

Message from the Director of the VHA Office of Rural Health

The Impact of Employment on Rural Veterans' Health and Well-being

I often hear that “care” equates to doctors, nurses, exams and prescriptions. But it is critical to consider an expansion of the term “care” to encompass the overall health and well-being of the Veteran and the factors, or “determinants,” that contribute to health. To that end, we recognize the importance employment plays in Veterans' health and well-being. Increasingly, research shows that work is positive and rehabilitative. Gainful employment consistent with an individual's skills and interests is one of the single best ways to ensure social inclusion, economic independence, wellness, and/or recovery from a mental and/or substance use disorder.¹



Gina Capra, MPA
ORH Director

The Bureau of Labor Statistics spotlighted a continued Veteran unemployment issue in July 2014 when it reported the following:

- Veteran unemployment rates increased by 0.6 percent while non-Veteran unemployment rates increased by 0.2 percent.
- From June to July 2013, unemployment rates for Veteran women, both Veteran and non-Veteran, decreased. This year, from June to July 2014, the unemployment rate for women Veterans decreased by 0.5 percent, but still remains 0.4 percent higher than non-Veteran women. In the same time period, the unemployment rate for non-Veteran women increased by 0.7 percent.

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- Male Veterans’ unemployment rates increased by 0.8 percent from June to July 2014; however, the annual average for male Veterans unemployment rates has decreased since 2012. This is the first time since May 2012 that the male Veterans unemployment rate has been equal to or higher than non-Veteran males.²⁻³

Geographically, rural communities are often far removed from their suburban and urban neighbors. Consequently, access to economic opportunities and cultural offerings are often lacking. Rural communities

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¹<http://www.promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference08142012.aspx>

²<http://www.blogs.va.gov/VAntage/14929/Veteran-non-Veteran-unemployment-increases-in-july-2014/>

³<http://www.bls.gov/webapps/legacy/cpsatab5.htm>

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often lack the educational resources larger communities enjoy, putting these smaller communities at a disadvantage to its larger neighbors.⁴

Offices throughout the U.S. Department of Veterans Affairs (VA) are working together to integrate employment solutions to combat the unemployment issue and benefit Veterans' health and well-being.

At ORH, we also recognize employment as not only an element of care, but also a key social determinant to the health of rural Veterans. As such, we support projects that bring together health, wellness and employment.

For example, we sponsor the Rural Veterans Supported Employment Tele-rehabilitation Initiative (RVSETI) in Tampa, Florida. The goal of the project is to use telehealth technologies to connect employment specialists with rural Veterans in their communities and with their treatment teams. More information on the anticipated impact from this initiative on Veterans' health care can be found in the "The VHA Office of Rural Health Helps to Unite Technology and Employment Specialists to Support Rural Veterans' Employment Goals" article on page 8.

Also throughout VA, the Veterans Benefits Administration (VBA) manages the Veterans Employment Center (VEC), where Veterans can access more than 1.5 million jobs and access tools to translate military skills into civilian job categories, build a resume, and search employers that are eager to hire Veterans. For more information, please read the "Veterans Benefits Administration Promotes Veteran Economic Success" article on page 3. For more information on eBenefits, please visit www.ebenefits.va.gov/. VBA also manages the Transition Assistance Program (TAP), which offers job-search assistance and related services to separating Servicemembers during their period of transition into civilian life.

Online Veteran Employment Resources

- **VA Jobs**
www.va.gov/jobs/
- **Veterans Employment Center**
www.ebenefits.va.gov/ebenefits/jobs
- **Veterans Retraining Assistance Program**
benefits.va.gov/VOW/education.asp
- **Hire a Veteran**
www.wtc.army.mil/modules/employers/
- **Department of Labor**
www.dol.gov/vets/
- **Department of Justice**
www.justice.gov/careers/Veteran-recruitment
- **National Institutes of Health**
www.jobs.nih.gov/Veterans/
- **Joining Forces**
www.whitehouse.gov/joiningforces/resources
- **US Chamber of Commerce**
www.uschamberfoundation.org/hiring-our-heroes
- **USA Jobs**
www.usajobs.gov/Veterans
- **The American Legion**
www.legion.org/help/careerassistance

As you can see from the long list of online employment resources above, VA, including ORH, along with private organizations are committed to restoring community re-integration of Veterans and addressing employment issues.

ORH is not only attentive to the health and well-being of our rural and highly rural Veterans, it's our passion. And, we are eager to join with like-minded organizations to bring about a holistic approach to support our rural Veterans, especially those with employment challenges. ♦

⁴<http://www.nejmcareercenter.org/minisites/rpt/rural-hospitalist-recruitment-challenges/>

Veterans Benefits Administration Promotes Veteran Economic Success

by Rosye Cloud, Senior Advisor for Veteran Employment, VBA Office of Economic Opportunity

The Veterans Benefits Administration (VBA) Office of Economic Opportunity (OEO) helps bolster and foster Veteran economic success through policies and programs designed to increase economic opportunities and career competitiveness for transitioning Servicemembers, Veterans, and their families. Through a combination of initiatives that focus on Veteran education, housing and employment, the U.S. Department of Veterans Affairs (VA) is dedicated to empowering Veterans with the knowledge, skills and opportunities they need to succeed in the 21st century economy.

