terrain and harsh climate, the Rocky Mountain Network is investing heavily in telehealth technology to deliver care.



Care, Tele-Specialty Care, Tele-Patient Education, Tele-Provider Education, and established a virtual intensive care unit (vICU)

that augments critical care provided by smaller, rural VA facilities through virtual communication with a site that provides specialty care 24/7 from a VA facility in Denver. Over the last year, the Rocky Mountain Network in collaboration with Office of Telehealth Services' Telehealth Training Center have shared telehealth operations knowledge and lessons learned with the other VA networks. In addition they have offered telehealth mini-residencies VA leadership and local medical champions.

- Size
 - Geography
 - Climate
 - Enrollment
- = Highly Rural

ORH has supported this effort by funding telehealth initiatives at each medical center that has enabled a network-wide operational telehealth infrastructure focused on improving health care access to the rural Veteran. This network has expanded Tele-Primary

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The VA Healthcare System of Ohio Ensures Continuity of Care after Hospitalization for Rural Veterans

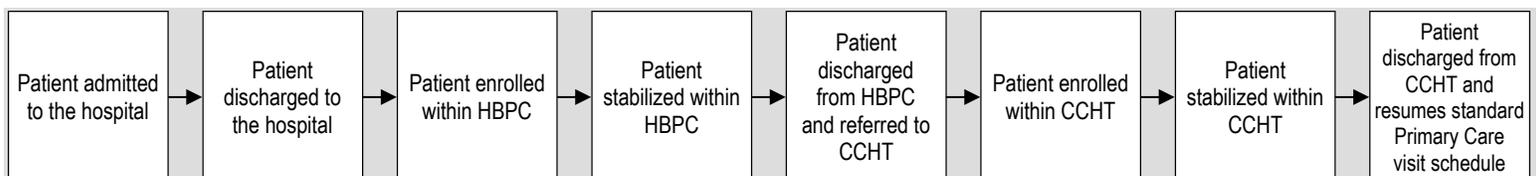
by Joe Kohut, VISN Rural Consultant, VA Healthcare System of Ohio Mountain Network (VISN 10)

Twenty six percent of enrolled rural Veterans are over the age of 74 and nearly half are between the ages of 55 and 74. Many of these older, rural Veterans have chronic conditions that require more than routine clinic-based care. Throughout fiscal year 2011, the VHA Office of Rural Health (ORH) supported the VA Healthcare System of Ohio's Home Based Primary Care (HBPC) and Care Coordination Home Telehealth (CCHT) project, involving Medical Centers in Chillicothe, Cincinnati, Cleveland, Columbus and Dayton. Specifically, this initiative focused on the HBPC and CCHT care delivered through six rural Community Based Outpatient Clinics (CBOCs); New Philadelphia, Athens, Portsmouth, Marion, Richmond (Indiana), and Lawrenceburg (Dearborn, IN).

vider team in the homes of Veterans with complex, chronic, disabling conditions for whom routine clinic-based care is not effective. The goal of the program is to reduce hospitalizations and to allow frail, medically complex, patients to continue to live at home. Care Coordination Home Telehealth is a program begun by the VHA Office of Telehealth Services that uses the latest technology that allows VA health care providers to remotely check symptoms and monitor vital signs in the homes of Veterans with conditions such as diabetes, chronic heart failure, or chronic obstructive pulmonary disease. The VA Health Care System of Ohio has brought these programs together to ensure continuity of care after hospitalization as illustrated by the graphic below.

Home Based Primary Care is a VA program that provides comprehensive, longitudinal primary care by an interdisciplinary pro-

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The VA Ann Arbor Health Care System's Care Partner Program is Improving Chronic Disease Management for Rural Vets

by Kathleen A. Swalwell, Clinical Research Coordinator, VA Ann Arbor Healthcare System

The CarePartner program is designed to help people better manage their chronic disease by involving an informal caregiver in their care. This program was developed under the guidance of doctors and nurses that specialize in chronic disease, and currently enrolls patients with diabetes, depression, and/or heart failure. Since FY 2010, the Office of Rural Health has helped to support this program for Veterans that seek care in VA community based outpatient clinics located in rural areas of Michigan.

