

# THE RURAL CONNECTION

VA Office of Rural Health ♦ Fall 2022

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## Message from the VA Office of Rural Health's Executive Director

**PETER KABOLI, M.D., M.S., ACTING ORH EXECUTIVE DIRECTOR**

I am pleased to be writing you as Acting Executive Director of the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH). In this role, I lead ORH partnerships, research initiatives, and a strong innovation program of [Rural Promising Practices](#) and [Enterprise-Wide Initiatives](#) that are disseminated across the Veterans Health Administration (VHA).

As a Core Investigator with [Comprehensive Access and Delivery Research and Evaluation \(CADRE\)](#), my research interests include health care access for rural Veterans. I have also been a practicing hospitalist for 25 years at the Iowa City, IA and Tomah, WI VA Medical Centers.

I look forward to building upon the great work of ORH's VA Central Office staff, our Veterans Rural Health Resource Centers (VRHRCs) and our partners in the field to deliver health care solutions for our nation's nearly three million enrolled rural Veterans. *(continued on page 2)*

*Message from the VA Office of Rural Health's Executive Director  
(continued from page 1)*

ORH recently published the 2021 edition of our annual report, *Thrive*. Each year, *Thrive* outlines ORH-funded programs and initiatives aimed at addressing the challenges that rural Veterans face nationwide.

**Read more in Office of Rural Health Publishes 2021 Annual Report below.**

ORH Rural Promising Practices (RPP) are innovative local projects which address rural Veterans' health care and access challenges. In the second of a series of articles highlighting RPPs, we look at two home-based rehabilitation programs.

**Read more in Home-Based Cardiac and Pulmonary Rehabilitation Programs Deliver Essential Care to Rural Veterans on pages 4-5.**

Healthy eating and nutrition can be a challenge for many rural Americans. To help solve this issue, the White River Junction VA Medical Center partnered with a local youth organization to bring fresh local produce and recipe ideas to Veterans in Vermont.

**Read more in Veterans Receive Prescription Produce from Local Farm on page 5.**

Stay tuned as we highlight practical, tangible, and beneficial ways to increase access to care for rural Veterans and explore the rural connections to VA's top health priorities. To join our rural Veteran community and receive program updates, please contact ORH Communications at [ORHcomms@va.gov](mailto:ORHcomms@va.gov). ▶

## Office of Rural Health Publishes 2021 Annual Report

BY NATALIE GAYNOR, VA OFFICE OF RURAL HEALTH

The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) recently published the 2021 edition of its annual report. Each year, *Thrive* highlights ORH-funded programs and initiatives that address the challenges that rural Veterans face nationwide. The report also provides updates from ORH's five Veterans Rural Health Resource Centers (VRHRCs). Each VRHRC develops pilot programs and conducts studies in alignment with their unique project portfolio to drive the development of innovative rural health care solutions.

One of the most pressing issues among VA medical facilities in 2021, especially in rural and highly rural areas, is a severe shortage of providers.

ORH's VRHRCs continue to work in tandem to address different aspects of this obstacle. For example, the Salt Lake City VRHRC identifies primary care recruitment and retention strategies to help address rural provider shortages. Meanwhile, the Iowa City VRHRC conducts research about the impact of telehealth on access to specialty care services in underserved rural communities.

Several ORH-funded programs, including [Clinical Resource Hubs \(CRHs\)](#), also help bridge the provider gap in rural areas. CRHs deliver care to rural and highly rural areas via a hub-and-spoke model, allowing Veterans to receive care at their local VA facility and eliminating the need to travel long distances to receive health care services. In fiscal year 2021 alone, CRHs utilized telehealth and in-person visits to facilitate more than 430,000 clinical encounters delivering primary care, mental health care, and specialty care services to Veterans.



An important facet of ORH's work to serve rural and vulnerable Veteran populations is a continued partnership with the Indian Health Service (IHS). During fiscal year 2021, VHA and IHS leaders partnered to finalize an updated Memorandum of Understanding (MOU) that governs the collaborative effort to improve health care services for American Indian and Alaska Native (AI/AN) Veterans. As part of this effort, VHA and IHS also announced the standup of the new Office of Tribal Health in 2021.