While each generation of Veterans has historically led their non-Veteran counterparts in economic achievement, recent Veterans face high rates of unemployment. Fifty-three percent of post-9/11 Veterans face a period of unemployment in the first fifteen months after separation. Research shows that initial periods of unemployment or underemployment can have a lasting impact on the economic achievement of Veterans, which can result in years of lost economic gains. Though focused on areas in which it can make the greatest impact, OEO understands the need to support the entire Veteran career lifecycle and connect with Veterans of all eras and locations who face employment challenges.

The diversity of the Veteran population – in terms of geography, disability, age, gender, background, skills, employment goals and other factors – does not allow for a one-size-fits-all approach. To better suit the needs of Veterans, OEO created a number of initiatives and partnerships to approach Veteran unemployment from various angles, ensuring that VA is reaching as many Veterans as possible.

One key strategy to support Veteran employment is the Veterans Employment Center (VEC) on eBenefits (VA's gateway to benefit information). Launched in April 2014, the VEC is the first government-wide product that provides job seekers the tools to translate military skills

into plain language and build a profile that can be shared instantly with public and private employers with real job opportunities. Currently, there are more than 1.5 million jobs listed on the VEC, and hundreds of employers have made commitments to fill more than 165,000 positions throughout the country with Veterans, transitioning Servicemembers, National Guard and Reserve members, and their families. The VEC also allows employers to make public hiring commitments, post jobs, search a bank of verified job seeker profiles and access other resources designed to help employers recruit and retain talented Veterans, Servicemembers, and family members. The VEC can be accessed at www.ebenefits.va.gov/ebenefits/jobs.



For disabled Veterans who seek employment, the Vocational Rehabilitation and Employment (VR&E) program provides comprehensive services and assistance to enable Veterans with service-connected disabilities and an employment handicap to prepare for, find, and maintain suitable employment. Veterans who live in rural areas face unique challenges in accessing services to assist them to obtain or maintain employment and live independently. The VR&E service delivery model supports Veterans where they are located by having vocational rehabilitation counselors, employment coordinators, and contractors, who provide services to Veterans at approximately 420 locations including regional offices and out-based locations. VR&E also provides services on 94 college campuses through the VetSuccess on Campus program and 71 military installations through the Integrated Disability Evaluation System.

In addition, OEO works with its VA partners to grow and expand outreach efforts. For example, OEO is exploring

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VA and ORH Adopt New System to Define “Rural”

by Krista Holyak, *Communications Specialist, VHA Office of Rural Health*

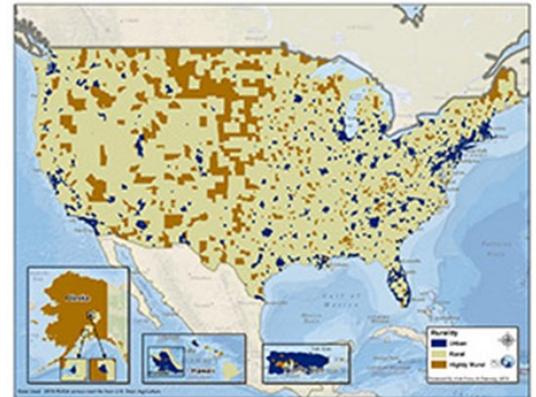
The U.S. Department of Veterans Affairs (VA), Veterans Health Administration leads the nation in caring for rural Veterans. In order to do so, VA must know where rural Veterans live to provide adequate access to care. This requires the best possible definition of “rural.”

As such, VA recently changed how it defines urban, rural and highly rural land areas. The Rural-Urban Commuting Areas (RUCA) system replaces the current method, which is based on US Census Bureau criteria.

RUCA, developed by the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS), has become more popular because of its sound social science basis and its adaptability for special programs. The RUCA system takes into account population density and considers how closely a community is socio-economically linked to larger urban centers. This approach is popular with social scientists as well as leading federal agencies.

The RUCA system is also more easily adapted for special programs, such as those rural health programs initiated by VA. The Office of Rural Health (ORH) will apply the RUCA method starting October 2014. This change does not impact current programs or pilot projects currently receiving funding to improve access to care for rural Veterans.

More information, and a definition of the RUCA codes, is located on the USDA website at <http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>. ♦



The above map shows current urban, rural and highly rural areas, based on the RUCA system

What Is “Rural”?

VA uses the RUCA system to define rurality. Developed by the USDA and HHS, the RUCA system takes into account population density, as well as how closely a community is linked socio-economically to larger urban centers.

