



Message from the Director of the VHA Office of Rural Health



*Gina Capra, MPA
ORH Director*

Greetings from the Veterans Health Administration (VHA) Office of Rural Health (ORH)!

There are many interesting and exciting rural efforts underway and I want to highlight a few activities in this issue of *The Rural Connection*.

On November 21st, ORH joined rural health partners across the country in celebrating the third annual National Rural Health Day.

The National Organization of State Offices of Rural Health (NOSORH) hosted a milestone event at the National Press Club in Washington, DC to “Celebrate the Power of Rural” and to increase the awareness of the unique healthcare issues facing rural Americans. This event highlighted the collective and collaborative efforts of the State Offices of Rural Health, the Veterans Health Administration, the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), and others in addressing rural health issues.

Speakers at the event included Dr. Madhulika Agarwal, Deputy Under Secretary of Health for Policy and Services for the Department of Veterans Affairs (VA), Mr. Doug O'Brien, Under Secretary for Rural Development at the USDA, and Dr. Mary Wakefield, Administrator of the HHS Health Resources and Services Administration (HRSA). Dr. Agarwal spoke of VA's commitment to improving access to care for rural Veterans through increased use of telehealth. She also discussed the expansion of rural-focused academic training programs for medical residents, nursing and allied health students. Dr. Wakefield discussed the unique challenges in rural health care and how that inspires ‘seeds’ of innovation which continue to grow into new approaches in rural health care delivery. Under Secretary O'Brien discussed the significance of rural America with regard to energy, food production, and exporting power. He

also outlined USDA's investment in rural broadband infrastructure, which is so important for not only health care delivery via telehealth, but also for educational and employment purposes.

At the end of his remarks, Under Secretary O'Brien read a special message from President Obama highlighting the Administration's commitment to improving access to care and decreasing health inequities in rural America. White House efforts include: the “Improving Rural Health Care Initiative”, which supports local efforts to increase the rural health care workforce and expand the implementation and use of health information technology (HIT); and the establishment of the White House Rural Council, which aims to strengthen rural communities, promote economic growth and expand health services for Veterans living in rural areas. A video recording of the press conference is available at: <http://go.va.gov/pxxd>.

This past September, ORH staff from the Washington, DC office and from our three Veterans Rural Health Resource Centers met to begin planning how we can best serve rural Veterans over the next five years. During this meeting we developed a strategic framework for fiscal years 2015-2019, taking into consideration the changing health care environment, including implementation of the Affordable Care Act and the VHA Strategic Plan 2013-2018, which focuses on patient centered health care delivery. You'll find additional updates about our 2015-19 Strategic Plan in upcoming issues of *The Rural Connection*.

We at ORH are very excited about the future of rural health in this time of major health care transformation. Our ultimate goal remains the improvement of access and quality of care for Veterans residing in rural and highly rural areas. The ORH family wishes all who have served and those currently serving in our Armed Forces, and their families, a wonderful holiday season and happy new year! Stay tuned....there is a lot more coming in 2014! ♦



What you should know about VA Health Care and the Affordable Care Act

VA



U.S. Department
of Veterans Affairs

What is the Affordable Care Act?

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. Under the health care law, people will have:

- health coverage that meets a minimum standard (called “minimum essential coverage”);
- qualify for an exemption; or
- make a payment when filing their taxes if they have affordable options but remain uninsured.

In 2014, Health Insurance Marketplaces will be a new way to find health coverage. On the Marketplaces, some people may be eligible for lower costs on premiums and out-of-pocket costs based on their income.

If a Veteran is enrolled in a VA health care program, do they meet the requirement for health care coverage?



Yes. If a Veteran is enrolled in any of VA’s programs below, they have coverage under the standards of the health care law:

- Veteran’s health care program
- Civilian Health and Medical program (CHAMPVA)
- Spina bifida health care program

What are the benefits of VA health care programs?

