

THE RURAL CONNECTION

VA Office of Rural Health ♦ Fall 2023



Message from the Executive Director of the VA Office of Rural Health

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

As many of you know, September was Suicide Prevention Month – a time to highlight the important tools and resources to connect rural Veterans to mental health care and services.

The Office of Rural Health offers a wide range of mental health programs tailored to the unique challenges rural Veterans face.

Read more in Suicide Prevention Month: VA Office of Rural Health Resources and Mental Health Care in Rural Communities on page 2.

Kariann Drwal, the Director of the Home-based Cardiac & Pulmonary Rehabilitation Rural Promising Practices, has been selected as a Fellow of the American Association of Cardiovascular and Pulmonary Rehabilitation (FAACVPR).

Read more in Kariann Drwal is Selected as a Fellow of the American Association of Cardiovascular and Pulmonary Rehabilitation (FAACVPR) on page 3.

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U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

*Message from the VA Office of Rural Health's Executive Director
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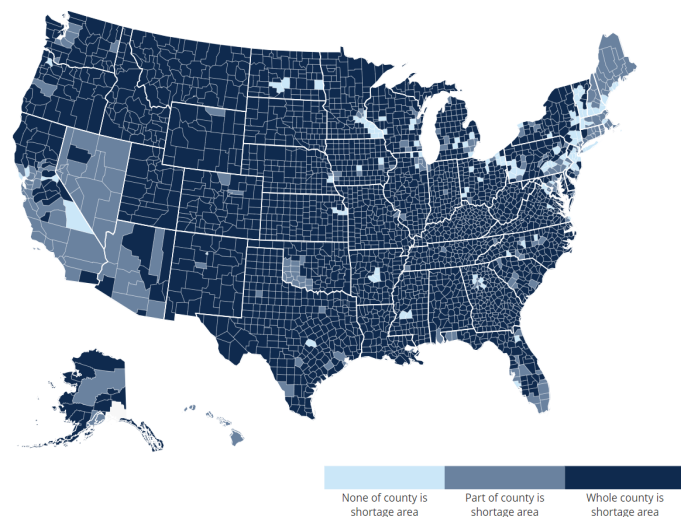
Medical education is one of the U.S. Department of Veterans Affairs' (VA) four congressionally mandated statutory missions and focus for educational leadership within VA hospitals.

Read more in Maximizing Ongoing Development in Educational Leadership for VA Hospitalists on pages 5-6. ♦

Suicide Prevention Month: VA Office of Rural Health Resources and Mental Health Care in Rural Communities

BY **MARY ELDER**, VA OFFICE OF RURAL HEALTH

As September and Suicide Prevention Month end, it's important to review the resources and tools VA's Office of Rural Health provides to rural Veterans. Mental health and suicide prevention resources are especially critical in rural communities – where 20% of rural residents have a mental illness and 60% of rural residents live in a mental health professional shortage area.



The above map shows mental health professional shortage areas by county in 2023. In each designated Health Professional Shortage Areas, there is one mental health professional for every 30,000 people. ([Data](#), [HRSA.gov](#))

While both rural and urban residents experience mental illness, their ability to access the services they need may vary. In particular, rural Veterans are...

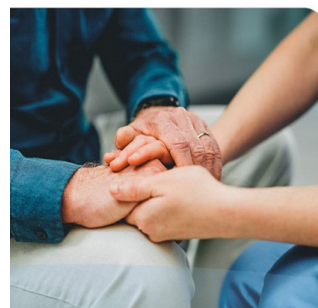
- ♦ Less likely to identify as needing mental health care,
- ♦ Using less outpatient mental health care,
- ♦ More likely to use primary care providers for mental health care,
- ♦ Presenting later with more severe symptoms,
- ♦ And requiring more expensive and intensive treatment

The Office of Rural Health funds several mental health programs, including:

- ♦ Rural Suicide Prevention
- ♦ Clinical Resource Hubs - Telemental Health
- ♦ Community Clergy Training to Support Rural Veterans Mental Health
- ♦ Social Work in Patient Aligned Care Teams (PACT)
- ♦ Advanced Care Planning via Group Visits
- ♦ Rural Access Network for Growth Enhancement

Additionally, Together with Veterans is a community partnership between Veterans and local health systems. This rural suicide prevention program implements multiple evidence-based practices for suicide prevention. The program trains community Veterans to be leaders of change and enhances rural communities' capacity to support Veteran needs.