- **Urban Area:** Census tracts with at least 30 percent of the population residing in an urbanized area as defined by the Census Bureau
- **Rural Area:** Land areas not designed as urban or highly rural
- **Highly Rural Area:** Sparsely populated areas — less than 10 percent of the working population commutes to any community larger than an urbanized cluster, which is typically a town of no more than 2,500 people

Supported Employment for Rural Veterans with Post-Traumatic Stress Disorder

by Lori Davis, MD, *Associate Chief of Staff for Research*; Mary Watson, *Supported Employment Specialist, Tuscaloosa VA Medical Center, Tuscaloosa, AL*

The freedom to live, work, love and play is at the core of a high quality of life and are the critical goals of the treatment of and recovery from disabilities. A Veterans' ability to obtain and maintain gainful employment is essential to achieve these goals and successfully reintegrate into civilian life. Warriors who return from deployment often experience a potentially disabling medical or mental condition, and simultaneously confront unemployment upon their military discharge. The presence of a mental illness, particularly post-traumatic stress disorder (PTSD), in Veterans is associated with significantly greater unemployment rates, number of lost jobs, absenteeism, financial difficulties and deterioration in occupational function, satisfaction, and productivity.

For the past decade, the VA embraced an evidenced-based model of supported employment, called Individual Placement and Support (IPS), and provided this service to Veterans with psychotic disorders and those with a recent experience of

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Rural Veterans and “Veterans’ Choice” Legislation

by Policy Analysis Team, VHA Office of Policy Analysis and Forecasting

The Veterans Access, Choice and Accountability Act of 2014 (Veterans Choice) is designed to provide some relief to the challenges faced by enrolled Veterans who are unable to access medical services through the U.S. Department of Veterans Affairs (VA). Rural Veterans may be especially impacted given the provisions within this legislation.



The Veterans Access, Choice and Accountability Act of 2014 is designed to improve access to and quality of care for Veterans

Under the law, VA will establish and expand agreements with other government health care systems and community providers to pay for care provided to Veterans. These agreements are the centerpiece of Veterans Choice and will allow the U.S. Department of Defense, Indian Health Service, the Native Hawaiian Health Care System, Federally Qualified Health Centers and community providers to furnish hospital care and medical services to eligible Veterans. In accordance with the law, if a Veteran is enrolled in VA health care as of August 1, 2014, has not been able to schedule an appointment within the department’s wait time goals, and lives more than 40 miles from

a VA medical facility, the Veteran may be eligible to receive care in the community under the Veterans Choice Act. As an example, let’s consider the case of Dion:

Dion enrolled in VA health care more than 10 years ago. When he first enrolled, he lived close to the Durham, North Carolina VA Medical Center and went there regularly for his health care. He later moved to another part of the country where the nearest VA medical facility is 75 miles from his house. He has other health insurance through his employer, so he gets medical care from a local doctor. He is still enrolled in VA because it does not cost him anything. Dion’s employer-based health insurance has become very expensive and he would like to cancel this coverage and rely more on VA health care. However, the distance from the nearest VA facility is a concern. Under Veterans Choice, Dion is eligible for a card that will allow him to continue the relationship with his local doctor.

As with any new legislation, VA is working hard to implement Veterans Choice in a manner that will best serve Veterans and meet the requirements of the law. VA will communicate details of this program to provide non-VA care to Veterans who qualify and will work with Veterans to ensure they receive the quality, coordinated care they have earned and deserve. ◆

The VHA Office of Rural Health Administers New \$10 million Rural Veteran Coordination Pilot

by Janice Garland, Health Systems Specialist, VHA Office of Rural Health

Starting in September, the VHA Office of Rural Health will oversee the new Rural Veterans Coordination Pilot (RVCP) external grant program to assist transitioning Veterans and their families who reside in rural and/or underserved areas of the country. This new grant program provides \$2 million over a two-year period to each of five grantees for activities specifically geared towards rural Veterans and their families who are transitioning from military to civilian life. The programs are expected to support more than 25,000 rural Veterans in Louisiana, Maine, New Mexico, Nebraska and Washington, and will extend to support Arkansas, Texas and Oregon.

For more information on RVCP, read the press release: www.va.gov/opa/pressrel/pressrelease.cfm?id=2617, view the fact sheet at www.ruralhealth.va.gov/docs/factsheets/NationalOverview_RVCP_090414.pdf, or contact us at RVCP@va.gov. ◆

The State of VA Health Care in Hawaii

by Alden Borromeo, Health Systems Specialist, VHA Office of Rural Health

The location of the VA Pacific Islands Health Care System (VAPIHCS) presents unique challenges with regard to distance, time zones, culture and constrained health care markets. In August, the U.S. Senate Veterans' Affairs (VA) Committee conducted a field hearing regarding "The State of VA Health Care in Hawaii." At this hearing, Hawaiian Veterans spoke about their concerns related to patient access, resource and staffing challenges, and VA's long-term plan to provide care for Hawaii's Veterans. The hearing was chaired by Senator Mazie K. Hirono of Hawaii.

