Office of Rural Health
Advisory Committee on Women Veterans

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Office of the ADUSH for Policy and Planning

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VA Mission:
“...to care for him who shall have borne the battle and for his widow and orphan...”

VA Core Values:
“I CARE” - Integrity, Commitment, Advocacy, Respect and Excellence

VA Characteristics:
Trustworthy, Accessible, Quality, Innovative, Agile and Integrated
VETERANS HEALTH ADMINISTRATION (VHA) MISSION STATEMENT
Honor America’s Veterans by providing exceptional health care that improves their health and well-being.

VETERANS HEALTH ADMINISTRATION VISION STATEMENT
VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.
This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.
It will emphasize prevention and population health and contribute to the Nation’s well-being through education, research and service in national emergencies.
ORH Mission

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.

- Collaborate with VA program offices, other Federal and state partners and rural health communities to build partnerships.
- Engage in studies and analyses and promulgate best practices.
- Translate research and best practices into policy and measurable impacts.
ORH Areas of Focus

Areas of Focus - Six Goals:

- Improve access and quality of care through measurement, evaluation, & documenting impact of best practices in rural health.
- Optimize use of available and emerging health information technologies.
- Maximize use of existing and emerging studies and analyses to improve care delivered to rural Veterans.
ORH Areas of Focus

Areas of Focus - Six Goals *(continued)*:

– Improve availability of education and training for VA and non-VA providers by increasing distance learning and developing new education resources for health care professionals.

– Enhance existing and implement new strategies to improve and begin new collaborations and increase service options for rural Veterans.

– Develop innovative methods to identify, recruit and retain health care professionals and expertise in rural communities.
Rural Veteran Enrollment: FY2006-FY2010

- 2006-07: 2,969,244
- 2007-08: 3,190,369
- 2008-09: 3,298,221
- 2009-10: 3,407,718

Change from previous fiscal year:
- FY06-07: N/A
- FY07-08: 7.7%
- FY08-09: 3.4%
- FY09-10: 3.3%
“Refreshing” the ORH Strategic Plan

ORH Strategic Plan “Refresh” process in FY 2011:

• ORH Stakeholders part of Working Group to Refresh ORH Strategic Plan (~ 40 Internal/External Partners)
• Reviewed pertinent documents.
• Summarized: a) accomplishments for each goal, b) initiatives/demonstration projects underway.
• Assessed gaps and needs identified in the Needs Assessments.
• Made recommendations for: 1) Revising 2) Eliminating or 3) Creating new objectives associated with goal.
• Wrote new narrative for each revised or new objective.
• Recommended new initiatives and performance measures for each new or revised objective.
• ORH staff assembled goal updates from each workgroup, wrote executive summary, and realigned projects with new objectives.
• ORH strategic planning group drafted final document. Going through the final clearance.
ORH Resources

- **Veterans Rural Health Resource Centers (VRHRCs)**
  - Three regional centers: Gainesville, FL; Iowa City, IA; Salt Lake City, UT.
  - Function as field-based clinical laboratories for demonstration projects/pilot projects.
  - Serve as rural health experts.
  - Act as educational and clinical repositories.
  - Provide programmatic support to ORH.

- **VISN Rural Consultants (VRCs)**
  - Serve as primary interface between ORH and VISN rural activities.
  - Develop rural health service plans based on VISN-wide needs assessments
  - Facilitate information sharing across the VISNs.
  - Perform outreach to develop community relationships.

