



Message from the Director of the VHA Office of Rural Health



Dr. Mary Beth Skupien
ORH Director

In the Summer issue of **'The Rural Connection'** we highlight the collaborations and partnerships that the VA Office of Rural Health (ORH) has forged with both local community and National organizations. These relationships will help ORH accomplish important goals including: 1) increasing access to VA services for rural Veterans,

2) educating the rural health information technology workforce, 3) improving communications between VA and non-VA health care providers, and 4) increasing outreach to rural Veterans to bring them into the VA health care system so that they can get the care they deserve. A major strategic goal of ORH is to 'enhance existing and implement new strategies to improve collaborations and increase service options for rural and highly rural Veterans'. By collaborating within the rural health community, ORH can better serve Veterans residing in rural areas.

In the "Veterans In Partnership" VA Integrated Service Network (VISN 11), an exciting collaboration between the VA, the Affiliated Service Providers of Indiana, the Indiana Rural Health Association, and others has been established that will provide behavioral health care services to rural Veterans through telemedicine (via mental health professionals located at Indianapolis VA Medical Center to five community mental health provider locations in rural Indiana). In Illinois, the VA is partnering with state entities, County Veterans Offices, and local providers for the "Lost Veterans Project". Their goal is to reach all 500,000 Veterans in the state and provide them with a resource guide on local job

training opportunities, health care benefits, educational resources, and shelter, food, and clothing if necessary.

ORH is also supporting an outreach initiative developed by ORH's Veterans Rural Health Resource Center-Western Region (VRHRC-WR) which focuses on creating partnerships with local community entities such as law enforcement, faith-based organizations, Veteran Service Organizations, local health care providers and others. This outreach will help rural Veterans become knowledgeable about VA benefits and services, as well as how to access and navigate the VA system. Seven community training workshops and five Veteran outreach events have been held in rural communities around the country this year. Over 1,700 rural Veterans have attended the outreach events. The Rural Veterans Outreach Toolkit is available on the ORH website and will be used in each VA region to plan an outreach event by the end of the 2012.

ORH's Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER) is partnering with the Multiple Sclerosis (MS) Society—a National non-profit organization dedicated to finding and promoting effective treatments for MS, to help increase awareness of VA's new telerehabilitation program for rural Veterans with MS. Not only are VA neurologists providing follow up exams in the homes of rural Veterans with MS via telemedicine, but the VRHRC-ER has launched a wellness program for these Veterans that provides personalized exercise education and instruction one day a week through televideo.

ORH's VRHRC-Central Region is collaborating with both VA and non-VA providers to develop a toolkit. Because only one-third of US Veterans are enrolled in the VA system, and since most of those who are enrolled use both

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Public-Private Partnership Increases Access to VA Behavioral Health Care Services for Rural Veterans in Indiana

by Sherri DeLoof, LMSW, VA Great Lakes Health Care System (VISN 11) Rural Consultant



The state of Indiana is home to over 500,000 Veterans and ranks fourth in the nation in the number of National Guard soldiers deployed for Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). The behavioral health care needs of Veterans are a major focus of the Veterans Health Administration and the Indiana Veterans Behavioral Health Network (IVBHN).

In 2009, IBVHN was awarded a Health and Human Services (HHS) Health Services Research Administration (HRSA) Rural Network Development Planning Grant. With the help of the grant, a partnership was developed between the Affiliated Service Providers of Indiana, Inc. (ASPIN), the Indianapolis VA Medical Center (VAMC), the Indiana Rural Health Association and several other organizations. The goal of the partnership is to increase access to behavioral health services provided at the VA Medical Center in Indianapolis to five community mental health provider locations in rural Indiana: the Bowen Center, the Four County Counseling Center, the Centerstone of Indiana, the Hamilton Center, Inc., and the Wabash Valley Alliance.