[Click here](#) to read the full *Thrive* 2021 report. ▶



# Mobile Prosthetic and Orthotic Care is Expanding Access for Rural Veterans

BY **DANIEL ABRAHAMSON, CPO**, NATIONAL PROGRAM MANAGER AND **G. ELI KAUFMAN, CPO**, NATIONAL PROGRAM COORDINATOR, VA MOBILE PROSTHETIC AND ORTHOTIC CARE (MOPOC) PROGRAM

It is not uncommon to take mobility for granted. Hopping out of bed to go to the bathroom or climbing into a car to go to an appointment is easy only *if* your body works well. Unfortunately, for many Veterans this is not the case. Amputations, strokes, traumatic brain injuries, and spinal cord injuries are common among the Veteran population. As clinical care providers, we frequently see how mobility disability coupled with other issues related to mental health, transportation, finances, and life's unexpected curveballs make the simple act of showing up for an appointment exceedingly difficult.

This was particularly poignant for those Veterans living in rural communities far from U.S. Department of Veterans Affairs (VA) medical centers. Having observed first-hand how this impacts health and quality of life, in 2019, with support from the VHA Innovator's Network, we started a pilot program aimed at breaking down barriers to orthotic and prosthetic (O&P) care access. Data from the two-year pilot demonstrated the effectiveness of our approach and prompted outspoken support from stakeholders within and outside of VA.



*A MoPOC vehicle being used to provide services at a rural CBOC in Washington State*

Today, Mobile Prosthetic and Orthotic Care (MoPOC) is nearing its third year as an Office of Rural Health Enterprise-Wide Initiative (EWI). A comprehensive program that can be implemented at most any VA facility that serves rural

Veterans, MoPOC's strategy for increasing access to care for Veterans is simple: move the point of care closer to home. In most cases, this means sending specially trained mobile VA clinical O&P staff to see Veterans at VA Community-Based Outpatient Clinics (CBOC) located in rural areas. If travel to a CBOC is excessively difficult for the Veteran, then MoPOC clinical staff are equipped to do home visits. As a team, we have developed the resources to enable successful implementation, including specialty vehicles, tools, standard operating procedures, clinical practices, and more. Having worked through the considerations to implement a mobile health care program, we are dedicated to sharing our hard-won insights by guiding our new sites from start-up to operating at full capacity.



*MoPOC clinician Nathan Dooley, CPO providing prosthetic care at a CBOC close to the Veteran's home*

MoPOC is now active at five sites, with five more starting in October. The MoPOC program has created 22 new full-time ORH-funded positions and eight new locally funded specialty roles. Today, 15 months after the first MoPOC patient visit, our mobile clinical staff have completed over 2,000 patient encounters, 58% of which were with rural Veterans. Data emerging from independent evaluations shows that the impact of MoPOC is overwhelmingly positive for rural Veterans with O&P needs.

MoPOC is poised for further growth and is seeking interest from VA sites to apply during the Request for Applications (RFA) period early in calendar year 2023. For more information, please contact MoPOC Program Manager Daniel Abrahamson at [Daniel.abrahamson@va.gov](mailto:Daniel.abrahamson@va.gov) or MoPOC Program Coordinator G. Eli Kaufman at [George.kaufman@va.gov](mailto:George.kaufman@va.gov). ♦

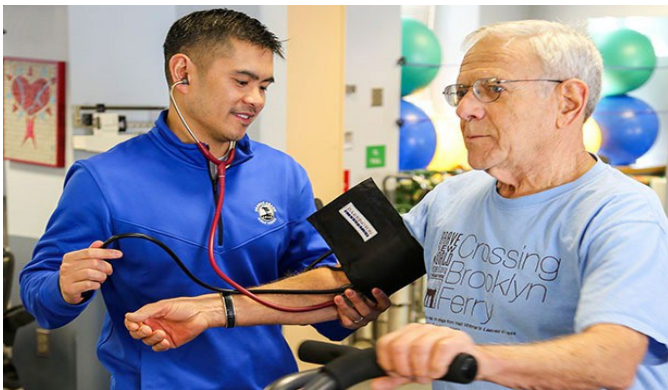
# Home-Based Cardiac and Pulmonary Rehabilitation Programs Deliver Essential Care to Rural Veterans

*This story is the second in a series of articles highlighting ORH Rural Promising Practice (RPP) programs. These innovative local projects address rural Veterans' health care and access issues.*

Cardiac rehabilitation and pulmonary rehabilitation are essential interventions for those diagnosed with cardiovascular disease or with chronic pulmonary disease. However, only a small portion of Veterans diagnosed with cardiovascular or pulmonary disease receive rehabilitation care due to a lack of access to these interventions.

