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

Total care Navigation coordination Triage (TcNcT):

Igniting Optimal Rural Veteran Mental Healthcare by Facilitating Telehealth to non-VA Settings

Background

One-third of the 8.3 million Veterans currently enrolled in the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) live in rural areas. contrasted with one-fifth of non-Veteran Americans.[1-3] One-third of those Veterans receiving VHA health care demonstrate at least one diagnosed mental health condition. Access and health care inequality between rural and suburban/urban Veterans may exist due to limited physical health care facilities, travel options and distance, and broadband internet access. One potential disparity mediator, a telehealth navigator collaborating with both VHA and rural community health care partners address Veteran and community digital access barriers and telehealth opportunities.[4-5]

Currently Western North Carolina (WNC) has access to varied resources to assist Veterans in participating in VA-provided mental health services; however, no point of contact exists to triage total care coordination including transportation, telehealth, housing, food security, and/or employment. The VHA Office of Rural Health (ORH) Veterans Rural Health Resource Center-Iowa City project, *Total care Navigation coordination Triage (TcNcT)* staff will focus initially on WNC VA Health Care System VAHCS Veterans diagnosed with depression by coordinating all possible VA and non-VA resources to achieve ongoing Veteran communication with mental health providers.

Goals and Objectives

This innovation program will provide rural living Western North Carolina (WNC) Veterans with tele-mental health service by VHA practitioners at secure non-VA medical center sites. There are three primary aims:

1. Establish a WNC VAHCS telehealth navigation triage (TNT) staff member, recruited from existing VHA staff and housed in the facility telehealth department to coordinate the following: Veterans, existing telehealth staff, VA mental health practitioners, non-VA secure sites for VA private telehealth sessions including community sites such as VFW and American Legion, libraries, Appalachian State University, Mountain Area Health Education Center; other non-VA community organizations to offer optimal telehealth access.

2. Use a health services research implementation science model to evaluate the emerging impact of this novel TcNcT role by including input from all shareholder groups:
    - Veterans diagnosed with mood and anxiety disorders (8),
    - non-VA community organizations (3), and
    - non-VA site locations for Veteran tele-mental health treatment sessions (2-3).
3. Record and assess descriptive data and a standardized general mental health measure, Short Warwick Edinburgh Mental Well Being Scale,[5] as well as a care satisfaction tool, Consumer Assessment of Healthcare Providers and Systems (CAHPS).[6]

Methodology

We will use a mixed-methods design to formatively and summary assess program development, execution, and outcome impact.

Aim 1 Outcomes:

During the phase 1, FY 2025 development phase the core team will work collaboratively with all partners to clearly define program parameters, planned activities, and reach. A formal process evaluation will measure how the TcNcT program is reaching targeted implementation target and services. This process evaluation and documentation will facilitate potential replication, scaling, and expansion.

Aim 2 Outcomes:

During program development and early implementation, we will identify existing data collection tools, instruments, and measures for examining short-term outcomes (e.g. a combination of existing frequency with a standardized Veteran satisfaction survey, CAHPS, etc.). Ensuring formal outcome measures are anchored to existing tele-health research and evaluation measure is important to compare TcNcT outcomes to previously published studies examining the use of tele-health services in rural and underserved communities.

Aim 3 Outcomes:

Qualitative interviews will be used to 1) assess the experiences of program participants, VA mental health practitioners, WNCVAHCS telehealth staff, and non-VA treatment site staff; 2) assessing potential barriers experienced by participating Veterans and VA mental health staff; and 3? Assessing potential barriers among those who may be eligible for services but did not participate. Rapid Qualitative Inquiry will provide additional context related that cannot be assessed with only quantitative instruments.

Impact on Rural Veteran Health

The pandemic-related rural telemedicine surge is receding as in-person visits are no longer restricted. The reemphasis on in-person care may have inadvertently reduced mental health care access to levels lower than during the pandemic when telehealth care was the only option. Rural living Veterans experience limited access to physical health care facilities, travel options, and private internet access. Investigating telehealth as one key care option revealed multiple local entities (VAHCS and non-VAHCS) offer this service. No one care coordinator exists currently to triage and facilitate telehealth services in a range of rural settings to provide the best continuous mental healthcare.

Key Takeaways

- Creating key community networks is vital to increasing Veteran mental telehealth access particularly important is locations trusted by Veterans.
- Veteran Service Organizations, American Legions, and other non-profit facilities offer these trusted locations for private, secure mental telehealth VA provided appointments.

References

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