The Veterans Crisis Line also provides confidential crisis support for Veterans and their loved ones. Veterans do not have to be enrolled in VA benefits or health care to connect. Veterans Crisis Line responders provide caring, qualified support 24/7. Veterans can Dial 988 then Press 1, [chat live](#), or text 838255. ♦



The Veterans Crisis Line is available for **all** Veterans and their loved ones.

Kariann Drwal is Selected as a Fellow of the American Association of Cardiovascular and Pulmonary Rehabilitation (FAACVPR)

BY **KARIANN DRWal**, DIRECTOR OF THE HOME-BASED CARDIAC & PULMONARY REHABILITATION RURAL PROMISING PRACTICES

The Office of Rural Health is pleased to announce that Kariann Drwal, the Director of the Home-based Cardiac & Pulmonary Rehabilitation Rural Promising Practices, has received the honor of being selected as a Fellow of the American Association of Cardiovascular and Pulmonary Rehabilitation (FAACVPR). Individuals are designated as FAACVPR in recognition of significant professional achievements and outstanding service in the field of Cardiopulmonary Rehabilitation.

Ms. Drwal has been with the Office of Rural Health's Veterans Rural Health Resource Center (VRHRC) in Iowa City since 2010. Over the past 13 years, she has directed the development, continuous improvement, and implementation of the Home-based Cardiac and Pulmonary Rehab Programs in over 60 VA programs across the country. These programs are credited with increasing access to cardiac and pulmonary rehabilitation services in the VA health care system, as evidenced by more than 12,000 Veteran participants since program inception.

Kariann was presented with this recognition during the Awards Recipient Showcase Ceremony that was held at the 38th AACVPR Annual Meeting in Milwaukee, WI, in September 2023. ♦

Clinical Resource Hubs Increase Access to Care for Half a Million Veterans

BY **DR. ADDISON RAGAN**, NATIONAL CLINICAL RESOURCES HUBS PHARMACY PROGRAM MANAGER

Jonathan P. lives in the great north woods of New Hampshire – far from the large VA medical facility that serves his region. For years, Jonathan received care for respiratory problems as well as treatment for his lower back, knee, and ankle from a team of dedicated providers at the Littleton Community Based Outpatient Clinic (CBOC).

In 2022, travel became more difficult for Jonathan, so the Littleton clinic called on a growing VA resource – Clinical Resource Hubs (CRH) – to ensure that he and other Veterans continued to receive high-quality care despite the distance.

Clinical Resource Hubs are established at all 18 of VA's health care networks to offer a combination of in-person care and telehealth services that eliminate gaps in care and meet the changing needs of medical facilities. For CBOCs and other VA facilities, CRHs provide infrastructure to increase access to a full range of VA clinical services when local sites experience gaps in care. Thanks to telehealth capabilities, the hybrid program allows rural Veterans like Jonathan to get the care they need, when they need it, regardless of location.

Access to care for half a million Veterans

Since its start in 2015, CRHs have grown exponentially. Today, more than half a million Veterans have received care through the program at nearly 90% of VA sites of care across the U.S. And the number of appointments for mental health care, primary care, and specialty care (clinical pharmacy, rehabilitation, and pain management) has surpassed 2 million. Clinical Resource Hubs are uniquely positioned to offer innovative, tailored health care solutions nationwide.

For example, in the South-Central VA Health Care Network, CRH deploys emergency clinic support for local sites in the aftermath of hurricanes, helping to ensure continuity of care for Veterans. And when facilities lose specialists like geriatric psychiatrists, CRH providers step in to [provide mental health care support](#) to Veterans. (continued on page 4)

Clinical Resource Hubs Increase Access to Care for Half a Million Veterans (continued from page 3)

For Veterans trying to navigate depression, pain management treatment, and tobacco cessation who live too far from VA facilities to join in-person support groups, [CRHs provide virtual spaces to connect](#).