The VAPIHCS provides a broad range of medical care services throughout Hawaii and the Pacific Islands. It provides outpatient medical and mental health care through an ambulatory care clinic on Oahu and seven Community Based Outpatient Clinics (CBOC) on the Pacific Islands: Oahu (Leeward), the Big Island of Hawaii (Hilo and Kona), Maui, Kauai, Guam and American Samoa. Outreach Clinics operate on Molokai, Lanai and Saipan.



The VAPIHCS provides a broad range of medical care services to Veterans throughout Hawaii and the Pacific Islands, including the Ambulatory Care Center, located in Honolulu

In addition, medical specialty and mental health services are offered via telehealth, thereby linking VAPIHCS sub-markets with VA specialists in Honolulu. This is done in sync with recurring, in-person visits to all VAPIHCS sub-markets. The VAPIHCS has a dynamic and long-standing relationship with the Department of Defense (DoD), including a VA/DoD joint venture with the Tripler Army Medical Center and a sharing agreement with the US Naval Hospital Guam, as well as numerous community partnerships and an affiliation with the University of Hawaii's John Burns School of Medicine.

The VAPIHCS' robust Non-VA Care program routinely purchases a high volume of specialty care. As a result, specialty care wait times are well below the national average. A comprehensive plan to accelerate primary care

access is in the process of implementation. The plan's actions include:

- Increase primary care physician panel sizes on Oahu by 10 percent
- Add clinic appointments and extend hours to provide greater appointment capacity
- Hire physicians and nursing staff to increase Patient Aligned Care Team presence at CBOCs
- Proactively contact Veterans to schedule appointments
- Inform Veterans of the importance of maintaining their scheduled appointments so that appointment slots will not go unfilled
- Identify and fill crucial vacancies that directly affect Veteran access

The VAPIHCS also implemented the Accelerating Care Initiative along several different tracks, such as:

- Add a float CBOC primary care provider to ensure continuity of services
- Increase the use of Non-VA Care programs
- Implement Saturday clinic hours and increase overtime for staff
- Hire an on-station fee provider
- Use agency nursing services
- Hire a primary care provider to fill in as needed

Opportunities remain to improve the access to care in Hawaii and throughout the Pacific Insular Region, which includes Guam, American Samoa and the Commonwealth of the Northern Mariana Islands. To address the unique access barriers in Hawaii, ORH supports programs, projects and initiatives in the areas of access to care for rural Veterans, telehealth, clinical training, and education and Veteran transportation, to name a few of the many VAPIHCS initiatives under consideration.

VAPIHCS has the most robust and inclusive rural health program within Veterans Integrated Service Network 21 (VISN 21), as well as the entire VA network of health care systems. VAPIHCS' rural health program grew from four ORH-supported projects in fiscal year 2010 to 26 ORH-supported projects in fiscal year 2014. Total funding for these 26 projects is more than \$9.2 million. VA's

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VA Unites with Alaskan Rural Veterans and Tribes

by Krista Holyak, Communications Specialist, VHA Office of Rural Health

The U.S. Department of Veterans Affairs (VA) recently impacted both health care and housing capacities for rural Alaskan Veterans and native tribes.

In early August, several hundred Veterans attended the first ever ‘VA Stand Down’ in Bethel, Alaska. The VHA Office of Rural Health (ORH) was present at the event, which connected Alaskan Veterans with services and benefits. This outreach is important as many Veterans are not aware of their eligibility for compensation based on their active duty service.

One type of compensation is health care, which Alaskan Veterans can now get closer to home. The Alaska VA Healthcare System has more than 25 sharing agreements with as many different native health care organizations across Alaska. This means that VA will reimburse for any eligible native or non-native Veteran that’s seen at one of these organizations for care.

Susan Yeager, Director for the Alaska VA Healthcare System, stated that more than 100 Veterans from the Yukon–Kuskokwim (Y-K) Delta signed up for the VA health care plan during the stand down.

In addition to health care, housing benefits in Alaska are also expanding. Mike Frueh, director of the VA Loan Guaranty Program, was also in Bethel for the Stand Down. The Native American Direct Loan program provides direct

loans to Native American Veterans to build homes on federal trust land.

Frueh also traveled to Y-K Delta villages to work on memorandums of understanding (MOU) that will help Alaska Native Veterans get direct home loans from the VA. The MOUs will make low-interest home loans available to Alaska

Native Veterans. The loans will have better rates than the standard VA home loans and can be used for remodeling. This follows a precedent set in late July, when the first Alaska home loan MOU was signed for Metlakatla Tribe in Southeast Alaska, the state’s only official reservation. Frueh says 10 Y-K Delta villages already signed their intent to sign an MOU.

For more information on the partnership between VA and the Metlakatla Tribe, visit kyuk.org/agreement-between-va-and-the-metlakatla-tribe/ or www.blogs.va.gov/VAntage/15121/alaskan-native-americans-learn-about-va-home-loan-program/. For more information on the Native American Direct Loan program, visit benefits.va.gov/homeloans/nadl.asp. ♦



VA Home Loan Director Mike Frueh (left) visits Alaska to expand housing benefits to Alaska’s Veterans

My HealthVet: Internship Leads Veteran to Share Benefits of Online Health Record

by Susan Haidary, National Stakeholder Manager, My HealthVet, VHA Veterans and Consumers Health Informatics Office; Terri Ruggier, Communications Specialist, VISN 10

When Blake Mueller began interning with My HealthVet (www.myhealth.va.gov) at the Cincinnati VA Medical Center while completing a degree in Health Services Administration, he didn’t know he would become one of its strongest advocates.

