U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
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ORH PROJECT OVERVIEW

Personalized Implementation of Virtual Treatments for Rural Veterans: PIVOT-R

Background

Rural Veterans have a 13.5% higher rate of suicide,[1] limited access to mental health (MH) care in Department of Veterans Affairs (VA) Veterans Health Administration (VHA) facilities and the community,[2] and greater difficulty obtaining specialty or evidence-based MH care than urban Veterans.[3-4] Rural Veterans also face significant barriers to in person care including travel time/distance, work or family duties, and stigma. The MISSION ACT expanded options for Veterans to receive non-VA community care, but rural Veterans often face long waits for community care due to significant provider shortages. VA Video Connect (VVC), VA's version of video telehealth, can improve access. However, rural Veterans are less likely to use VVC for MH care than urban Veterans, and rural facilities and providers struggle to fully implement VVC.

The ORH Veterans Rural Health Resource Center-Salt Lake City project, "Personalized Implementation of Virtual Treatments for Rural Veterans (PIVOT-R"), is a flexible approach that emphasizes facility-level intervention and collaboration. Operational partners at the Office of Connected Care (OCC) and the Office of Mental Health (OMH) collaborate to support expansion of VVC for MH. PIVOT-R has demonstrated success in rural implementation of VVC, directly supporting the priorities emphasized by President Trump and Secretary Collins by expanding access to timely MH care for rural Veterans through innovative technology solutions and community partnerships. PIVOT-R's efforts to reach Veterans with serious mental illness who may not be engaged in VA services aligns with the Administration's focus on suicide prevention and reaching vulnerable Veterans where they are.

While ORH supports many implementation projects with demonstrated impact, including PIVOT-R, minimal guidance exists for sustained adoption beyond project funding. Rural-focused projects are susceptible to discontinuation due to resource constraints, workforce limitations, and unique needs of Veterans in rural areas. PIVOT-R can use its experience and rural implementation success to develop and test a systematic approach for long-term sustainment of rural-focused projects.

Goals and Objectives

PIVOT-R aims to improve access to MH care for rural Veterans by using a flexible implementation approach to support expansion of VVC at local VA facilities, while collaborating with operational partners in OCC and OMH.

Goals and Objectives *(continued)*

1. **Implementation Objectives:**
   Use PIVOT-R approach to support national initiatives and expand availability of VVC to a) improve MH access and optimize preference/choice in mode of care for rural Veterans, b) support VVC implementation and maintenance efforts at PIVOT-R partner facilities and affiliated VHA Community-based Outpatient Clinics (CBOCs).
2. **Community of Practice Objectives:**
   Expand and maintain VVC through the established PIVOT-R network of local telehealth champions at partner facilities. This collaborative network connects frontline providers who share resources, troubleshoot barriers in real-time, and develop innovative solutions for rural Veterans. This network actively supports and enhances existing VA communities of practice hosted by OCC and OMH.
3. **Evaluation Objectives:**
   Conduct ongoing, iterative evaluation of the PIVOT-R approach to a) refine and tailor implementation strategies to facility, clinic, and provider needs; b) understand rural Veteran experience and satisfaction with VVC; and c) inform development of a strategy for organizational adoption/systemic integration of PIVOT-R and other rural-focused projects beyond ORH funding.

Methodology

PIVOT-R employs an iterative, mixed-methods evaluation approach guided by the Consolidated Framework for Implementation Research (CFIR) and the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework. This methodology integrates quantitative metrics on utilization with qualitative data from stakeholders at multiple levels, including:

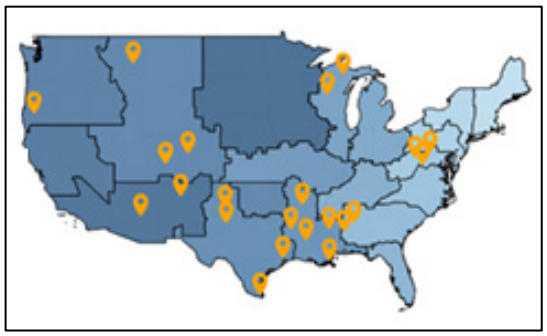
- Facility leadership and MH service chiefs
- Clinical providers and staff implementing VVC
- Rural Veterans receiving care via VVC

Comprehensive data collection allows us to continuously refine implementation strategies, address emerging barriers, and identify successful practices to be shared across the PIVOT-R network.