For Veterans like Jonathan, connecting virtually with a CRH provider has made all the difference. “They go above and beyond. I wish more Veterans knew. They make it pain-free and simple to access care. It’s no struggle,” he said.

For more on how Clinical Resource Hubs make a difference in VA health care, visit [Clinical Resource Hubs \(CRH\)](#). ♦

Laura Fox Invited to Participate in Discussion of VA Telehealth Best Practices for Outreach to Native American Populations

BY **JAMIE P. MORGAN**, DIRECTOR, HIV PROGRAM, INFECTIOUS DISEASE DIVISION, JAMES A HALEY VA, TAMPA, FL

Laura Fox, part of the HIV Telehealth Collaborative Care (TCC) site team in Phoenix, Arizona, was invited to the Presidential Advisory Council on HIV/AIDS (PACHA) conference earlier this year. She shared best practices for telehealth care for Native American populations as part of the Veterans Health Administration (VHA) Office of Rural Health (ORH) HIV TCC and VHA-wide experience.

Laura has participated in other conferences, such as the American Conference for the Treatment of HIV (ACTHIV) and STD Engage 2023 in New Orleans. As part of these experiences, she has been able to network with other subject matter experts such as Harold Phillips, who currently serves as the lead of the White House Office of National AIDS Policy (ONAP).

Laura and the Phoenix VA team, led by ID site lead chief Dr. Justin Seroy, plan to continue these important rural telehealth outreach efforts moving forward. ♦

VA, A Recognized Leader in Providing Age-Friendly Care

BY THE VETERANS HEALTH ADMINISTRATION

The U.S. population over the age of 65 years old is expected to nearly double over the next 30 years. In preparation for this change, VA has joined the Age-Friendly Health Systems movement to ensure that every Veteran is provided with safe, high-quality health care aligned with their unique goals and preferences as they age.

VHA’s Office of Geriatrics and Extended Care (GEC) has set a goal for VA to become the largest integrated health care system in the nation to be recognized by the Institute for Healthcare Improvement (IHI) for its commitment to age-friendly care.

We are making significant progress towards this goal. Over 220 care settings at 107 VA medical centers have earned recognition from [IHI](#) for their implementation of the Age-Friendly 4Ms:

- ♦ **What Matters:** Know and align care with each older Veteran’s specific health outcome goals and care preferences, including but not limited to end-of-life care.
- ♦ **Medication:** If medication is necessary, use age-friendly medications that do not interfere with “What Matters” to the older Veteran, “Mobility” or “Mentation.”
- ♦ **Mentation (Mind):** Prevent, identify, treat, and manage dementia, depression, and delirium.
- ♦ **Mobility:** Ensure that older Veterans move safely every day to maintain function and do “What Matters” to them.

From October 2022 through May 2023, GEC led over 180 teams through the first VA Age-Friendly Action Community, accelerating adoption of the 4Ms through a series of monthly webinars and coaching calls.

Thank you to all VA leaders and front-line staff who strive to provide age-friendly care to Veterans. Our commitment to this movement will ensure that Veterans of all ages reliably receive the care they deserve. ♦

2022 HSR&D Awardees Announced for Outstanding Mentor, Best Research Paper, and Health System Impact

BY VA HEALTH SERVICES AND DEVELOPMENT
SERVICES

Daniel Deykin Award for Outstanding Mentor

Sarah L. Krein, PhD, RN, received the 2022 HSR&D Daniel Deykin Award for Outstanding Mentor. This award is presented each year to an HSR&D researcher(s) who shows outstanding dedication to mentoring the next generation of researchers. Skills recognized are fostering an appreciation for the vital input provided by VA stakeholders, including policymakers and Veterans, and guiding mentees toward an understanding of the positive impact research can have on the health and care of Veterans.

Best Research Paper of the Year

The 2022 Best Research Paper of the Year award yielded a three-way tie, which is shared by **Kritee Gujral, PhD, David Oslin, MD, and John Piette, MSc, PhD**, for their respective papers. This award honors an article or collection of articles resulting from one or more HSR&D- or QUERI-funded investigations. Research studies also must involve Veterans, with results that are important to Veterans' care and to the VA health care system.