- Medical care rated among the best in the U.S.
- Immediate benefits of health care coverage.
- Veterans may apply for VA health care enrollment at any time.

At a glance

- VA wants all Veterans to get health care that improves their health and well-being.
- If a Veteran is enrolled in VA health care, they don’t need to take additional steps to meet the health care law coverage standards.
- The health care law does not change VA health benefits or Veterans’ out-of-pocket costs.
- If a Veteran is not enrolled in VA health care, they can apply at any time.

- No enrollment fee, monthly premiums, or deductibles. Most Veterans have no out-of-pocket costs. Some Veterans may have to pay small copayments for health care or prescription drugs.
- More than 1,400 places available to get your care. This means your coverage can go with you if you travel or move.
- Freedom to use other plans with your VA health care, including Medicare, Medicaid, TRICARE or private insurance.
- You have met the new requirement to have health care coverage.

If Veterans are not enrolled in a VA health care program, how can they apply?

Veterans can apply for VA health care at any time by visiting www.va.gov/healthbenefits/enroll, calling **1-877-222-VETS (8387)**, or visiting their local VA health care facility.

Where can I get more information?

Visit VA’s website at www.va.gov/aca, or call us at **1-877-222-VETS (8387)**, Monday through Friday from 8 a.m. to 10 p.m. or Saturdays from 11 a.m. to 3 p.m., eastern.

For more information about the Marketplace, visit www.healthcare.gov. ◆

HRSA Grant to Connect VA Maine Healthcare to State Health Information Exchange

by Penelope Markle, RN, MSN, MEd, Associate Director, Veterans Rural Health Resource Center – Eastern Region (VRHRC-ER)

The State of Maine was recently awarded a three-year grant to improve care coordination for Maine’s Veterans. The VHA Office of Rural Health’s (ORH) Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER), VA Maine Healthcare System, the



State of Maine, and HealthInfoNet worked closely with private stakeholders, including the State’s provider organizations and their associations, to develop the grant application. Awarded by the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA), the funding will be used to connect the VA Maine Healthcare System, comprised of the medical center located in Augusta, Maine and 11 outpatient clinics, to the statewide health information exchange (HIE). HealthInfoNet, a private non-profit organization incorporated in 2006, operates Maine’s HIE that connects 35 of Maine’s 38 hospitals as well as

close to 400 ambulatory practices across the State. Additionally, close to 1.2 million of Maine’s 1.3 million residents have information in the system.

Recently obtained data show that 12.8% of Maine residents are Veterans, the fifth highest per capita population in the country. Maine is a large rural state where access to VA facilities can be challenging. Therefore, Maine’s Veterans also seek care from their community’s private hospitals, mental health providers, community health centers and physician practices. This sometimes makes it difficult for VA and private providers to coordinate Veterans’ health care, something critical to improving quality and reducing costs. This new initiative will bridge that gap by facilitating the sharing of critical health information between VA and community providers when it is needed, regardless of where the Veteran is treated. Once the health information connection is in place, VA providers will have access to the statewide HIE and Veterans will be able to choose to share their VA records with private providers also using the HIE.

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Joint VA and HHS Initiative to Improve Care Coordination and Quality for Rural Veterans: The Veteran Initiated Coordination & Transformation of Rural Health Information Exchange Pilot Program

by Dawn Klein, LMSW, Project Manager, VICTOR-HIE

The Veteran Initiative Coordination & Transformation of Rural Health Information Exchange (VICTOR-HIE) project is a collaboration between the Veterans Health Administration (VHA) Office of Rural Health (ORH), the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC), and non-VHA rural community health partners.

The goal of this pilot program is to improve quality and care coordination for rural Veterans by using VA’s My HealtheVet Blue Button capability to facilitate health information exchange when Veterans use both VHA and non-VHA providers for health care. Simply put, the Blue Button is literally a “button” on a website that enables consumers to access their health information. VA was first to use the Blue Button in 2010, allowing Veterans to download

their personal health information from their My HealtheVet account. Since then, the Blue Button initiative has been transferred to ONC to support its use nationwide.