Impact on Rural Veteran Health

During fiscal year (FY) 2024, PIVOT-R supported VVC expansion or maintenance efforts at 22 VA medical centers and and 193 affiliated CBOCs. At partner facilities in the implementation phase, care was delivered:

- to 9,311 unique rural/highly rural Veterans
- during 29,161 VVC MH encounters
- conducted by 555 MH providers



Map of PIVOT-R Partner Sites

PIVOT-R has contributed to VA national implementation of VVC and helped virtualize care across VA during the COVID-19 pandemic:

- contributed to VVC/telehealth-related VA national workgroups, memos, and guidance.
- OMH integrated PIVOT-R approach into their national Telemental Health Champions program

PIVOT-R developed Team Facilitation Trainings to improve confidence using or introducing VVC, promote high functioning clinical teams, foster a culture of innovation, and enhance the PIVOT-R network. During FY 2024, PIVOT-R conducted seven Team Facilitation Trainings at five facilities:

- for 122 MH providers and staff
- across disciplines/roles (e.g., psychiatry, psychology, social work, nursing, peer support, scheduling)
- in multiple clinics (e.g., general MH, substance use, PTSD, homeless)

Return on Investment and Sustainability

PIVOT-R has demonstrated exceptional return on investment (ROI) since its inception, particularly during the COVID-19 pandemic when our established infrastructure enabled rapid virtualization of MH care for rural Veterans. Key ROI indicators include:

- Cost avoidance through reduced Veteran travel: In FY 2024 alone, PIVOT-R saved an estimated thousands of miles in Veteran travel and hundreds of thousands of dollars in reimbursement costs by delivering 29,161 VVC encounters to rural Veterans.
- Provider efficiency gains: Facilities utilizing the PIVOT-R approach report improved provider productivity and reduced appointment no-shows compared to in-person care.
- System-wide knowledge transfer: Training and resources developed by PIVOT-R have been adopted across VA, multiplying the initial investment's impact by informing national telehealth initiatives.
- Continuity of care during crisis: The PIVOT-R network ensured uninterrupted MH services during the pandemic, preventing costly care disruptions and possible deterioration of Veterans' MH.

Organizational adoption of PIVOT-R's approach represents the next phase of project development. The PIVOT-R team is actively working to identify key implementation ingredients to permanently integrate into the VA healthcare system. Institutionalizing these successful implementation strategies within VA's operational framework can maximize return on ORH’s investment and ensure long-term sustainability.

Key Takeaways

PIVOT-R has demonstrated consistent success in VVC implementation, reaching over 37,000 rural Veterans through partnerships with 22 VAMCs and 193 CBOCs, and yielding several critical insights:

- Facility and VISN level leadership engagement is essential for successful VVC expansion efforts.
  - Leaders with nuanced knowledge about local context drive adoption through performance metrics, active advocacy, and resource allocation.
  - Leadership support for technology infrastructure directly impacts implementation success.

- Strategic collaboration with operational partners amplifies PIVOT-R's implementation impact.
  - Creates valuable connections among stakeholders with shared goals.
  - Streamlines efforts to avoid duplication and optimize resource utilization.
  - Enhances PIVOT-R team visibility and credibility within the VA system
- Knowledge from PIVOT-R implementation provides a foundation for sustainable rural MH access.
  - Lessons learned can inform a systematic approach for organizational adoption beyond funding.
  - Implementation insights create opportunities for VA and community providers to collaborate.
  - PIVOT-R offers potential for reducing barriers between VA and non-VA health care systems.

PIVOT-R is positioned to translate its successful VA implementation strategies for broader community impact. Many PIVOT-R strategies can be adapted for non-VA rural clinics to improve care coordination and expand access to specialty MH care, including specialized treatments that address unique needs of Veterans (i.e., PTSD, substance use disorder treatment) which are often unavailable in rural communities. Expansion can help ensure all Veterans receive timely, quality care regardless of location.

References

1. Shiner, B., Peltzman, T., Cornelius, S. L., Gui, J., Forehand, J., & Watts, B. V. (2021). Recent trends in the rural–urban suicide disparity among veterans using VA health care. *Journal of behavioral medicine*, 44, 492-506.
2. Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. *Journal of clinical and translational science*, 4(5), 463-467.
3. Grubbs, K. M., Fortney, J. C., Kimbrell, T., Pyne, J. M., Hudson, T., Robinson, D., ... & Schnurr, P. P. (2017). Usual care for rural veterans with posttraumatic stress disorder. *The Journal of Rural Health*, 33(3), 290-296.
4. Ecker, A. H., Amspoker, A. B., Hogan, J. B., & Lindsay, J. A. (2021). The impact of co-occurring anxiety and Alcohol Use Disorders on Video Telehealth utilization among Rural Veterans. *Journal of technology in behavioral science*, 6, 314-319.

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