Lost Veterans Project

by Sherri DeLoof, LMSW, VA Great Lakes Health Care System (VISN 11) Rural Consultant

On April 16, 2012, the Office of Rural Health (ORH), in conjunction with several Veteran Integrated Service Networks (VISNs) in the upper Midwest, kicked off the Lost Veterans Project. This outreach project encompasses the research, creation, and management of resource guides for Veterans and their families in 91 counties in the rural areas of Illinois. The target population includes more than 500,000 Veterans who have not applied for or used VA Health Care services. The goal is to contact eligible Veterans and connect them with experts that can help them navigate the VA system.

The Lost Veterans Project has three primary objectives: 1) to increase the level of awareness of the enormous array of VA benefits available to Veterans and their families, and encourage application through Veterans Service Officers or Veteran Service Counselors; 2) to increase the level of awareness for VA Health Care services available to eligible Veterans; and 3) to assist Veterans that are struggling to cope with unemployment, medical issues, trauma, and other personal needs.

Staff provide assistance on a case-by-case basis, and follow through to make sure Veterans and their families are connected to

The collaborative group has placed telehealth equipment in each of these five rural community mental health sites and is scheduling Veterans for appointments with VA mental health providers who work at the Indianapolis VA Medical Center. The appointments are held through the use of secure Clinical Video Conferencing with a Veteran who is at one of the five rural community mental health care sites and the VA provider who is at the VA Medical Center. The program started in June of 2012 with appointments scheduled at the Centerstone East office in Rushville, IN and the Hamilton Center in Bloomfield, IN. The other sites will begin scheduling rural Veterans for mental health appointments later this year.

Formation of this network represents a unique military/civilian partnership that increases behavioral health access for rural Veterans. This partnership assists Veterans with getting care closer to home, which is one of the goals of the Veterans Health Administration (VHA). Additionally, the program promotes prevention of emotional deterioration while maintaining access to medications, which will ultimately result in more positive health outcomes.

For additional information about this program, please contact the Indiana Veterans Behavioral Health Network (IVBHN) at (317) 536-1566 or the Indianapolis VAMC at (317) 554-0000. ♦

all available VA resources. The Lost Veterans Project will deliver assistance from the first call placed to completion of the request or need. Additionally, there will be a county specific "Guide to Resources" and a 24/7 Telephone Hot Line to help Veterans access VA and community providers. Community resources include those offered by the State of Illinois, County Veteran Offices, VA services, and other Federal programs. The local community resources guide will include information about where to find job training/benefits; educational resources; shelter, food, and clothing resources; resources for legal services; transportation; and substance abuse support services. In addition, the Lost Veterans Project will provide case management with counseling support services including those for mental health and crisis situations. The Lost Veterans Project is also building a network of local volunteers to assist Veterans in finding the services they need.

Services are absolutely free to any Veteran who contacts the program. Veterans who live in the State of Illinois can call the Toll Free Hotline number (24 hours a day/7 days a week) 855-455-VETS (8387) for assistance. ♦

A New Collaboration to Develop the Rural Health IT Workforce

by Penelope Markle, RN, M Ed, Senior Project Manager, Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER)

Many rural veterans served by the VA supplement their VA care with non-VA healthcare services in their communities. Certified Nursing Assistants (CNAs) are widely used in community home healthcare and nursing home settings where utilization of telehealth technologies, especially in rural areas, is projected to grow.

The Veterans Rural Health Resource Center–Eastern Region (VRHRC-ER) is collaborating with the newly established Northeast Telehealth Resource Center (NETRC) and Medical Care Development, Inc., a Maine healthcare not-for-profit, to develop a telehealth training curriculum for Certified Nursing Assistants (CNA). It will be offered to graduates of the CNA course currently conducted by the Augusta, Maine Adult Education program in collaboration with the VA Maine Healthcare System (at Togus).

Penelope Markle, VRHRC-ER Senior Project Manager, and NETRC staff, are developing a telehealth curriculum that will leverage educational resources and expertise from a variety of sources including telehealth training materials created and used by the VA; educational resources developed by other Health Resources and Services Administration’s Office for the Advancement of Telehealth

(HRSA/OAT)-funded Telehealth Resource Centers; and expertise from Medical Care Development, Inc.