As a My HealthVet assistant, Mueller learned to use the system so he could teach other Veterans and help them register. My HealthVet is VA’s online personal health record that makes it easier for Veterans to partner with their health care team and manage their own care.

“Since I was in the VA system myself, I could really show Veterans what My HealthVet could do for them,” said Mueller, an Army Veteran who served during Operation Desert Shield and Desert Storm. “You really don’t appreciate it until you use it yourself or can show how it works to other people.”

Mueller said his favorite My HealthVet features are VA Blue Button, Secure Messaging, VA Appointments and VA Prescription Refill. Together, these features help VA accomplish what he calls the “BIG THREE: They improve the quality of care, increase access to the care Veterans can receive, and reduce the cost of care at VA.”

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The VHA Office of Rural Health Helps to Unite Technology and Employment Specialists to Support Rural Veterans' Employment Goals

by Lisa Ottomanelli, PhD, Clinical Psychologist; Lynn Dirk, MAMC, Dissemination Manager, James A. Haley Veterans Hospital, Tampa, FL

Being employed is an important means to social inclusion for persons with chronic illness and/or disability; thus, it functions as a primary path to improved health, quality of life and well-being. Veterans with mental or physical disabilities face significant barriers to employment, and those who live in rural areas have even higher unemployment rates and less access to vocational services.

The U.S. Department of Veterans Affairs (VA) is committed to restoring community re-integration of Veterans with disabilities, and employment is a hallmark of effective rehabilitation following injury or illness. In 2004, the VA launched a large-scale rollout of evidence-based practice supported employment (EBP-SE) through its Compensated Work Therapy program. EBP-SE helps persons with disabilities rapidly find meaningful work in their communities by using a team-based, integrated-care model. EBP-SE has proven to be effective for Veterans with serious mental illness, spinal cord injury and post-traumatic stress disorder. However, providing this community-based service to rural Veterans is a challenge, if not unfeasible, due to the distance and travel required for providers to reach Veterans in their communities.

The VHA Office of Rural Health continues to address the lack of employment services for rural Veterans with a new pilot project known as the Rural Veterans Supported Employment Tele-rehabilitation Initiative (RVSETI). This novel program uses existing telehealth resources and emerging mobile technology applications to increase access and availability of EBP-SE services, and supports for rural and highly rural Veterans.

Primarily the program aims to:

- Optimize the use of available and emerging telehealth technologies to deliver services remotely to Veterans that would otherwise be unavailable
- Enable clinical coordination with Community Based Outpatient Clinic (CBOC) treatment teams to help them address health and disability barriers to Veterans' employment

The technology allows employment specialists at VA medical centers (VAMC) or CBOCs to remotely connect

with Veterans in their homes and communities to develop effective strategies for returning to work in their local areas. For example, mobile televideo connectivity via iPads equipped with Jabber™ are used to provide services to rural Veterans in the community where they live and want to work such as:

- Job search
- Job development
- Interview preparation and facilitation
- Negotiation of job carving opportunities with employers (building a new job through the combination of duties from various jobs)
- Job coaching

The use of technology enables Veterans' CBOC providers to consult with EBP-SE experts and also assist the Veterans Integrated Service Network (VISN) mentor trainer to use telehealth to provide remote support, training, and outreach to treatment teams working with rural Veterans who seek employment.

This dual-site Florida program is coordinated through the VA Health Services Research and Development (HSR&D) Center for Innovation on Disability and Rehabilitation Research with Dr. Ottomanelli as the lead at the James A. Haley Veterans Hospital in Tampa and Dr. Charles Levy and his ORH telehealth team in the North Florida/South Georgia Veterans Health System assisting in Gainesville, FL. The program is enthusiastically supported by the respective Compensated Work Therapy Program Managers, Kevin Costa and Eric Ong, who, along with their staff, are excited about the use of technology to connect more Veterans with employment services that can improve quality of life and community integration. ♦

National Organization of State Offices of Rural Health's "National Rural Health Day"



Celebrating the Power of Rural
November 20, 2014

Learn more at:

celebratepowerofrural.org

Retail Immunization Provides Veterans with More Options, Easier Access and Seamless Records

by Douglas Trauner, Entrepreneur in Residence, VA Center for Innovation

The U.S. Department of Veterans Affairs (VA) partners with Walgreens to offer greater choices of time and location for enrolled Veteran patients to get their seasonal flu shot. Here are a few frequently asked questions for VA staff:

Q. What are the benefits of the VA Retail Immunization Care Coordination program?

A. After Walgreens administers the vaccine, the information is transmitted to and becomes part of the patient's VA electronic health record (EHR). You can view this information as part of the Veteran's regular immunization history in Vista's Computerized Patient Record System (CPRS). As a VA provider you will have access to complete and accurate information about the immunizations your Veteran patients receive from Walgreens. For patients, the Walgreens option offers more convenience and choice to get important vaccines. Vaccine subject to availability. State-, age- and health-related restrictions may apply.