When patients receive care from both VHA and community providers (dual users), it is imperative that health information be shared to achieve the best possible coordination of care, reduce or eliminate therapeutic or diagnostic duplication, and ensure patient safety. One avenue for sharing information between providers is by engaging patients themselves. In a recent evaluation of VA Blue Button conducted by Dr. Carolyn Turvey, Iowa VA Medical Center investigator and VICTOR-HIE project lead, 52.5% percent of participants reported they communicate information from one provider to another. In addition, about 13% indicated their providers use phone or mail/fax, 15% indicated that they do not know how their providers communicate, and 15% reported that their providers do not communicate. Interviews with VA and non-VA providers found that sharing Veteran health information among providers was variable and irregular.

Continued on page 7



Office of Rural Health (ORH) Launches a New Training and Education Initiative for Rural VHA Providers

by Nancy Maher, Program Analyst, VA Office of Rural Health

Rural health care providers often experience significant barriers to accessing relevant continuing education and training necessary to keep their clinical skills current. In addition, rural providers and their clinical staff often report high levels of professional isolation. These factors can contribute to the difficulty in retaining skilled health care providers in rural areas.

Not only is continuing clinical education and training a critical issue for rural providers but also training in health care delivery issues such as patient referrals both in and out of the VA health care system, communication with and support from the parent facility, timely access to patient records, access to specialty care, the appropriate and effective use of telemedicine, and urgent care. In addition, informal polling results from a sample of the rural VHA workforce indicated that training and education of rural VHA clinic administration staff on topics such as handling walk-ins, efficient use of clinic space, using telehealth equipment, provider recruitment, Veteran transportation and reimbursement issues, communication with surrounding community and knowledge of VHA services is urgently needed.

In order to help address this issue, ORH recently awarded funding to 20 VHA facilities around the country to develop and implement locally based training and education programs for health care providers, their clinical staff, and/or health care support staff working in rural VHA sites of care. “We know that our rural providers are very busy and that there is not much down time in our rural clinics” says Gina Capra, Director, ORH, “so the goal of these awards is to establish sustainable and innovative training and educational programs that do not require travel and are easily



accessible for the VHA rural provider workforce.” These new programs utilize the latest technologies to deliver training and existing content if it exists. ORH recognizes that urgent training and educational needs and their associated barriers to receiving training vary facility to facility, therefore, ORH structured this initiative so that facilities can tailor their program to meet their local providers’ needs.

Nine of the 20 new educational and training programs focus on geriatric care, including dementia care and palliative care. This is not surprising as 26% of the rural Veteran population enrolled in VHA is aged 75 or over. Other educational topics include patient aligned care team training, care coordination and critical or acute care. The mode of delivery for these new training programs are varied and include a new Virtual Learning Community (VLC) on geriatric topics that can be accessed by both VA and non-VA providers, 24/7. The planned VLC will be driven by the topics selected by VHA rural healthcare professionals with formats that include webinars, online journal clubs and video demonstrations of skills such as a dementia screen or falls assessment. Another mode of delivery involves utilizing an existing intensive care unit (ICU) virtual network and advance simulation techniques to provide critical care training and education to members of rural VA tele-ICU teams on topics such as deep vein thrombosis (DVT), central line-associated bloodstream infections, and non-invasive ventilations.

It is anticipated that training and education of providers and health care support staff working in rural VHA facilities will contribute to the integration of those remote sites into VHA organizational culture and result in greater patient satisfaction, smoother clinical operations, increased retention of clinic workforce and higher quality of care. In addition, increasing the clinical skills of rural VHA providers through continuing education can result in increased access to care for rural Veterans with complex conditions, diminishing the need for them to travel to VA medical centers. ♦

New VA Dental Clinic Brings Smiles to Clarksville Veterans

On November 20, 2013, the VA Tennessee Valley Healthcare System (VA TVHS) expanded services to Veterans in the greater Clarksville, TN area with the opening of a new dental clinic. The five-thousand square foot clinic to be located on F. Dalton Drive in Clarksville will offer an easily accessible option for dental care for this community with a highly concentrated Veteran population.