NETRC was established in 2011 to assist healthcare providers implement telehealth programs to serve rural and medically underserved areas and populations throughout New England and New York. Medical Care Development, Inc. has extensive experience in

healthcare workforce training, quality improvement and translating evidence-based research into workplace practice through training. Together they are working to enhance the local capacity to develop and implement telehealth solutions through education and training.

The CNA Telemedicine Curriculum will include both classroom and hands-on skills training and will prepare CNAs to provide support

in Home Telehealth and Clinical Video Telemedicine (CVT) environments. The CNA Telemedicine Curriculum will be piloted in the fall of 2012 at the Maine VA Medical Center, Lewiston Telemedicine Skills Laboratory. ◆



VRHRC-ER, VAMHCS, and NETRC Team

13 New Community-Based Outpatient Clinics to Open, IHS/VA Partnership in Chinle, AZ, and More!

As part of the continuing effort to provide world-class health care closer to where more Veterans live, on July 19th, 2012 the Secretary of Veterans Affairs announced plans to open **13 new community-based outpatient clinics in nine states**. Eight of these clinics will serve rural Veterans. The first of the new CBOCs will become operational during the latter part of 2012, with openings continuing through 2015. Local VA officials will keep their Veterans, communities, congressional offices and other stakeholders informed of the progress of the new CBOCs. For a list of the new community clinics and planned activation dates, please visit:

<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2358>. ◆

The **Northern Arizona VA Health Care System (NAVAHCS)** and the **Indian Health Service (IHS) Chinle Comprehensive Health Care Facility (CCHCF)** are pleased to announce that as of July 2012, eligible Veterans will have access to both IHS and VA health care services at the Chinle IHS facility. A VA health care team to work side-by-side with an Indian Health Services (IHS) team within the Chinle medical facility. This team based approach is designed to enhance access to health care for Veter-

ans residing in and around the Navajo Nation. In addition to primary care services, Veterans will also have access to VA post traumatic stress disorder (PTSD) counselors. Other services to include specialty services via telemedicine are being evaluated. ◆

The Spokane VA Medical Center in collaboration with Kaniksu Health Services will be holding an open house on July 21, 2012 in celebration of the new location for the **Sandpoint VA Rural Health Clinic**. The open house will provide Veterans and the community to tour the new clinic, meet the clinic staff while enjoying snacks and beverages. *For more information, contact Kimberly Waller, Rural Health Coordinator, at 509-434-7533.* ◆

The **Lewiston/Auburn, Maine Community Based Outpatient Clinic** opened in February, 2012, serving the veterans of Western Maine with a variety of primary and specialty services. In addition to Primary Care and Mental Health services, the site will also have Pharmacy, Home Based Primary Care, Compensation and Pension, Radiology, Optometry, and Podiatry services. Additionally, after a successful pilot at a different CBOC in southern Maine, the clinic will offer Tele-Audiology services. ◆

Rural Veteran Outreach: A Collaborative Approach with Communities Serving Rural Veterans

by Brian Warren, Program Specialist, Veterans Rural Health Resource Center-Western Region (VRHRC-WR)

The Veteran's Rural Health Resource Center-Western Region (VRHRC-WR) Rural Veteran Outreach (RVO) program differs from traditional outreach efforts as its focus is on collaborating with rural communities to serve Veterans that reside in the area. Since October of 2011, the RVO program has reached out to ten rural communities, with interest expressed by other community leaders to take this model into additional rural locations. This program is comprised of two phases. The first phase involves holding a Community Training and Informational Workshop with community leaders. The second phase builds on the partnerships formed at the first workshop to plan and execute a community-driven Veteran Outreach Event.

Community Training and Informational Workshops

The purpose of this workshop is to inform and educate rural community leaders about VA benefits and services available to Veterans through local, State, and Federal organizations, and to develop a partnership between the Veterans Health Administration (VHA) and the local community. The target groups are agencies that already encounter Veterans as part of their ongoing scope of work. By engaging these groups, the Department of Veterans Affairs (VA) can develop a broader resource network of Veteran advocates in rural areas.