Health System Impact Award

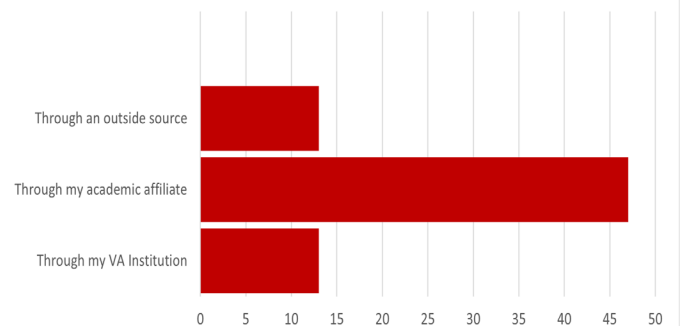
Laura Damschroder, MS, MPH, received the 2022 HSR&D Health System Impact Award. This award honors HSR&D- and/or QUERI-funded research that had a direct and important impact on clinical practice or clinical policy within the VA health care system – and that has been successfully translated into VA's policy or operations. ♦

Maximizing Ongoing Development in Educational Leadership for VA Hospitals

BY **LAURA CAPUTO, MD**, PROGRAM DIRECTOR FOR
PROJECT MODEL AND ASSISTANT PROFESSOR OF
MEDICINE, DUKE UNIVERSITY SCHOOL OF MEDICINE

Dating back to the 1940s, medical education has been one of VA's four congressionally mandated statutory missions. (1) Hospitalists shoulder a large portion of the burden of inpatient teaching (2) but the unique needs of both our Veteran population (3) and today's generation of learners make the balance between clinical care and education challenging. (4) Rural VA institutions may find preparation for this mission particularly difficult given their relatively small size, geographic distance from academic affiliates, or lack of faculty appointments. Nonetheless, rural VA facilities continue to welcome health professions trainees onto their inpatient wards and providers deserve training to prepare them for this role.

Q14 - To your knowledge, what access do you have to faculty development for training for your role as clinician educator? Select all that apply:



Results from national needs assessment (5)

In response to this need for VA-specific training in medical education, hospitalists across the country have come together with the Office of Rural Health to create Project MODEL. MODEL is a concise, high-impact faculty and professional development program meant to improve VA providers' confidence in and enjoyment of teaching on the inpatient wards. The curriculum provides five hours of live discussion addressing some of the most difficult aspects of clinical education as reported by a national needs assessment of VA hospitalists. (5) The curriculum was designed specifically to fit the busy demands of interprofessional inpatient providers and serves as a foundation for conversations that can continue long after the series has been completed. *(continued on page 6)*

Maximizing Ongoing Development in Educational Leadership for VA Hospitalists (continued from page 5)

Additionally, MODEL's fully virtual synchronous format allows for collaboration among VA facilities nationwide. This allows rural and non-rural facilities to share best practices in inpatient teaching through the unique lens of VA health care. In this way, MODEL is creating partnerships among VA facilities and fostering a culture of medical education within the greater hospitalist community.

Participants shared their thoughts on MODEL:

- ♦ "I liked the casual conversation about tough subjects. We could bring up whatever we wanted, and it would get discussed."
- ♦ "[Project MODEL had] practical tips for teaching during inpatient rounds, and opportunities to share strategies with others."

To date, 24 VA hospitals have participated in Project MODEL. We are actively enrolling for FY24 to expand our cohort of collaborative clinician educators. For more information on how to enroll your VA facility, please contact Laura.Caputo@va.gov.

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- (3) Eibner C, Krull H, Brown KM, et al. Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs. *RAND Health Quarterly*, 2016; 5(4):13.
- (4) Waljee JF, Chopra V, Saint S. Mentoring Millennials. *JAMA.* 2020;323(17):1716-1717.
- (5) Caputo, Laura, Julia Armendariz, Joel Boggan, Mary Katherine Charles, Lily Huang, Dinithi Iddawela, Cynthia ♦

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.

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