Veterans can receive a full-line of basic dental services including: Basic Restoration, Cleaning and Hygiene Services, Extractions, Minor Oral Surgery, and Prosthodontics.

VA TVHS is very happy to bring these services to Veterans in the Clarksville area. There has been significant interest from Veterans in Clarksville to provide VA dental care in this area. “With such a large population of Veterans in Clarksville, we feel this will be a tremendous benefit to them,” said Dr. Donna Walls, VA TVHS Chief of Dental Service. This is the first clinic of its kind in Clarksville. Walls said the clinic is to offer a state-of-the-art facility with funding by the Veterans Health Administration’s Office of Rural Health (ORH). ♦

1st Annual Summit for Rural Geriatrics: Providing Optimal Mental Health Care

by Annette M. Atanous, MSSW, Program Manager, Hudson Valley Rural Geriatric Education Collaborative

On Friday, September 20, 2013, the Hudson Valley Rural Geriatric Education Collaborative (HVRGEC) held its 1st Annual Summit for Rural Geriatrics. The topic of the first Summit was: "Providing Optimal Mental Health Care" and was held at the Castle Point campus of the VA Hudson Valley Health Care System. HVRGEC is one of seven VHA Office of Rural Health (ORH)/VA Office of Academic Affiliations (OAA) funded Rural Health Training & Education Initiative (RHTI) sites across the country. HVRGEC is a collaborative training program between the Veterans Integrated Service Network (VISN) 3 Geriatric Research, Education and Clinical Center (GRECC), based at the James J. Peters VA Medical Center, and the VA Hudson Valley Health Care System. It provides a comprehensive multi-modal education program in rural geriatrics for trainees in the fields of Social Work, Psychology, Physician Assistants, Pharmacy, Nursing, and Medicine.

Nearly 80 VHA and non-VHA providers and trainees from the Hudson Valley region and New York City attended the one-day, VA Employee Education Service (EES) accredited program which covered topics in the following areas: Introduction to Rural Geriatrics; Overview of Geriatric Mental Health; Alzheimer's Disease and Dementia; Caregiving for Older Rural Veterans; Transitions of Care; and Telemental Health.

For more information, please contact Annette M. Atanous, MSSW, Program Manager at (718) 584-9000, ext. 3853 or annette.atanous@va.gov. ◆

Rural Synergy

by Kathryn King, LCSW, Rural Health Coordinator, San Francisco VA Medical Center

You may have heard this quote from Aristotle at work, at school, or where you volunteer: "The whole is greater than the sum of its parts." The statement is often attributed to leaders, team building, and to people working together to achieve a goal.

Mr. Frank Parker, Veteran, and President, United Veterans Council of Lake County, California puts into practice Aristotle's statement in his daily work. Since January 2011, Mr. Parker has led a collaboration among Veterans Service Organizations (VSOs), Veteran volunteers, community and state agencies, and the San Francisco VA Medical Center through Lake County Vet Connect.

In recognition of his work, California Assemblywoman Mariko

Yamada honored Mr. Parker as the "2013 Veteran of the Year" for the 4th Assembly District at a ceremony on the California Assembly Floor in June 2013. Mr. Parker's action as a tireless advocate for Veterans and his belief that people and groups



*Pictured Right:
Hudson Valley Rural
Geriatric Education
Collaborative Co-Director,
Joanne J. Malina, MD and
Director, Judith L. Howe,
PhD, MPA*



*Pictured Left:
Participants at the
1st Annual Summit for
Rural Geriatrics at
Castle Point VA
Medical Center*

There were also interactive sessions such as case discussions and a video screening throughout the day. Participants received a toolkit including a range of materials relating to rural health care, geriatrics, and mental health.