Key features of the program include:

- Weekly automated calls to the patient asking questions about their chronic illness. The patient receives immediate feedback based on their responses.
- Structured feedback to clinical team via fax with thresholds triggering urgent clinician alerts that are adjustable across patients and over time.
- Tailored feedback to patient's CarePartner, living anywhere in the world, to provide additional support and awareness of the Veteran's condition via email alerts and/or a specially -designed, toll-free voicemail service.

Training DVDs for clinicians, Veterans, and CarePartners, along with written materials for both Veterans and their CarePartners that include information about the patient's disease as well as information on caregiving and effective communication. Most people with a chronic illness have people in their lives who help them or would be willing to help manage their condition. Often, relatives

or friends are willing to help. These informal caregivers often live outside of the patient's home and can play a crucial role in helping them cope with their chronic illness in-between doctor's appointments. This program is ideal for Veterans who live independently and may have difficulty using the VA standard home tele-health equipment.



CarePartner Program Team (L-to-R):
Nancy Weaver, Stephanie Parrish,
Diana Parrish and Pia Roman

In the case of Jim and Robert, two Veterans from rural Michigan, this program has shown them how important it is to have someone to help you follow through. Roberts says, "I wanted to participate with Jim (as his CarePartner) in the program because I felt close to him through our friendship in the neighborhood and in the American Legion. Being involved in the program gave me an opportunity to serve and help Jim on a more personal basis regarding his health and diabetes. Plus I saw the results immediately." Jim says, "Robert helped keep me on track about what I was doing and when I needed to do it. He would call me right after I did my call and get after me about what I was eating to raise my blood sugar or blood pressure. It made me feel good that he cared enough about me to stay involved." ♦

Did you know?



- Rural Veterans are, on average, older than their urban counterparts. Almost half of rural Veterans are between the ages of 55 and 74 and approximately 26% are over the age of 75.
- Geriatricians have expertise in treating conditions that older individuals experience such as loss of mental sharpness, changes in mood, falls, sensitivity to medications, loss of vision and hearing, and incontinence.
- The American Geriatrics Society says today there's roughly one geriatrician for every 2,600 people 75 and older. This ratio is projected to fall to one geriatrician for every 3,800 older Americans by 2030.
- Just 56 percent of first-year fellowship slots in geriatrics were filled last academic year; Only 56 percent of medical students had clinical rotation in geriatrics in 2008.
- Primary care physicians do not have training or experience to manage complex, older adults with multiple chronic diseases.
- In order to improve provider training in geriatrics among rural VA providers, the VHA Office of Rural Health has supported the Geriatric Scholars program. This national VA in-service education program is leading the way to quality improvements in rural community-based outpatient clinics across the U.S. The program offers state-of-the-art education in geriatrics to primary care providers, social workers and pharmacists and culminates with each Scholar initiating a quality improvement project in his or her clinic. ♦

Cardiac Rehabilitation – Delivered Remotely to Rural Veterans

by Bonnie Wakefield, PhD, RN

Cardiac rehabilitation/secondary prevention services are recognized as providing significant benefit for persons with heart disease. Cardiac rehabilitation is a professionally supervised program that includes exercise training, education on heart healthy living, and counseling to reduce stress with the goal of significantly reducing the risk of future heart problems, including heart attacks.



Dr. Bonnie Wakefield

Although post-hospital rehabilitation programs are an important component of care for patients with heart disease, few VA medical centers provide comprehensive cardiac rehabilitation (CR) services on site. This is particularly problematic for rural Veterans who must travel long distances to receive care and may find it difficult to access rehabilitation services in general. This ORH-sponsored project grew out of a desire to bring services, such as CR, closer to rural Veterans and their homes.

The purpose of this demonstration project was to implement and evaluate a telephone-based outpatient cardiac rehabilitation program, and to estimate program costs. Forty-eight Veterans chose to participate in the demonstration project. Each Veteran received an individualized exercise prescription at baseline and were contacted weekly by telephone for 12 weeks for education and

assessment. Preliminary analyses of outcome data for the remote participants completing the 12-week program were promising.