- **Veterans’ Rural Health Advisory Committee (VRHAC)**
  - Federal advisory committee to advise the Secretary of Veterans Affairs on health care issues affecting enrolled Veterans residing in rural areas.
  - Evaluate current program activities and identify barriers to providing rural health care services.
  - May adopt recommendations to enhance or improve VA rural health care services.
## Fiscal Year 2009 ORH Funding

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding</th>
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</thead>
<tbody>
<tr>
<td>VISN Initiatives</td>
<td>$21,700,000</td>
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<tr>
<td>Telehealth/Telemedicine Expansion</td>
<td>$66,193,322</td>
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<tr>
<td>Home Based Primary Care Expansion</td>
<td>$36,323,645</td>
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<tr>
<td>Mental Health Programs</td>
<td>$11,340,480</td>
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<tr>
<td>Health Care Service Expansion</td>
<td>$14,011,988</td>
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<tr>
<td>Outreach Initiatives</td>
<td>$28,946,984</td>
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<tr>
<td>Education and Training</td>
<td>$9,093,375</td>
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<tr>
<td>Other</td>
<td>$12,794,488</td>
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<tr>
<td><strong>Total:</strong></td>
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### Fiscal Year 2010 ORH Funding

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<th>Funding</th>
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<tbody>
<tr>
<td>Telehealth/Telemedicine Expansion</td>
<td>$4,718,846</td>
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<td>Home Based Primary Care Expansion</td>
<td>$953,640</td>
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<td>Mental Health Programs</td>
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<td>Health Care Service Expansion</td>
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<td>Outreach Initiatives</td>
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<td>Education and Training</td>
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<td>Fee Care</td>
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<td>Other</td>
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<td><strong>Total:</strong></td>
<td><strong>$312,533,474</strong></td>
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## Fiscal Year 2011 ORH Funding

Fiscal Year 2011-$250 Million-Operating Plan

<table>
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<tr>
<th>Category</th>
<th>Funding</th>
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<tbody>
<tr>
<td>Sustainment Projects</td>
<td>$163,500,000</td>
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<tr>
<td>Community-Based Outpatient Clinics (CBOC)</td>
<td>$70,500,000</td>
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<tr>
<td>Public Law 110-387 Section 403</td>
<td>$16,000,000</td>
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<td><strong>Total:</strong></td>
<td><strong>$250,000,000</strong></td>
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Fiscal Year 2012 ORH Funding

Fiscal Year 2012-$250 Million-Operating Plan

<table>
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<tr>
<th>Category</th>
<th>Funding</th>
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</thead>
<tbody>
<tr>
<td>Sustainment Projects (includes CBOCs)</td>
<td>~$209,000,000</td>
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<tr>
<td>New Projects: (Transportation, outreach, geriatrics, HBPC, women’s health, telehealth, training &amp; education)</td>
<td>~$11,000,000</td>
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<tr>
<td>Public Law 110-387 Section 403-Project ARCH (Access Received Closer to Home)</td>
<td>$30,000,000</td>
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<td><strong>Total:</strong></td>
<td><strong>$250,000,000</strong></td>
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ORH Accomplishments

• Over 500 ORH Projects and Programs
  – VA National Programs
    ▪ Rural community based outpatient clinics (CBOCs), tele-health, mental health, women Veterans health, homeless, home based primary care (HBPC), outreach clinics, behavioral health, Patient Aligned Care Team (PACT), transportation, other.
  – VISN/VISN Rural Consultant Projects
    ▪ Tele-health, optometry, podiatry, diabetes, case management, mental health, women’s health, homeless, transportation, communications improvement, substance abuse treatment, social services, mobile clinics.
  – Veterans Rural Health Resource Center
    ▪ Studies: Tobacco cessation, suicide-related mortality analysis, rural surgery needs and strategies, transportation needs assessment, others.
FY 11 ORH Communications Plan

• First, Second, and Third Newsletters done.
  – Focus on Outreach, ORH sponsored Telehealth projects & Native American Health Partnerships with ORH.
  – All Resource Centers & Native Domain Highlighted.
  – My HealtheVet enhancements publicized.