HVRGEC plans to offer another summit in 2014.

working together achieve results that one person or group may not has benefitted Veterans in rural Lake County.

"There is no 'I' in team", says Mr. Parker in describing the work of Lake County Vet Connect, an ongoing outreach event assisting rural Veterans in accessing community and state resources and Department of Veterans Affairs (VA) health care and benefits. "It took everyone on UVC [United Veterans Council], our Veteran Volunteers, VSOs, and community agencies to make it [Lake County Vet Connect] happen."

The camaraderie among Lake County Vet Connect Veteran Volunteers, participating community agencies, VA, and rural Veterans who attend each bi-weekly outreach event is evident. "We're just rural folks helping other rural folks who are Veterans", says Mr. Parker. Feedback from Veterans receiving service at Lake County Vet Connect has been positive, too.

With Mr. Parker's leadership, and the goodwill and energy of all the individuals and groups involved in outreach to rural Veterans, the Vet Connect collaboration demonstrates what happens when people work together. ◆

Make a Difference Day 2013

by Ginger Gates, AMCEO Inc. Executive Director, American Center for Educational Opportunities Inc.



Nails, paint, hammers, solar lights, energy efficient light bulbs, and countless helping hands. On October 26, 2013, Green Cactus Project volunteers from the Aquarius Casino Resort in Laughlin, Nevada, Home Depot Stores in Mohave County Arizona, Vets2Vets, and other

supporters came together for Make a Difference Day 2013 to aid elderly Veterans, people with disabilities, and families scattered across the rural desert communities of the American Southwest. This vast desert landscape, where summer temperatures can reach up to 126 degrees, is dotted by mobile homes, many of them old and in need of repair. In Mohave County Arizona and Southern Nevada the land area in square miles is 14,320 with 15 persons per square mile, and a total population is 204,330. One out of 6 is a Veteran from present and past wars.

In the week leading up to the event, hundreds of volunteers, led by the American Center for Educational Opportunities Inc. (AMCEO), provided low cost home repairs and renovations on mobile and manufactured homes in Southern Nevada and Mohave County, Arizona. AMCEO Inc. provided building material and supplies and volunteers provided their services to build handicap ramps, clean yards, bag and remove trash, paint houses and sheds, apply thermal roof coating to insulate and reduce heat absorption, weatherize and insulate windows and doors, install energy efficient air conditioning units, replace broken windows, repair water damaged floors, install hardwood flooring, replace small appliances, build frames for sunscreen paneling to provide privacy and shading, plant heat resistant plants in decorative containers, install solar cells and solar lighting, and provide additional services as funding would allow.

“Our impact extends beyond the individuals served to revitalize and stabilize vulnerable and distressed neighborhoods and rural desert communities across the American Southwest,” said Ginger Gates, AMCEO Inc. Executive Director. “AMCEO and the Green Cactus Project were able to do all these good deeds with the help of our volunteers, grant funding, and retail donation program with Home Depot.”



Green Cactus Project Volunteers in Action

The Green Cactus Project (GCP), together with its volunteers and community partners, assists geographically isolated Veterans and other vulnerable populations living in rural and extremely rural desert communities who otherwise are not able to afford home improvement. GCP provides home repairs and modifications to limited income households at no cost to households of income of 200 percent below poverty level, making mobile homes more comfortable, safe and healthy for the people who live in them. GCP also builds wooden handicap ramps at no cost for disabled rural Veterans and assists rural seniors and Veterans in applying thermal roof coating and weatherizing services to reduce the burden of high energy costs.

Learn more at <http://www.amceoinc.org>. ◆



Coaching Into Care (CIC) is a free and confidential VA phone service that help callers discover new ways to talk with a struggling Veteran about their concerns and about treatment options. CIC's purpose is to help, or “coach,” family members and other loved ones in encouraging distressed Veterans to access VA care successfully, anywhere in the United States.