Participants showed significant improvements on several outcome measures. Specifically, improvements from baseline to 12-weeks were found for total lipids (171 mg/dl at baseline, 155 mg/dl at 12 weeks, $p < .01$) and for two of four Seattle Angina Questionnaire scales (Physical Limitations and Quality of Life, $p < .05$). There were no significant changes in tobacco use, blood pressure, HDL, LDL, triglycerides, weight, or medication adherence.

Additionally, participants were very satisfied with the care they received in the remote program (mean 4.6 on a 1 to 5 scale). Remote participants remained engaged throughout the program; the majority (81%) completed at least 10 of 12 weekly sessions. Estimated costs for the remote program were similar to VA fee-basis costs for referring patients to local on-site programs.

The final product for this project will be an implementation toolbox for a remote CR program. The toolbox will include a Program Implementation Manual, including guidance for staff delivering the program (e.g., 12-week protocol, data collection forms,

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Rocky Mountain Network Expanding Access to Care *(continued from page 3)*

The Rocky Mountain Network offers 67 sites of care that provide both face-to-face and telehealth care services to Veterans across the region. ORH supported the establishment 14 primary care telehealth outreach clinic sites that include 10 fixed sites and one mobile telehealth clinic that serves 4 sites. ORH also provided funding for additional telehealth technologies, medical and support staffing at each of the 6 medical centers, at 36 Community Based Outpatient Clinics, and at 13 American Indian/VHA sites of care. There are still gaps in access remaining, but, the ORH supported initiatives promoting telehealth technologies continue to expand and enhance the delivery of health care services to rural and highly rural patients. In FY2011, the Rocky Mountain Network provided telehealth services to 21,291 Veterans that generated 34,993 healthcare encounters. The hope for the future is to find opportunities to collaborate with non-VA community entities like Critical Access Hospitals, educational institu-

tions, or others in rural and highly rural areas to provide additional fixed sites for Telehealth Outreach Clinics.



Cheyenne VAMC Mobile Tele-health Clinic

For more information about telehealth initiatives in the Rocky Mountain Network, contact Ron Schmidt, VISN 19 Rural Consultant at Ronald.Schmidt@va.gov. ♦

Improving Screening Rates for Diabetic Retinopathy in Rural Iowa

by Thomas F. Klobucar, PhD, Veterans Rural Health Resource Center - Central Region

In 2010, the VA Under Secretary for Health, recognizing the dangers of visual impairment from diabetic retinopathy, charged the Veterans Health Administration (VHA) to do more to detect Veterans with this, and other conditions that can cause blindness. Diabetic Retinopathy is the leading cause of preventable blindness among adults, aged 20 – 74 in the United States. This condition is an unfortunate complication of diabetes, and over 1.4 million veterans enrolled in the VA system have been diagnosed with diabetes. In the Iowa City Health Care System (HCS) catchment area alone, more than 18,000 veteran outpatients live with diabetes.

Screening for retinopathy is available at the Iowa City VA medical center (VAMC) however, for many rural Veterans in Iowa, this means a major journey, that could take up as much as 4 to 6 hours round trip. The Iowa City HCS employed only one teleretinal imager, who was working hard to screen 1200 veterans each year. With current VHA standards calling for screening at first diagnosis of diabetes and two-year rescreening, more capacity was clearly needed. It is important to note that Iowa City HCS is not alone in this—in 2010, only 12% of enrolled diabetic veterans were screened in the VA for retinopathy.

In response, the VHA Office of Rural Health's Veterans Rural Health Resource Center-Central Region (VRHRC-CR) teamed up with the Iowa City Health Care System (HCS) to create a Mobile Eye Screening Service. Led by VRHRC-CR associate, Dr. T.F. Klobucar, medical professionals from the Iowa City HCS surgical service and primary care service line came up with a plan to not only double the number of screenings, but to get that care out to where the veterans are—in the Community Based Outpatient Clinics (CBOCs) serving veterans living in rural and highly rural areas. ORH supported the purchase of a mobile teleretinal screening system and hired a second imager to make the project work.