In rural areas, cardiac and pulmonary rehabilitation services are even more difficult to reach due to lack of transportation, distance to travel, and limited availability of on-site rehabilitation programs.

Two U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) [Rural Promising Practice \(RPP\)](#) programs combat these challenges by offering home-based cardiac and pulmonary rehabilitation services. Research has demonstrated equal effectiveness between home-based and on-site rehabilitation programs on Veterans' health and quality of life outcomes.



Founded in 2011 by the ORH Veterans Rural Health Resource Center (VRHRC) in Iowa City, IA, the Home-Based Cardiac Rehabilitation program provides rural Veterans with timely, convenient access to cardiac rehabilitation in the comfort of their own home. Over the program's eleven-year history, it has expanded to 39 facilities and served more than 2,400 Veterans.

Modeled after the successful Home-Based Delivery of Cardiac Rehabilitation program, the Iowa City VRHRC piloted the Home-Based Pulmonary Rehabilitation program in 2018. The program provides specialty care to rural Veterans, who have a higher occurrence of COPD than urban Veterans and have an increased risk of hospitalization and mortality.

Home-Based Cardiac and Pulmonary Rehabilitation are twelve-week programs delivered through video and telephone appointments which provide individualized care in the areas of:

- ♦ Exercise prescription
- ♦ Nutritional counseling
- ♦ Medication adherence
- ♦ Stress management
- ♦ Tobacco cessation



Program results have shown comparable cost and health outcomes to traditional care models. Veterans who participated in cardiac rehab showed significant improvements in exercise capacity, depression levels, and nutrition habits. Participants of home-based pulmonary rehab demonstrated significant improvements in exercise capacity, perceived breathlessness, and depression levels. Participants have indicated high levels of satisfaction with the program and demonstrated higher completion rates than traditional care models.

As a result of non-VA and VA facility closures and capacity limitations, demand for remote rehabilitation care was higher than ever during the during the coronavirus pandemic. Both programs continued operation and even expanded to new VA facilities. With some slight adaptations, facilities were able to continue to care for Veterans and offer services to Veterans unable to access on-site programs.

Future plans for the Home-based Cardiac and Pulmonary Rehabilitation programs include expansion to additional VA sites in 2022. The programs will continue to collaborate and align in training and dissemination efforts. *(continued on page 5)*



### Home-Based Cardiac and Pulmonary Rehabilitation Programs Deliver Essential Care to Rural Veterans (continued from page 4)

Sites receive implementation and sustainment mentorship and guidance from the Iowa City VRHRC team through patient and provider toolkit materials, education activities, and a database for tracking patient outcomes.

For more information about Home-Based Cardiac Rehabilitation, [click here](#).

For more information about ORH Rural Promising Practices, please visit [www.ruralhealth.va.gov/providers/promising-practices.asp](http://www.ruralhealth.va.gov/providers/promising-practices.asp). ▶

## Veterans Receive Prescription Produce from Local Farm

BY **ROBIN LACROIX, RD, CSO**, PROGRAM MANAGER AND HEALTHY TEACHING KITCHEN DIETITIAN, VETERANS RURAL HEALTH RESOURCE CENTER – WHITE RIVER JUNCTION, VT