Organizations represented at the workshops include state, county, and city government officials, Veterans service organizations, social service agencies, faith-based groups, civic organizations, educational institutions, judicial and law enforcement groups, community healthcare providers, and business organizations. VHA participants are encouraged to actively network with community agencies throughout the workshop, which is instrumental in reinforcing the concept that VA is an interested partner and valuable resource to rural communities.



Rural Veteran Outreach Event in Walla Walla, Washington

Planning a Veteran Outreach Event

The purpose of the outreach event is to inform Veterans and their families about the benefits and services available to them through the VA as well as other resources that exist in their local communities. Building on the relationships that are formed

during the workshops, community groups are asked to offer their support and volunteer in helping plan a Veteran-centric outreach event. Through weekly planning calls, relationships between the community leaders and VA personnel are built.

The community-driven event is festive in nature; and addresses Veteran needs in that specific community, drawing upon the locally available resources. Community-provided resources have ranged from door prizes from local businesses, refreshments, golf carts and volunteer drivers to help aging

and disabled attendees access the event, to a temporary internet café, allowing Veterans to enroll for services through My Health@Vet, the VA's health care web portal. Many events attempt to meet the needs of Veterans seeking jobs, as companies from the area planning to hire new employees attend.

The RVO program strives to assist the communities to continuously improve the event through feedback from the attendees on comment cards. Each community has expressed a positive experience with the collaboration with the VHA and a continued interest in maintaining their new relationships, as well as planning additional community outreach events.

The RVO program provides the foundation for the VA and rural communities to have a long and successful partnership for taking care of the Veterans in rural communities.

If you are interested in the RVO toolkit, please visit www.ruralhealth.va.gov/resource-centers/western/outreach-toolkit.asp.

For more information on the RVO program, please contact Nancy Dailey, VRHRC-WR Deputy Director, Nancy.Dailey@va.gov, or Brian Warren, Program Specialist, Brian.Warren2@va.gov.

Understanding Rural Veteran Co-Management: The Provider Perspective

by Ashley Cozad, Program Specialist, Veterans Rural Health Resource Center—Central Region (VRHRC-CR)

Many Veterans chose to access both VA and non-VA health care services. Although there are a number of good reasons for being a “dual user,” the biggest drawback is a general lack of continuity of care, which can be frustrating for both providers and Veterans alike. Not only can dual use lead to frustration, it can lead to important health consequences including: duplication of services and inefficiency, poor management of chronic disease, increased pharmacy related issues/concerns, and difficulties in transitioning between outpatient, inpatient, and other acute care settings.

These issues are especially concerning for rural veterans who can face distance barriers to obtaining primary and specialty care through the VA. In fact, in 2001 as many as 35% of Veterans reported restricted access to primary care due to distance to care barriers (Weeks, Wallace, Heady, & Hawthorne, 2008). Due to access barriers it is more likely that these rural Veterans will choose to use local, non-VA providers and be dual-users of health care services making it even more critical to focus on improving co-managed care for this population.

In Fiscal Year 2011, the Veterans Rural Health Resource Center—Central Region (VRHRC-CR) set out to understand the current state of patient co-management (dual use) in Eastern Iowa as well as the biggest issues of concern for both VA and non-VA providers who treat dual users. Through in-depth interviews, focus groups, and surveys, staff from the VRHRC-CR found that the biggest patient co-management obstacles revolved around communication. In fact, communication between VA providers and non-VA providers about shared patients was reported to be rare or even non-existent. When communication between VA and non-VA providers does occur, it is facilitated by the Veteran, which all agree is less than ideal. At a minimum, non-VA providers would like to communicate with VA providers regarding the patient’s cur-

rent medications, lab results, and current diagnoses. Some non-VA providers would like to have an explicit delineation of which provider is caring for which condition and/or the responsibilities and goals of each provider. Almost all non-VA providers indicated that it would be helpful to have a direct phone number to reach VA providers, as the VA phone system has often been described as “impenetrable”.