And work it has. The Iowa City Health Care System's mobile teleretinal imager, Ron Greaves, working with a team of professionals in the Office of Information Technology and in Iowa CBOCs, has built a model mobile program from the ground up. Ron routinely spends a week in each of the rural CBOCs Iowa City serves, imaging veterans every day near their homes.

Over the course of just a few months, the program has screened more than 290 Veterans in FY 2011 and it is expected that more than 1000 Veterans will be screened in FY 2012. Sixteen percent of the Veterans imaged were diagnosed with retinopathy, and more than half of those cases were severe enough to refer to the Iowa City VAMC Optometry clinic.



Ron Greaves, Iowa City VAMC's mobile teleretinal imager, conducts a screening for diabetic retinopathy.

Not only does this program save veterans significant driving distance (a sample of 48 veterans reported that they saved an average of 128 miles round trip!) but it has the potential to save the VHA up to \$21,000 annually in travel costs. And the rural Veteran patients are very happy with the service, making statements such as "Great that I didn't have to drive to Iowa City...a lot closer!" "Having it at the local clinic was a real asset." And they praise the program's teleretinal imager, Ron, as "great, knowledgeable" and "very thorough and professional." Overall, these Veterans gave the program a 4.6 (out of 5) satisfaction rating. Cost and travel savings aside, the most important outcome of this mobile program is that even if it only saves one Veteran's eyesight; it is worth every penny spent.

For more information about the Iowa City VAMC Mobile Eye Screening Service, contact Tom Klobucar, PhD at Thomas.Klobucar@va.gov. ♦

What's New in FY 12 – A Few Selected Projects Supported by ORH

Prosthetic Treatment Center Mobile Laboratory

Rocky Mountain Network, Denver VAMC

A certified Prosthetist-Orthotist will travel to rural areas in Colorado and Wyoming in a van equipped with a mini prosthetic-orthotic fabrication laboratory, computer assisted design and manufacturing capabilities, and telehealth equipment. This program will bring expertise in high end-orthotics and in prosthetic fabrication and fitting to rural Veterans, and the van will be used for tele-consultations with prosthetic and orthotic rehabilitation specialists, the Amputation Rehabilitation Coordinator, podiatrists, and wound care specialists from the Denver VAMC. This mobile laboratory will provide rural Veterans with access to the Regional Amputation System of Care (RAC) based in the VA Eastern Colorado Health Care System. This mobile laboratory will provide a more consistent standard of care for rural veterans than is currently possible with community vendors.

Rural Health Cancer Care Initiative

VA Heart of Texas Health Care Network, Houston VAMC

The Rural Health Cancer Care Initiative will provide close supervision and follow-up to rural cancer patients, eliminating their long trip to Houston. This program also aims to treat complications of chemotherapy at an early stage and possibly prevent the development of more serious illness leading to hospitalization. Teleconferencing between the Houston VAMC and CBOCs will enable improved communications among rural primary care providers and subspecialists in cancer medicine. Virtual comprehensive cancer care clinics will be established to provide patient and caregiver support and cancer care education. These clinics will evaluate patients for side effects after chemotherapy, provide assistance with pain management and nutritional support, and assign social workers to the patients and their families. In addition, teleconferencing will improve management of newly detected lung nodules by allowing pulmonary subspecialists in Houston to work with local physicians to efficiently reach a diagnosis with a minimum number of trips to Houston.