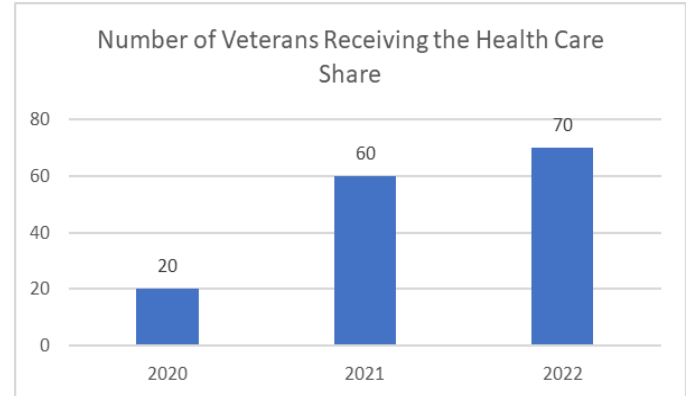
Consuming the recommended daily servings of vegetables can be difficult for many Americans due to limited access, cost, food preferences, time constraints, and lack of confidence in preparing these foods. In recognizing that Veterans need support to increase their vegetable consumption, the White River Junction VA Medical Center (WRJ VAMC) has partnered with the Vermont Youth Conservation Corporation (VYCC) to bring the Health Care Share (HCS) program to Veterans.

WRJ VAMC providers prescribe the HCS program to Veterans with nutrition-related chronic diseases and/or food insecurity to support their health and wellness. VYCC hires young adults aged 15-29 to grow, harvest and deliver the fresh produce to local medical centers, including VA sites. Veteran participants pick up a bag of fresh vegetables every Thursday for 17 weeks at one of the WRJ VAMC Community-Based Outpatient Clinics (CBOCs). A newsletter with produce tips, recipes, and information about the young adults who grow the vegetable is included in each bag.

The WRJ VAMC became a member of the HCS program in 2020, through funding from the Office of Rural Health. Participation has grown from 20 Veterans in the first year to 70 Veterans at three different pick-up sites in 2022.

The HCS program aligns with a recent [VA Appropriations Bill \(H.R. 8238\)](#), which states, “The Committee encourages the Secretary to create a pilot program to provide produce prescriptions to Veterans in partnership with community-

based organizations and/or government entities with demonstrated experience and expertise in producing produce prescriptions.” HCS provides a model for other VAMCs to support Veterans by improving access to fresh produce and demonstrating how to incorporate this produce into their meals.



Feedback from Veteran participants shows that they appreciate receiving the produce. They are also consuming a greater variety of vegetables during the 17 weeks of the HCS program.

WRJ VAMC dietitian Robin LaCroix, RD has been offering a virtual teaching kitchen class each week, showing participants how to prepare and cook the vegetables. Those who attended the virtual classes found them to be beneficial. Attendance was low for the first two years, possibly due to lack of internet access or the limited timeframe of the class. In 2022, the class moved to Facebook Live, using the VYCC Facebook page. Use of this platform has made the class available to a larger audience, including Veterans, the additional 330 non-VA HCS community members, and anyone else who wants tips on preparing and cooking fresh produce. Saved class videos can be found on the [Vermont Youth Conversation Corporation Facebook Page](#). ▶



White River Junction VA Medical Center Dietitian Robin LaCroix, RD

## How Faith-Based Community Organizations (FBCOs) are Supporting Veterans and Their Families

BY **TRULESTA J. PAULING**, SENIOR OUTREACH PROGRAM SPECIALIST, VA CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS (CFBNP)

The VA Center for Faith Based and Neighborhood Partnerships (CFBNP) is thankful for faith-based community partners and grateful for the important work they do to serve Veterans, their families, caregivers, survivors, and beneficiaries in faith-based community organizations (FBCOs).

"We can't do that great work without your help," said Denis McDonough, Secretary of the U.S. Department of Veterans Affairs (VA) during the annual 2022 VA CFBNP Summit on May 17-18, 2022. "One of our top priorities is getting more Veterans into our care. We need to bridge that gap. We need to reach those folks and bring them into our care, because Veterans in VA care do better."

“One of (VA's) top priorities is getting more Veterans into our care.

-VA Secretary Denis McDonough”

CFBNP's mission is to engage, educate, and inform faith-based and community organizations about VA tools and resources that will equip them to better serve Veterans, their families, survivors, caregivers, and other beneficiaries within their organizations.

Secretary McDonough said "It's one thing for Veterans to hear about VA services from us. It's an entirely different thing for them to hear about VA services from you. There are many ways you can partner with us to deliver resources and information to Veterans".