Q. How long will it take for a Veteran's immunization information to become part of his or her health record?

A. Walgreens immunization records will be available to VA clinicians within 24 hours.

Q. As a VA clinician, is there anything I need to do to ensure VA receives this information?

A. No. This information will be transmitted directly to your patient's VA EHR.

Q. How is the immunization information from Walgreens made available?

A. eHealth Exchange, a public-private partnership administered by Healthway, Inc., allows the sharing of information between VA and Walgreens. The VA Virtual Lifetime Electronic Record (VLER) Health Exchange uses this public-private partnership to securely receive health information from the retail provider.

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Program Facts for Veterans



Flu shots at Walgreens will appear in Veterans' electronic health record within 24 hours

- Enrolled Veterans can get their seasonal flu shot at any VA health care facility or Walgreens that administers them¹
- To get a seasonal flu shot at Walgreens, enrolled Veterans need only tell the pharmacist that they receive care at a VA medical facility and show their VA ID card
- After Walgreens administers the vaccine, the immunization record is transmitted to the patient's VA health record — securely, and within the established requirements of the eHealth Exchange²
- Important information, including the type of immunization, the date and the administering provider, will be part of the Veteran's VA electronic health record
- Walgreens accepts most insurance plans, including Medicare. However, there may be a cost to a VA patient for the flu shot

¹ Vaccine is subject to availability. State-, age- and health-related restrictions may apply.

² If your local pharmacy is not participating in the VA Retail Immunization Care Coordination program, it may participate in the future as the program expands.

References to Walgreens or other non-VA pharmacies do not constitute or imply VA endorsement of these companies, their services, or products.

My HealthVet: Internship Leads Veteran to Share Benefits of Online Health Record *(continued from page 7)*

With VA Blue Button, Veterans can easily share their health information with members of their health care team. But Mueller found it especially useful when he filed VA compensation and pension claims with the Veterans Benefits Administration.

Active duty Servicemembers or transitioning Veterans can use My HealthVet to record their medical treatment and then view, print or download their information. This information can then support a claim that they might have with VA for benefits. For Mueller, My HealthVet allowed him the opportunity to share his medical information, which he used to support his VA benefits. Mueller pointed out that as an eBenefits user, he can go directly to his My HealthVet account without re-entering his username and password. Mueller said, “This gives me easy access to my health record and my eBenefits account record. They work together using a single sign on and are linked by a joint password. I make sure all the Veterans I sign up for My HealthVet understand that.”



Mr. Blake Muller, on right, teaches a Veteran about My HealthVet

Private and Protected

Secure Messaging allows Veterans to request medical appointments and communicate with their health care providers. They can also refill their VA medicines online—all without having to pick up the phone. Because the My HealthVet system is secure, Veterans’ information remains private and protected.

“My HealthVet made it easier to get prescriptions filled and to schedule appointments,” Mueller said. He commented on the prompt response he received when using Secure Messaging. While the average response time is three business days, VA health care teams may respond sooner.

Those things became especially important to Mueller during a health scare in March. While sitting in class, he received a message through Secure Messaging to contact his health care provider about his recent test results. Mueller immediately scheduled a follow-up appointment, which led to treatment for a precancerous skin condition. He continued to use Secure Messaging to order medications, schedule additional visits, and get provider recommendations about his care.

“I set everything up through My HealthVet. I never had to dial a phone once,” Mueller said. “What was especially cool is that I could use Secure Messaging to communicate between my nurse and dermatologist about my care.”

Reaching Fellow Students

Mueller goes to VA medical centers and Community Based Outpatient Clinics throughout Veterans Integrated Service Network (VISN) 10 to train and assists Veterans on registering for a My HealthVet account. He also reaches student Veterans at Northern Kentucky University, the University of Cincinnati, and Xavier University, where he earned his degree as a qualified VA vocational rehabilitation student through the VA Vocational Rehabilitation program.

“The students I helped sign up said they like being empowered to manage their own personal health care,” Mueller said. “They also like being able to request appointments without having to pick up the phone all the time. They are mostly 40 and under and are very savvy about the Internet.”

But you don’t have to be an Internet expert to use My HealthVet. “My HealthVet is pretty self-explanatory and easy to navigate,” Mueller said. Veterans can find helpful resources on the My HealthVet website at www.myhealth.va.gov, including user guides, quick guides, and answers to frequently asked questions. Once you register on My HealthVet and complete a one-time authentication process, you can begin accessing all of the information on the site. Another useful site is www.ehealth.va.gov/MHEV_keepingthepromise.asp, which includes a number of videos and brochures on My HealthVet.