Coaching Into Care is another “door” to VA care. Representatives provide support and problem solving assistance for family members and others concerned about a Veteran, coaching with family members about how to talk to Veterans about seeking VA care, referrals for care for Veterans and family members, and information about available programs or enrolling in VA care.

Anyone concerned about a Veteran may call Coaching Into Care at (888) 823-7458. The lines are open Monday through Friday, 8 am - 8 pm. Eastern, after which calls roll over to the Veteran's Crisis Line (a CIC responder will return the call the next business day). There are no eligibility requirements to use Coaching Into Care, and they work with all populations and eras of service. ◆

HRSA Grant for Maine Health Information Exchange *(Continued from page 3)*

HealthInfoNet, VA Maine Healthcare System, and the VRHRC-ER will continue to work together with other partners within VA and Maine health care community to ensure successful implementation of the grant. “This is an important step for the Veterans in Maine who will benefit from a more seamless, integrated medical record that spans both VA and non-VA providers,” said Mr. Ryan Lilly, Director of the VA Maine Healthcare System. “We expect this to facilitate our ability to provide timely, high-quality care to those Veterans of Maine that utilize both VA and non-VA sources for their health care.”

Maine’s Congressional delegation agrees and enthusiastically supports the project. “Like the Department of Veterans Affairs itself, Maine has led the nation in adoption of health information technology and was one of the first to build a statewide health information exchange,” said Maine’s delegation members in a joint statement. “Until now, our VA facilities have not been able to connect to this leading system to coordinate care of their patients. This funding will extend the benefits of health information exchange to Maine’s Veterans and the many dedicated medical professionals who care for them within our VA facilities.” ♦

VA/HHS Initiative to Improve Care Coordination for Rural Veterans *(Continued from page 3)*

Through My HealtheVet (MHV), Veterans can easily access their VA health information to share with their non-VHA providers. In January 2013, the ability to generate a Continuity of Care Document (also called a “CCD”) using VA Blue Button was deployed. The CCD provides a consolidated summary of important health information, such as allergies, medications, and recent laboratory results. It is available in XML and PDF format, which allows for both paper based and electronic transfer of patients’ health information.

The first phase of the pilot is underway using current functionality in MHV at participating VHA facilities in Iowa, Florida, Nebraska, Kansas, Minnesota, and North Dakota, with plans for 4 additional facilities to join in coming months. VHA project personnel from these sites are collaborating with HHS grantees, including the Health IT Regional Extension Centers (REC), and non-VA rural health care community partners to 1) educate rural and highly rural Veterans about sharing their Continuity of Care Document with their non-VA provider(s), 2) help rural hospitals and clinics receive this patient information originating from VHA system and incorporate it into their own (non-VHA) electronic health record technology system, and 3) conduct process and outcome evaluations. A CCD training video for Veterans is available on the ORH website at <http://www.ruralhealth.va.gov/media/bluebutton/story.swf>.

The VICTOR-HIE project is an opportunity to improve Veteran care by better informing non-VA providers about the medications, laboratory results, and procedures Veterans are receiving at VHA.



Program staff will determine whether non-VHA hospitals and doctors used the health information they received and the extent to which the pilot project had a positive impact on medication management or reduced likelihood of non-VA providers ordering duplicate labs. The ultimate goal is to enable rural and highly rural Veterans to receive the best possible, highly coordinated care without leaving their communities.

For more information concerning VICTOR-HIE pilot program, contact Dawn Klein (Dawn.Klein@va.gov).