CFBNP accomplishes its mission by informing and educating FBCOs. FBCOs may sign-up on [CFBNP's website](#) to receive information about upcoming webinars on topics such as VA S.A.V.E. suicide prevention training, Veteran homelessness, and pre-need and burial benefits. They can also view [previously recorded webinars](#) on these topics. Additionally, CFBNP shares information from other faith-based centers in the federal government, including Veteran-specific

information from the White House Office of Faith-Based and Neighborhood Partnerships.

CFBNP also assists FBCOs with setting up Veteran support groups through a Veteran ministry or welcome center. A Veteran ministry or welcome center can be a great place for Veterans to get together to participate in fun activities, fellowship, and perform community service.

CFBNP has the blueprint on how to create a Veteran support group. Visit the CFBNP website to [download an electronic pocket guide](#) on starting a Veteran ministry or welcome center. Additional information and resources are available on the [CFBNP Facebook page](#). ♦

## Dr. Watts Receives 2022 Worthen Award

BY **NATALIE GAYNOR**, VA OFFICE OF RURAL HEALTH

Bradley "Vince" Watts, MD, MPH, Clinical Director of the Office of Rural Health (ORH) Veterans Rural Health Resource Center (VRHRC) in White River Junction, VT, received a 2022 [David M. Worthen Career Achievement Award](#), the highest honor given by the Veterans Health Administration (VHA) to recognize outstanding achievements in health professions education. Established in 1988, this award program was named after the late David M. Worthen, MD, former Associate Chief Medical Director for Academic Affairs, board-certified ophthalmologist, established academician, surgeon, researcher, and inspirational leader of VA's education mission. VHA education champions are honored in three categories including: **Rising Star**, **Career Achievement**, and **Innovator**. The Career Achievement Award recognizes VHA employees who have made an indelible impact on the educational mission of VHA throughout their career.



Bradley "Vince" Watts, MD, MS

Dr. Watts is the director of the ORH VRHRC in White River Junction, Vermont. He began his career with VA in 1998, serving as the Director of Inpatient and Acute Medical Health Services at the White River Junction VA Medical Center. For over two decades, Dr. Watts has been an integral part of VA health education training, leading numerous fellowship programs  
(continued on page 7)

*Dr. Watts Receives 2022 Worthen Award (continued from page 6)*

including the Health Systems Engineering Advanced Fellowship and the Interprofessional Advanced Fellowship in Patient Safety. As a result of these programs, trainees published over 100 manuscripts and completed thousands of quality improvement projects.

The work that Dr. Watts has done with these programs has had an incredible impact on VA health professions education quality improvement (QI). The educational fellowships, led by Dr. Watts, have wide reaching implications and long-term benefits for VA's staff and Veterans nationwide. In a letter of commendation for the recipients of the David M. Worthen Award, Dr. Steven Lieberman, Deputy Undersecretary for Health said that each of the 2022 recipients are "productive educators, outstanding collaborators, and thoughtful leaders who exemplify the values and mission of VA."

Outside of his work with VA, Dr. Watts holds the position of Associate Professor of Psychiatry at Dartmouth College.

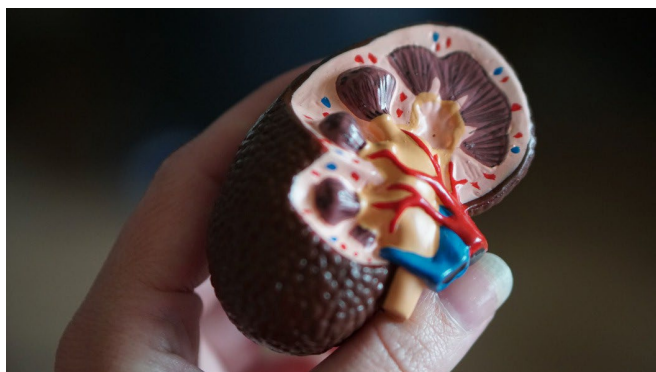
[Click here](#) to read more about Dr. Watts and the ORH VRHRC in White River Junction, VT. ♦