• Dissemination.
  – Continue development of email contact list.
  – ORH Booths at relevant National conferences/meetings.
  – Write articles for other VA/Veteran Service Organizations (VSO) publications/blogs.
  – Presentations at National meetings.
ORH Website

www.ruralhealth.va.gov
Recommendation 9: That VA ensures rural health mobile vans and clinics have standardized protocols for providing care to rural women Veterans that ensure access and availability of health care screenings, and treatment; are appropriately equipped and staffed with specially trained personnel to adequately address the gender-specific health care needs of women Veterans; and have standardized protocols to address issues that require follow-up or referral.
Rural Mobile Clinics

• Healthcare Empowerment Respect VA (HERVA): Jackson, Mississippi
  – Mobile medical unit that provides primary care screening: acute care, mental health, and cardiovascular emergencies. Is staffed with nurses. Women’s coordinator also often present.
  – Service 54 counties in MS and 6 parishes in LA.
  – Collaboration with community partners and other VA departments.
  – Perform outreach and education to women Veterans. Gives out women specific items (e.g., shower hangers for breast exams, DVDs on female health promotion and osteoporosis).
Rural Mobile Clinics

• Rural Mobile Health Clinic Pilot: Bingham, Maine
  – Full-time women Nurse Practitioner trained to provide comprehensive primary care according to VHA standardized protocols for women Veterans.
  – Provide women specific primary care (e.g., pap smears, breast cancer screenings).
  – In FY11, 44 women Veterans received services.

• Rural Mobile Clinic (RMC) – Clarksburg, West Virginia
  – Preventive healthcare screenings, mental health outreach, vaccines, routine primary care.
  – Starting in FY12, each woman seen will be offered a clinical video telehealth consult with the women health coordinator at Clarksburg to discuss what women health services are available at the Clarksburg Medical Center and 4 CBOCs (Morgantown, Parsons, Flatwoods, and Parkersburg).
  – RMC travels to 6 sites (visits 5 of the 6 sites twice a month and the remaining site once a month). At each site for 6 hours (will expand to 8 hours).
Other Mobile Programs

• Mobile Medical Unit (MMU)
  – South Texas Veterans Health Care System (Kerrville Division) - Provide screening and education services for the detection of breast cancer.

• Mobile Mini-Residency Training Program (VISN 5)
  – Conduct training program on gender-specific topics, including contraception, cervical cancer screening, breast & pelvic exam, pap smears, abnormal uterine bleeding, STDs, and readjustment to post-deployment.
  – In FY11, there have been 127 attendees (89% female)
Other Rural Women Initiatives

– VISN 5 – Women Veterans Health Program – Conducted women-specific needs assessment. Hired 4 nurse practitioners to provide clinical, training, education, and outreach services to rural women Veterans. In FY11, have served 350 women Veterans.

– VISN 6 – Rural Women Veterans Health Care Program – Conducted women-specific needs assessment. Trained 67 physicians and nurses to provide services to rural women Veterans. Perform outreach. Purchased specialized OB/GYN equipment for CBOCs.

– VISN 10 – Women’s Diagnostic Coordinator – Nurse coordinates Mammography and Pap tests for all Veterans utilizing the Chillicothe VAMC and its 5 CBOCs. Order, track, and follow-up with the community providers. In FY11, have served 1197 women Veterans.
New Women Veteran Initiatives

• Will partner with The Women Veterans Health Strategic Health Care Group to develop new programs:
  – Enhancement of Care to Women Veterans through Women’s Health Education Initiatives: Implement women’s mini-residency programs in 5-10 VISNs.
  – Enhancement of Care to Women Veterans through Women’s Health Telehealth Initiatives: Provide tele-consultation for women’s primary care and basic gynecology for providers; tele-gynecology; care coordination for gender specific issues (i.e., maternity care/high risk patients); and tele-pharmacy.
14,024 Rural Women Veterans Served
In FY11 (QTRs 1-3)
Future and Ongoing Women Collaborations

• Will collaborate with The Women Veterans Health Strategic Health Care Group to develop a video on proper etiquette when transporting women Veterans. This will be produced with the assistance of EES and distributed to Volunteer services to show to Volunteer Drivers.

• Continue to participate in regular conference calls with the Rural Women Veterans Steering Committee.

• Focus on Education activities:
  – Collaborate with The Women Veterans Health Strategic Health Care Group to provide Rural Women’s Health programs (e.g., presentation at Women Veterans Program Manager Conferences).
Contact Information

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