Rural Mobile Outreach and Transition Team

VA Health Care Upstate New York, Syracuse VAMC

The focus of the new rural Mobile Outreach and Transition Team (MOTT) in upstate New York is to identify, engage, and enroll rural Veterans. The program aims to provide behavioral health services to the rural Veteran, thus, eliminating potential barriers to treatment (transportation, psychosocial issues, etc.). Bringing holistic, recovery based treatment to the Veteran opens the door for improved functioning and treatment compliance. The MOTT team will work closely with substance abuse treatment services, the Post-traumatic Stress Disorder program, and the Health Care for Homeless Veterans pro-

gram to assist in meeting the complex needs of rural Veterans. Veterans engaged with the MOTT program will have assistance in family integration of care, crisis intervention, safety treatment plans, and therapy when there is a need to build on coping skills and activities of daily living functioning. A unique aspect of this mobile team approach is the inclusion of a co-located Vocational Rehabilitation Counselor. The program will include an evaluation component to assess the efficacy of the mobile team approach and well as continually improve service delivery.

Expanding Acceptance and Commitment Therapy (ACT) to Treat Pain via Telemental Health Services

VA Maine Healthcare System, Togus VAMC

Acceptance and Commitment Therapy, or "ACT" is an evidenced-based cognitive behavioral therapy that includes a 'mindfulness component'. The American Psychological Association now lists "ACT" as having strong evidence for use with pain patients. The Togus Maine VA will utilize televideo conferencing services to connect to the Bangor CBOC to conduct individual ACT sessions to treat rural Veterans with pain. A Bangor CBOC social worker will make sure the referral, scheduling and telemental health sessions go smoothly, and will also collect program evaluation information. If ACT for Pain via telemental health is successful, implementation of the intervention delivered to Veteran's homes will be the next step.

Public Psychiatry Fellowship Program

VA Southeast Network, Tuscaloosa VAMC

The lack of mental health providers and services in rural areas is a well known fact. This widespread provider shortage coupled with the high prevalence of mental disorders in rural areas speaks to the urgent need to train, recruit, and retain more mental health providers in rural public settings, such as the VA. In response, ORH is supporting a psychiatric fellowship program at the University of Alabama School of Medicine and the Tuscaloosa VA medical center for psychiatrists and family physicians who have completed an accredited psychiatric and family medicine residency program, respectively, and who plan to devote their careers to working with high risk populations in the public sector in a rural area. The project aim is to train physicians to be more competent in delivering mental health services in rural areas. In addition, the project's objective is to recruit and retain high caliber physicians to serve as leaders in the provision of mental health services in the public sector of Rural Alabama, including the VA setting.

Continued next page

Project Access Received Closer to Home (ARCH)

Project ARCH is a pilot program intended to improve access to care for eligible Veterans by connecting them to health providers and services closer to their home. These health care services are provided through contractual arrangements with non –VA providers. Five pilot sites have been established across the country: they include Northern Maine; Farmville, Virginia; Pratt, Kansas; Flagstaff, Arizona; and Billings, Montana. Veterans can find out if they are eligible by contacting the Care Coordinator at each participating VA Medical Center, who will work with them to assess their

eligibility. Go to the following link to find out contact details for the Care Coordinators at each of the pilot sites:

http://www.ruralhealth.va.gov/arch/arch_contact.asp

The Care Coordinator will assist eligible Veterans in completing an application and will work closely with the non-VA providers to ensure that they have all of the necessary clinical information from a Veteran’s medical records. The Care Coordinator will also monitor the Veterans’ care while they are being seen by the contracted providers. ◆

Continuity of Care after Hospitalization for rural Veterans (continued from page 3)

The estimated number of rural and highly rural Veterans with access to this particular program in Ohio and parts of Indiana is 15,065. The expansion of staffing and Telehealth services funded by this project has significantly improved access to care and outcomes of the patients taking advantage of these services. There are currently forty-five HBPC team members supported by this project providing multidisciplinary care throughout rural and highly rural areas of Ohio. These team members include Medical Doctors, Psychologists, Mid Level Practitioners (Nurse Practitioners and Physician Assistants), Registered Nurses, Licensed Practical Nurses, Social Workers, Dietitians, Clinical Pharmacists, Physical Therapists, Occupational Therapists, as well as Administrative Support personnel.