## Kidney Care Expands with Clinical Resource Hubs

BY DR. RAMON BONEGIO, DR. DAVID T. MOORE, KATHY TUOZZO, AND KIM WALLER, VISN 1 TELENEPHROLOGY SERVICES

*This article was originally published in [VA News](#) on August 17, 2022 – Clinical Resource Hubs (CRHs) are a VA Office of Rural Health program.*

More than one in seven US adults—that's 37 million people—are estimated to have chronic kidney disease (CKD), according to the National Institutes of Health. The

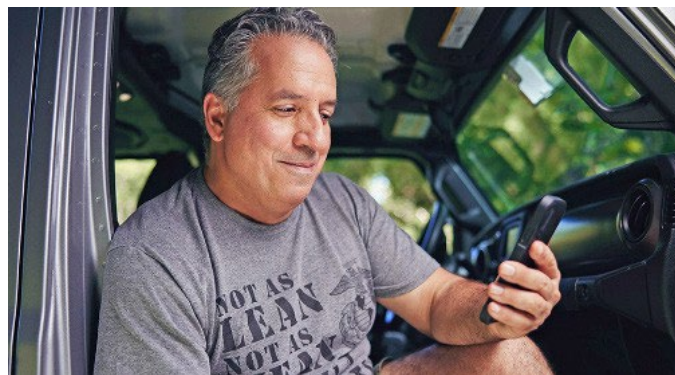


prevalence within the Veteran population is estimated to be 34 percent higher than the general population.

Due to a national shortage of nephrologists (kidney specialists), Veterans seeking treatment for CKD in rural communities have said they can live hours from the nearest specialist and it can take over six months to be seen outside of the VA system.

Enter Clinical Resource Hubs, a national program launched by VA to tackle access to care issues by deploying innovative technologies and resources to improve access to a wide range of specialties, including much needed nephrology services. All 18 VISNs have a CRH that can help support access to clinical care for Veterans when local facilities have gaps in staffing.

"This is one of those instances where VA cannot rely on the community to step in and provide specialty care," said Dr. David T. Moore, a VA Clinical Resource Hubs (CRH) director.



### Bringing specialized kidney services to rural communities

Moore and Kathy Tuozzo, MSN, CRH associate chief nurse, are working with nephrologists in Boston and Connecticut led by Dr. Ramon Bonegio and Dr. Susan Crowley to apply this approach nationally.

They are tapping into New England's wealth of medical training programs and specialty services, connecting nephrologists at affiliated universities with rural VISNs. In doing so, the VISN 1 CRH is bringing these specialized services to rural communities ranging from Maine to the Rocky Mountains.

This program is also building capacity and expertise to treat CKD locally at rural facilities. At facilities without an on-site nephrologist, CRH specialists from Boston and Connecticut are training nurses and Advanced Practice Providers to become local experts in kidney care so that they can take care of their own panels of patients under guidance from the remote nephrologists in New England. *(continued on page 8)*



*Kidney Care Expands with Clinical Resource Hubs (continued from page 7)*

### Provided services for more than 500 Veterans

“Through CRH, you can really start to see we are building this valuable infrastructure for doing interfacility care whether it be in the same time zone or not,” said Dr. Moore.

Already, the program is seeing improvements in outcomes. Veterans in the CRH telenephrology program are transitioning to dialysis with safer types of vascular access and are receiving newer treatments such as SGLT2 inhibitors, which reduce the need for dialysis and transplant.

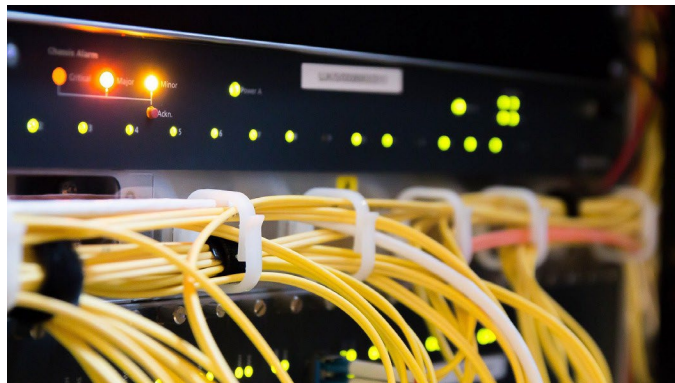
The [VISN 1](#) CRH telenephrology program is providing excellent care to Veterans from coast to coast. To date, over 500 Veterans have received telenephrology services from this innovative program.