In addition to these interviews, focus groups and surveys, the VRHRC-CR staff also collaborated with other VA co-management initiatives including educational efforts in the VA New England Healthcare System (VA Region 1), the Transitional Care Clinic at the Nebraska-Western VA Medical Center, and the initiator of the Sioux Falls VAMC co-management program to both understand and document co-management best practices. Through data collection with VA and non-VA providers and discussions with other co-management programs, VRHRC-CR staff created a co-management toolkit that can be adapted to help VA providers, non-VA providers and Veterans to improve communication and coordination of care.

Concept testing of this toolkit with both VA and non-VA providers to ensure it is useful and comprehensive is currently in process. Thus far, the VRHRC-CR staff has visited the Dubuque, Iowa Community-Based Outpatient Clinic (CBOC) and has plans to visit the Decorah, Iowa CBOC and a non-VA clinic in Decorah. After finalizing the toolkit, there are plans to disseminate it widely both inside and outside VA to help ensure that Veteran dual users receive the same quality care as their single user counterparts.

Reference: Weeks W, Wallace A., West A, Heady H, Hawthorne K: Research on Rural Veterans: An Analysis of the Literature. The Journal of Rural Health 2008, 24: 337-344. ◆

ORH Director’s Message (Continued from page 1)

VA and non VA health care, it is imperative that providers be able to securely exchange Veteran health care information. This toolkit is currently being field tested to ensure its usefulness, but ultimately may be used to improve communication between VA and non-VA providers regarding their Veteran patients’ current medications, laboratory results, and current diagnoses to ensure coordination of care and to ultimately improve their patients’ outcomes. (See above.)

In June, ORH partnered with the U.S. Department of Health and Human Services, Office of the National Coordinator for Health IT

(ONC) to promote and distribute health IT training materials and exam vouchers to Veterans living in rural areas. (See page 6). ORH is committed to improving access and quality of care for rural Veterans through increased collaborations; whether through local community organizations, state and National organizations, and/or non VA community health care providers. With a multipronged collaborative approach for rural Veteran outreach, provision of VA care in non VA facilities via telehealth, health information exchange and rural provider education, the VHA is making great strides in their mission to ‘honor America’s Veterans by providing exemplary services that are both patient-centered and evidence-based.’ ◆

Care Coordination for Rural Veterans with Multiple Sclerosis and Lou Gehrig's Disease

by Sean McCoy, PhD, Health Science Specialist, Veterans Rural Health Resource Center—Eastern Region (VRHRC)

The rural VA Medical Center (VAMC) in Lake City, Florida is an innovative partner with the Veterans Rural Health Resource Center - Eastern Region (VRHRC-ER) in providing distance technology and care coordination for Veterans with Multiple Sclerosis (MS) and amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's Disease. The Lake City VAMC is home to the Multiple Sclerosis Comprehensive Care Clinic (an affiliate of the VA MS Center of Excellence-East) and the Neurodegenerative Disease Clinic which provide specialty care for rural Veterans with MS and ALS. Clinical demonstration projects supported by the Office of Rural Health and led by Dr. Paul M. Hoffman, Neurologist and VRHRC-ER Director, utilize secure, televideo to coordinate primary and specialty care provider visits to rural Community-Based Outpatient Clinics (CBOCs) and/or to a Veteran's home. Rural Veterans participating in a pilot project utilizing distance (televideo) technology to deliver

Neurology follow-up care to CBOCs saved approximately 2.5 hours of travel time (round-trip). Patients also reported high levels of satisfaction and indicated a desire to be followed through distance technology for their future clinical care.

Currently, a collaborative project of the VRHRC-ER and the MS Centers of Excellence East & West is implementing the delivery of Neurology follow-up visits to rural Veterans with MS in 10 VA sites (Albany, NY; Baltimore, MD; Birmingham, AL; Buffalo, NY; Lake City, FL; Denver, CO; Seattle, WA; St. Louis, MO; Togus, ME, and Washington, DC).

As an extension of the ORH-funded Rural Veterans TeleRehabilitation Initiative (RVTRI), which brings physical rehabilitation into rural

Veteran's homes, the VRHRC-ER Wellness Exercise program for Veterans continues physical activity following completion of their VA-based rehabilitative therapy. Enrolled Veterans receive personalized exercise education and instruction one day a week (for 6 weeks) through televideo. Veterans use resistance bands, gravity and their bodyweight to improve strength and flexibility. Using televideo to the home for these sessions eliminated the average 175 mile drive (round-trip) and saved VA mileage reimbursement of over \$1,300.