Although Mueller completed his internship, he continues to volunteer with My HealthVet and hopes to work full time for VA. In addition to being one of the first people to graduate from Xavier University with a Health Services Administration major and a concentration in Health Information Management, Mueller earned a leadership award for his efforts to recruit students to the program and help them find student internships with VA in long-term care and health informatics.

“Blake has been an outstanding intern and volunteer, and continues to help Veterans benefit from My HealthVet,” said Terri Ruggierie, My HealthVet Coordinator for VISN 10. “With his continued support, more Veterans are learning how to manage and improve their care.” ♦

Training Aids Veterans in Michigan Tribes

by Lisa Eurick, Facility Strategic Planner, Saginaw VA Medical Center



Sixteen participants attended the training to learn how to be a liaison between tribal Veterans, family members and the VA

Veterans Integrated Service Networks (VISN) 11 and 12, in cooperation with the Iron Mountain Veterans Affairs Medical Center (VAMC), the Battle Creek VAMC, and the Aleda E Lutz VAMC in Saginaw, recently held the third Tribal Veteran Representative (TVR) training in Michigan to promote the concept of having a Native American TVR work with federally recognized tribes throughout Michigan. The role of a TVR is to assist Veterans in understanding what benefits are available to them.

W.J. 'Buck' Richardson, Minority Veterans Outreach Coordinator, VA Rocky Mountain Health Care (VISN 19) facilitated the training which was held at the Clare/Farwell American Legion Post 558 on July 21-24, 2014. Sixteen participants attended the training to learn how to be a liaison between tribal Veterans, family members and VA. Participants included: members from the Little River Band of Ottawa Indians, Lac Vieux Desert Tribe, Match-e-be-nash-she-wish Band of Potawatomi-

Gun Lake Tribe, Pokagon Band of Potawatomi Indians, Nottawaseppi Huron Band of the Potawatomi Indians, the Sault Tribe of the Chippewa Indians, Keweenaw Bay Indian Community, Hannahville Indian Community and American Legion Post 558. Representatives from the Veterans Health Administration, American Legion Service Organization and the VHA Office of Rural Health presented information on specific benefits from each of the agencies.

These newly trained TVRs will now prepare to host outreach events to Native American Veterans and the Veterans in their communities. TVRs will generate articles for their respective tribal newspapers and build partnerships with local service organizations to further assist Veterans with information on how to obtain VA benefits. VISN 11 and VISN 12 plan to host another TVR training event in 2015. ♦

Retail Immunization Provides Veterans with More Options, Easier Access and Seamless Records (continued from page 9)

Q. What should I tell patients who want to use Walgreens for their immunizations?

A. Tell your patients to simply let the Walgreens pharmacist know that he or she is a Veteran enrolled in the VA health care system and to show the VA ID card. That's it. VA will automatically receive information about the patient's immunizations from Walgreens.

Q. Is there a charge for a flu shot at Walgreens?

A. The VA-Walgreens partnership was created to integrate care and improve population health, but it doesn't affect the cost. There may be a cost for a flu shot for Veterans who do not have insurance coverage. Walgreens accepts cash and most insurance plans depending on eligibility.

Q. Are other retail pharmacies part of this program?

A. At this time, only Walgreens is part of the VA Retail Immunization Care Coordination program. VA may add other retailers as the program expands.



VA and Walgreens partner to offer enrolled Veteran patients their seasonal flu shot

For more information, please visit www.va.gov/vler/. ♦

Veterans Benefits Administration Promotes Veteran Economic Success *(continued from page 3)*

ways to partner with VHA in an effort to bring the VEC to medical centers. This can help Veterans who may not have reliable internet service at home access employment opportunities. VR&E also collaborated with VHA's telehealth program to develop and pilot a secure video teleconferencing technology to supplement face-to-face counseling.

VR&E is also planning to deploy telecounseling nationwide in 2015 to improve the ability to reach rural Veterans and Veterans with severe disabilities, improve accessibility, and reduce travel time for both Veterans and VR&E staff. The initial telecounseling deployment will focus on providing a secure, internet-based counseling solution that Veterans can access from their home. It is anticipated that vocational rehabilitation counselors will be better able to reach more rural Veterans because of this initiative. Since telecounseling is dependent upon the availability of a high speed internet connection, additional options will be explored after deployment if internet connectivity proves to be a barrier to reaching rural Veterans.

VA constantly looks for ways to touch hard-to-reach Veterans. OEO actively builds a network across the country and reaches out to Veterans, military families, government partners, nonprofits and Veteran-ready employers. With these nationwide networks, as well as the assistance of states and local leaders, OEO works to identify nearly two dozen cities and regions with the most opportunities for Veterans for high-touch community engagement events. These efforts will directly address key economic growth areas and target at-risk Veteran populations and sub-populations across the country. VA will work to move the needle on key economic measures in each of these cities and connect local Veterans and employers with national resources to support the economic goals of Veterans and their families.