The VA Health Care System of Ohio remains committed to the VA’s and ORH’s mission to provide high quality and accessible health care services to rural Veterans. In the coming months, they will continue to expand both HBPC and its use of telemedicine by adding and increasing service offerings within rural areas. In addition, new and innovative ways of providing HBPC care via video will be explored during FY12. ◆

Through the use of traditional HBPC home visits and the inclusion of CCHT into the HBPC continuum of care, rural and highly rural Veterans within the Health Care System of Ohio now have access to much needed home services that were previously unavailable within their areas or only available in moderation. By providing the Veteran with intervention on a routine basis and being proactive in their treatments, the HBPC teams have been able to successfully reduce the number of unnecessary clinic visits, emergency room visits, and hospital admissions, while also reducing the average length of stay experienced by these patients.



The VA Healthcare System of Ohio’s HBPC-CCHT Team: (front L-R) Pam Douglass (Program Support Assistant), Karri McNichols (LPN), Leslie McClure (Psychologist), (back L-R) Richard Price (Physical Therapist), Paula Moore (RN), Polly DeCarlo (Social Worker), Dr. Renee Lambert, Neal Kurmas (Dietitian).

Cardiac Rehabilitation for rural Veterans (continued from page 5)

tips on successful program implementation and patient outcome measurement), a Patient Manual (providing tracking tools for self-monitoring and patient education information) and a cost analysis spreadsheet.

This project has had a direct effect on Veterans. It is likely that

many of our participants would not have been referred to CR without our program. If implemented widely, this service will not only fill an important gap in VA services, but will bring services closer to patients and their homes, a fundamental principal in the improvement of care for rural Veterans. ◆

COMING SOON! DoD Military Service Information on My Health eVet

Key portions of the Department of Defense (DoD) Military Service Information will be found in My Health eVet in December 2011. This new feature will be available to military retirees and/or Veterans discharged after 1979.



To see this information, My Health eVet visitors simply need to:

- be a Veteran enrolled at a VA health care facility,
- be [registered](#) on My Health eVet,
- have an upgraded account by getting [In-Person Authenticated](#).

Viewing **DoD Military Service Information** in My Health eVet is simple. It is easy to use, private and secure. Anytime, anywhere the Veteran is, as long as they have Internet access, they can view their:

- Military Occupational Specialty (MOS) codes
- Pay Details
- Service Dates
- Deployment Periods
- Retirement Periods



**Blue Button
Download
My Data**

Having **DoD Military Service Information** available in My Health eVet will give Veterans easy, convenient access to their military employment history. It will let them see their information on demand. They can use the **VA Blue Button** to print or download their DoD Military Service Information. They can share this information when looking for a new job or considering changing careers. They can also share this with their employer to show past job skills and experience. They can also use this when they search for jobs using the [Veterans Job Bank](#).

Learn more about the **VA Blue Button** by visiting the [VA Blue Button's Frequently Asked Questions \(FAQs\)](#). For more information, please contact the My Health eVet Coordinator at your local VA Medical Center. ◆

Visit My Health eVet at www.myhealth.va.gov!

Upcoming Rural Health Events and Conferences



National Rural Health Association (NRHA)

NRHA Rural Multiracial and Multicultural Health Conference, December 7-8, 2011, Daytona Beach, Florida

<http://www.ruralhealthweb.org/go/left/programs-and-events/nrha-conferences/rural-minority-and-multicultural-health-conference/>

NRHA Rural Health Policy Institute, January 30-Feb 1, 2012, Washington DC, <http://www.ruralhealthweb.org/pi>

NOSORH, the National Organization of State Offices of Rural Health maintains a calendar of events at:

<http://www.nosorh.org/news/calendar.php>.

American Hospital Association 25th Annual Rural Health Care Leadership Conference – February 5-8, 2012, Phoenix, Arizona

http://www.healthforum.com/healthforum/html/conferences/12Rural/conf_ruralhealth.html

Washington Rural Health Association Northwest Regional Rural Health Conference – March 14-15, 2012, Spokane, Washington

<http://www.wrha.com/events/conference.asp>



www.ruralhealth.va.gov

VHA Office of Rural Health

"Using Innovation and Technology to Improve Access and Quality"

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