The VRHRC-ER is also collaborating with the Lake City VAMC to implement a new patient aligned care team (PACT) for Veteran patients with ALS. The ALS PACT model coordinates primary care, specialty care, social work, speech and language pathology, physical therapy, and occupational therapy through in-person visits and televideo. The use of televideo allows for primary care provider visits to the CBOC and/or home visits for non-emergency needs. The allied health professionals can also deliver therapy multiple times a week

directly to the Veteran in their home. Extended travel to a distant VA Medical Center or CBOC can cause the ALS patient fatigue and discomfort, and caregivers may have to take time away from work to transport and accompany the Veteran. Through the televideo care model, travel times are reduced and so is caregiver burden.

The VRHRC-ER has partnered with local and national disease advocacy groups, medical center and CBOC staff, and Veterans Service Organizations to educate patients, their caregivers, and the general public about innovative care clinics available to our nation's Veterans through the VA medical system.

For more information, contact Sean McCoy, VRHRC-ER Health Science Specialist, Sean.McCoy@va.gov. ♦



Veteran with Multiple Sclerosis (MS) Receiving Personalized Exercise Education and Instruction through Televideo

VA to Provide Veterans with Vouchers for Health IT Competency Exams

In an effort to create jobs in rural America, the Federal Government is working to increase the number of trained health information technology (health IT) workers over the next two years. The VA Office of Rural Health (ORH) is providing free vouchers to Veterans living in rural areas to take the health IT competency exams. These exams can help assess competency levels for those who have relevant work experience, training or education in health care or IT.

There are six Health IT Competency Exams available:

- Clinician/Practitioner Consultant
- Implementation Manager
- Implementation Support Specialist
- Trainer
- Technician/Software Support Staff
- Practice Workflow & Information Redesign Specialist

Voucher supplies are limited, only one voucher per Veteran. For more information, please visit the HIT Voucher page on the ORH website: <http://www.ruralhealth.va.gov/hit-vouchers.asp>. ♦

Spokane VAMC Hosts Homeless Veteran Stand-Downs

by Kimberly Waller, Rural Health Coordinator, Spokane VA Medical Center

Traditionally, a stand-down is “a temporary stop of offensive military action,” and a time for troops to rest and recover in a place of relative security and safety. The term stand-down, as related specifically to the homeless Veteran crisis, was conceived in 1988 by two Vietnam Veterans living in San Diego. Since that time, countless stand-down events have taken place across the country.

On June 16, 2012, a stand-down was held at the Bonner County Idaho Fair Grounds. This successful event was a collaborative effort between the Spokane VAMC Homeless Program, local Veteran Service Organizations, community organizations and volunteers.

Over 900 Veterans participated, many of whom were assisted by VA staff to enroll for VA health care. In addition, they received information about VHA programs and were given assistance by members of area Veteran Service Organizations. Several Veterans who came to the stand-down received medical and dental care, provided by the VA and local community organizations. Free clothing, military surplus items, and bags were available for each individual, as well as food boxes.



Homeless Veterans Receive Services and Support at the Bonner County Idaho Fair Grounds

On August 18, 2012 the Spokane VAMC will partner with local community members and Veteran Service Organizations in Wenatchee, Washington for another stand-down event.

For more information, contact the Spokane VA Medical Center Homeless Veterans Program at (509) 462-2500. ◆

Did you know?