For questions concerning HHS ONC’s Rural Health IT strategy or the Memorandum of Understanding between HHS and VA, contact Leila Samy (Leila.Samy@hhs.gov). ♦

Call for Papers: Health Equity in the Veteran Population

The American Journal of Public Health (AJPH), in collaboration with the Veterans Health Administration (VHA) Office of Health Equity, intends to publish an open-access, online-only supplemental issue on VA Health Equity. Submissions are invited to focus on improving the understanding of the root causes of health care disparities or on

reducing or eliminating such disparities among vulnerable Veteran populations and patients treated within the VA Healthcare System. **All papers should be submitted no later than January 10, 2014.**

For additional information on this call for papers, please click here. <http://ajph.aphapublications.org>. ♦

My HealthVet Celebrates a Decade of Online Access for Veterans

In recognition of the 10th anniversary of its award-winning Personal Health Record, My HealthVet (www.myhealth.va.gov), the Department of Veterans Affairs (VA) is urging all Veterans, Servicemembers and employees to join the millions already accessing VA health care information and services online. VA is mobilizing its people and organizations nationwide to mark this milestone by spreading the word about the benefits of My HealthVet Personal Health Record (PHR) features such as VA Prescription Refill, VA Notes, VA Blue Button, and Secure Messaging with VA health care providers.

My HealthVet (www.myhealth.va.gov) is VA's award-winning website that offers Veterans secure access to portions of information in their VA health care records anywhere and anytime. Its web-based tools give users greater control over their care and wellness, helping them become active partners in their health care. In addition to allowing Veterans access to their records, My HealthVet lets them save, print and share their health information using the VA Blue Button, refill VA prescription(s) online, and track their health activities, among other functions. Veterans who upgrade their accounts, free of charge, can opt-in to Secure Messaging to communicate electronically with their VA health care teams between visits, and can also view medical appointments, get Wellness Reminders, access lab results and more.

"VA is dedicated to providing Veterans with the best experience possible, both at VA facilities and online," said Theresa Hancock, Director, My HealthVet National Program. "We are proud to celebrate a decade of online access to Veterans and look forward to a future of even more access to meet the evolving needs of our Veterans."

VA continues to build its My HealthVet online PHR, adding new online tools and features, and My HealthVet Coordinators at each VA Medical Center are geared up to bring on new My HealthVet enrollees. All Veterans and Servicemembers are invited to get online to become active partners in their health care. ♦

Visit My HealthVet at www.myhealth.va.gov!




www.myhealth.va.gov

Veterans,
celebrate 10 years
of online access to
VA health care—

Get online today @
www.myhealth.va.gov

Access your health
information 24/7!

VA  U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Informatics and Analytics

My VeHU Campus – Rural Focus

There are two great sessions available for viewing on demand in the My VeHU (VA eHealth University) Campus.

- **"...To Care for HER Who Hath Borne the Battle...The Rural Woman Veteran" (Session #13050)**
Presented by Corlyn Caspers, MS, RN, ANP-BC, women Veterans care provider at the Klamath Falls VA Clinic, and Ms. Michele Beebe, MSN, FNP, family nurse practitioner at the Cut Bank VA Clinic.
- **Chronic Pain Management: Meeting the Challenge in Rural Settings (Session #13052)**
Presented by Stephen Hunt, MD, National Director, and Lucile Burgo, MD, National Co-Director, Post Deployment Integrated Care Initiative.

Visit www.myvehucampus.com and search on the Session #. ♦

A New Resource for Veterans and Families

Moving Forward

The Department of Veterans Affairs (VA) and Department of Defense (DoD) have partnered to provide Veterans, Servicemembers, and their families with a new tool to handle life's challenges.

Moving Forward is a free, online educational and life coaching program that teaches Problem Solving skills to help deal with life challenges such as finding a job or dealing with a serious health issue. It is designed to be especially helpful for Veterans, Military Service Members and their families, but Moving Forward can be useful to anyone with stressful problems.

See more at: <http://startmovingforward.org>. ♦



www.ruralhealth.va.gov

VHA Office of Rural Health

"Using Innovation and Technology to Improve Access and Quality"

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