For more information on the VR&E service, please call (202) 462-9600. For more information on the VetSuccess on Campus program, visit the eBenefits Employment Center, employment resources site at www.ebenefits.va.gov/ebenefits/jobs. ◆

The State of VA Health Care in Hawaii *(continued from page 6)*

prosperous ORH programs and projects allow for the expansion of patient access to Hawaiian Veterans, who might otherwise not be able to access care.

Some examples of ORH-funded projects in VAPIHCS include:

- Kauai CBOC Rural Health Mental Health Extension Team
- Kona CBOC Rural Health Primary Care Extension Team
- \$15 million transportation investment to support Veteran air travel to the VA Medical Center in Oahu from the Western Insular Islands and the neighboring Hawaiian Islands
- Numerous telehealth initiatives focusing on mental health, more specifically post-traumatic stress disorder and traumatic brain injury treatment
- ORH-initiated rural health training and education pilot program for medical, associated health and nursing trainees



The Honolulu Community Living Center, located in Honolulu, Hawaii, provides care to Veterans.

VA and the VAPIHCS are committed to providing high-quality, safe and accessible care for all of our Veterans. The efforts detailed above assist VAPIHCS to reduce the challenges in providing Hawaiian Veterans the care and benefits they earned and deserve.

For more information on the field hearing, visit the U.S. Senate Veterans' Affairs Committee at www.Veterans.senate.gov/hearings/the-state-of-va-health-care-in-hawaii81914. ◆

Supported Employment for Rural Veterans with Post-Traumatic Stress Disorder *(continued from page 4)*

homelessness. VA conducted a recent study to demonstrate the effectiveness of IPS to help Veterans with PTSD regain employment. In the first randomized controlled study of IPS for Veterans with PTSD, Dr. Lori Davis and colleagues found that 76 percent of Veterans participating in IPS gained competitive employment, compared to 28 percent of those randomized to vocational rehabilitation treatment-as-usual (i.e. consisting predominantly of transitional work programs). Additionally, Veterans assigned to IPS entered competitive employment more quickly, held a competitive job for more weeks, and earned more income than those assigned to usual care during the one-year follow-up period. This year, the VA Cooperative Studies program launched a multi-site, randomized controlled trial of IPS supportive employment in a large population of Veterans with PTSD across twelve VA Medical Centers, entitled “Veterans Individual Placement and Support Towards Advancing Recovery” to more fully understand its effectiveness.

Additionally, the VHA Office of Rural Health sponsors this cutting edge program at the Tuscaloosa VA Medical Center in Alabama to offer IPS to unemployed, rural Veterans with PTSD. To date, more than 50 Veterans enrolled in the IPS program. Of the enrollees, 70 percent achieved competitive employment, and 50 percent are in a career path of their choice. Most Veterans maintained employment for over one year. Approximately 15 of these Veterans initially obtained employment in Tuscaloosa VA Medical Center Environment of Care Services, earning \$13 per hour, and then transitioned on to other higher level positions in careers of their choices, earning between \$14 and \$35 per hour. Examples of the jobs resulting from participation in IPS include VA peer counselor, policeman, fuel distribution systems operation, clerk, medical support assistant, claims assistant and licensed practical nurse.

In addition to a rapid job search and individualized placement in diverse competitive jobs, the IPS intervention involves open eligibility and patient-centered approach. The IPS specialist is closely integrated with the Veteran’s clinical treatment team, carries out all phases of the vocational services, has a case load of 25 or fewer clients, provides time-unlimited follow-along support to Veterans participating in the program, and provides assertive engagement, job development, and outreach in community-based employment opportunities. ◆

6th Annual Rural Behavioral Health Practice Conference: “Integrated Care in Rural Practice”

Conference Purpose: Make quality continuing education available to behavioral health professionals about the particular practice issues involved in working with rural people and communities.

Date: October 24, 2014 – Friday, 8:00am-4:30pm CDT. The Keynote will be rebroadcast at the end of the conference so that PDT and ADT participants can join the conference from 8:30am-5:00pm or 7:30am-4:00pm, respectively.

Locations: Attend at group webcast sites or by individual webcast. Origination at the University of Minnesota-Morris in Morris, MN.

Continuing Education Hours: 7.0 CEs from the Minnesota Psychological Association, an APA-approved sponsor.

Presentations:

- Gina Lasky, Keynote: *Integrating Primary Care and Behavioral Health in Rural Settings*
- Craig Sawchuk: *The Integrated Behavioral Treatment of Anxiety Disorders in Primary Care: Extension to Rural Practice*
- Kristen Roessler & Casie LaMunyon: *Lessons from the Front Lines of Rural Pediatric Integrated Care*
- Joseph Troianni: *The Challenge of Treating Individuals with both Mental Illness and Substance Use Disorders in Integrated Rural Settings*

To register, get more information, or to sponsor/exhibit, visit: www.mnpsych.org/3786-2.

Please share conference information with your members, staff, faculty, and students.



www.ruralhealth.va.gov

VHA Office of Rural Health

“Using Innovation and Technology to Improve Access and Quality”

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