

**ORAL STATEMENT OF
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U.S. DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
JUNE 20, 2011**

Good Morning, Madam Chairwoman and Members of the Committee. Thank you for inviting us here today to discuss the accessibility and quality of health care for Veterans residing in the Upper Peninsula of Michigan. I am Dr. Mary Beth Skupien, National Director for the Department of Veterans Affairs (VA) Office of Rural Health (ORH). I am a native of the Upper Peninsula, and it is an honor to be here today and to serve the rural and highly rural Veterans here and across the country.

My testimony today will provide an overview of ORH, discuss the services and outreach we are performing for Veterans in rural and highly rural areas, and discuss the improvements we are making in ORH.

Health-Improvement to the Delivery of Rural Health Care

As Mr. Rice stated, rural Veterans face many challenges when it comes to health care, and VA is committed to enhancing the care rural Veterans receive. The many successful rural health project outcomes and positive impact for Veterans as a result of ORH funding for the Iron Mountain catchment area is a model for other rural VA communities. The Iron Mountain VAMC has been able to measure and demonstrate the positive impact with the rural Veterans as a result of ORH funding.

Office of Rural Health

VA's national ORH provides support and funding to ensure Veterans living in rural and highly rural areas have access to the care and services they need. Its mission is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support their unique needs. ORH has invested resources to implement projects across the country. Over \$500 million was dedicated to these projects in FY 2009 and 2010, and we have dedicated another \$250 million in FY 2011. These funds supported national and local initiatives in expanding telehealth, home-based primary care, mental health care, education and training, rural CBOCs and outreach clinics, rural hiring initiatives, VISN-specific initiatives, community outreach, transportation programs, and other efforts. In FY 2011, VA is using ORH funding to further expand national telehealth programs, implement Project ARCH—Access Received Closer to Home—sustain tele-radiology

services, home-based primary care, and support a range of VISN initiatives mentioned above.

OIG Rural Health Final Report

In FY 2010, VA's Office of Inspector General (OIG) reviewed ORH and made six recommendations to improve accountability and use of resources. We have concurred with all six recommendations, and ORH has accomplished work to address five of the six recommendations. ORH has hired nine new staff in the past 10 months, including a Director and Deputy Director who have collectively more than 60 years of rural health experience. In FY 2010, ORH realigned the Veteran Rural Health Resource Centers under the leadership of the ORH Director. ORH is working to complete an updated strategic plan, project data tracking system and functional evaluation before the end of FY 2011. ORH project monitoring is ongoing utilizing data collection and aggregation mechanisms, and work has continued to improve the processes through development of a Web-based project monitoring system. Reassessment of rural health initiatives will be completed by August 2011, utilizing health needs assessments and geographic needs assessments from all VISNs, as well as performance and measures accomplishments and analysis of compliance with ORH, VHA, and VA priorities and strategic planning objectives.

Conclusion

Thank you again for the opportunity to discuss the work VA's Office of Rural Health is doing to improve access and quality care for Veterans in the Upper Peninsula of Michigan. My colleagues and I look forward to answering your questions.