- A major strategy employed by VA for increasing access to quality primary, specialty and mental health care for Veterans residing in rural and highly rural areas of the country is through the use of telehealth technologies; including IP video into the home, home telemonitoring, distance learning for rural health care providers, health information exchange between VA and non VA providers, and telehealth hub and spoke networks. In order to achieve this goal, adequate broadband coverage to deploy telehealth technology in rural and highly rural areas is critical.
- According to the Seventh Broadband Progress Report (FCC, 2011), more than 20 million Americans lack access to broadband that meets the benchmark* set forth by the FCC. Approximately 73% of these Americans reside in rural areas.
- The term “broadband” commonly refers to high-speed internet that is always on and faster than the traditional dial-up access. Broadband includes several high speed transmission technologies such as:
 - Digital Subscriber Line (DSL)
 - Cable Modem
 - Wireless
 - Satellite
 - Fiber
 - Broadband over Powerlines
- The Federal Communications Commission (FCC), the US Department of Agriculture’s (USDA) Rural Utility Service and the Department of Commerce’s National Telecommunications and Information Administration have been working together and spearheading initiatives to meet the demand for affordable high quality broadband services in rural communities. ◆



*The Federal Communications Commission defines the benchmark as a transmission service that enables an end user to download content at speeds of 4 megabits per second and to upload content of at least 1 megabit per second.

MY HEALTHVET SPOTLIGHT: Facts and Figures

My HealthVet is the Department of Veterans Affairs' award-winning online Personal Health Record. It offers Veterans anywhere, anytime Internet access to VA health care. Launched nationwide in 2003, My HealthVet is the gateway to web-based tools that empower Veterans to become better partners in their health care.



The mission of My HealthVet is to improve health care for all Veterans by providing one-stop online access to better manage health, make informed health decisions and store important health and military history information. With My HealthVet, America's Veterans can access trusted, secure, and informed health and benefits information, at their convenience.

Some interesting information about MyHealthVet:

- Since November of 2003, there have been over 69 million visits to My HealthVet (www.myhealth.va.gov).
- My HealthVet has over 1,750,000 Registered Users.
- From September 2005 to June 2012, over 30 million prescription refills have been processed through My HealthVet.
- From January 2007 to June 2012, there have been over 710,000 In-Person Authentications, allowing enrolled Veterans to access My HealthVet features such as Secure Messaging and the Blue Button.
 - Over 310,000 VA Patients Opted-In for Secure Messaging (October 2008-June 2012).
 - Over 1.7 Million VA Blue Button Files have been downloaded (September 2010-June 2012).

There are several printer-friendly informational brochures about My HealthVet and its features (in PDF format):

- [About My HealthVet](#)
- [Secure Messaging](#)
- [Blue Button](#)
- [Online Prescription Refill](#)
- [Your Military Health History Online through My HealthVet](#)
- [VA Appointments](#)
- [VA Chemistry and Hematology](#)
- [VA Allergies and Adverse Reactions](#)
- [Wellness Reminders](#)

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

Upcoming Rural Health Events and Conferences

Office of Rural Health representatives will be attending two Veteran Service Organization National Conventions this summer:

- **113th Veteran of Foreign Wars (VFW) National Convention, July 21st-25th, 2012, Reno/Sparks Convention Center, Reno, Nevada**
The VFW National Convention is a five-day, city-wide convention for national, international, regional and VFW local members. Approximately 10,000 - 12,000 VFW and Ladies Auxiliary members, employees, VIPs, exhibitor/sponsors, national officers and Military Order of the Cootie (MOC) attended in 2011. The 113th VFW National Convention is closed to the general public, but will be streamed live online at www.vfw.org beginning at 8 a.m. PDT, July 23, 2012. For more information about the VFW National Convention, please visit: <http://www.vfw.org/VFWNationalConvention/>.
- **The American Legion 94th National Convention, August 24th-30th, 2012, Indiana Convention Center, Indianapolis, Indiana**
The American Legion's largest annual meeting is the national convention with approximately 9,500 attendees gathering to help further their cause of patriotism and support for our service men and women, past and present. Each of the Legion's 55 departments – the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, France, Mexico and Philippines will be represented. Along with the annual business meeting, other significant elements of the national convention include a parade, a patriotic memorial service, exhibits, general sessions with nationally acclaimed keynote speakers, color guard and band contests, receptions and banquets. For more information about the American Legion National Convention, please visit: <http://www.legion.org/convention/>. ◆



www.ruralhealth.va.gov

VHA Office of Rural Health

"Using Innovation and Technology to Improve Access and Quality"

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