For more on how CRH is working to expand care for rural Veterans nationwide, see [VA Enterprise-Wide Initiatives here](#). ▶

## Funding Opportunity: Broadband Access for Rural America

BY U.S. DEPARTMENT OF AGRICULTURE

Broadband is important for Veterans’ health care, jobs, and social connections. But for rural Veterans, access to sufficient broadband speeds can be a challenge. VA is working with agencies across the federal government as part of the [Rural Partners Network](#) to collaboratively solve rural challenges such as lack of broadband access. [The ReConnect Loan and Grant program](#), offered by the U.S. Department of Agriculture, is targeted toward rural communities that lack sufficient broadband coverage.



The ReConnect program furnishes loans and grants to provide funds for the costs of construction, improvement, or acquisition of facilities and equipment needed to provide broadband service in eligible rural areas. Eligible applicants include corporations, cooperatives, state or local governments, and Indian Tribes. Please note that individuals are not allowed to apply but are encouraged to contact their local community leaders or groups to share this information with them and encourage them to apply.

The application period for the ReConnect program runs from September 6 to November 2, 2022. Loans are reviewed on a rolling basis. The grants are competitive and will be scored based on rurality of the proposed service area, the level of existing service, the economic need of the community and other factors.



Please visit [www.usda.gov/reconnect](https://www.usda.gov/reconnect) for more information and helpful webinars on the application process. There is also a mapping tool that can be used to see if an area will qualify. To date, more than \$1.8 billion has been invested through the ReConnect Program. FY2022 Program Awardees are listed here: <https://www.usda.gov/reconnect/round-three-awardees>.

Individuals seeking assistance with virtual health care can visit <https://telehealth.va.gov/digital-divide> for more information on VA telehealth programs. ▶



# Military Environmental Exposures Certification Now Enrolling Health Care Providers

BY VETERANS HEALTH ADMINISTRATION (VHA) EMPLOYEE EDUCATION SYSTEM (EES) STAFF

Health care providers can ensure they are equipped to identify and address the health consequences from possible military environment exposures in Veterans by earning a certification in military environmental exposures.

Exposure to Agent Orange, airborne hazards/burn pits, and Gulf War illness are among many well-publicized exposures and conditions that health care providers may not be prepared to diagnose and manage. To better train those who care for Veterans, the U.S. Department of Veterans Affairs (VA) has partnered with the American College of Preventive Medicine (ACPM) to offer the [Level I Certification in Military Environmental Exposures](#). This certification, which is available to both VA and non-VA providers, will equip participants with the skills and knowledge needed to effectively identify, treat, and manage the effects of possible environmental exposures in Veterans.

The learning modules for this certification, developed by VA's [War Related Illness and Injury Study Center](#), cover deployment-related environmental exposures, airborne hazards, Gulf War illness, chronic multi-symptom illness, depleted uranium, and toxic embedded fragments. Modules are available on the [VA Talent Management System \(TMS\)](#)

for VA employees, or on [TrainingFinder Real-time Affiliate Integrated Network \(TRAIN\)](#) for providers outside of VA.

"This certification will give providers the knowledge needed to address deployment-related health concerns for Veterans with a wide range of military service experiences," said Helena Chandler, director of the VA War Related Illness and Injury Study Center. She added, "It is an important and valuable credential to have."



For the Level I certification, providers can earn 5.75 continuing medical education credits and certification, at no cost, upon successful completion of a comprehensive exam. The modules and the certification exam can be completed on-demand within a six-month timeframe. VA will build on this certification later this year with an advanced Level II certification, which will add knowledge and expertise using case studies and clinical exposure scenarios.

Learn more about the certification and the steps for completion [here](#). ➤

## VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread Enterprise-Wide Initiatives through partnerships.

**Peter Kaboli**, M.D., M.S. Acting Executive Director

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## Questions? Comments?

Please feel free to email us at [ORHcomms@va.gov](mailto:ORHcomms@va.gov)

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