U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
June 2025

ORH PROJECT OVERVIEW

VetCoor: Community of Practice

Background

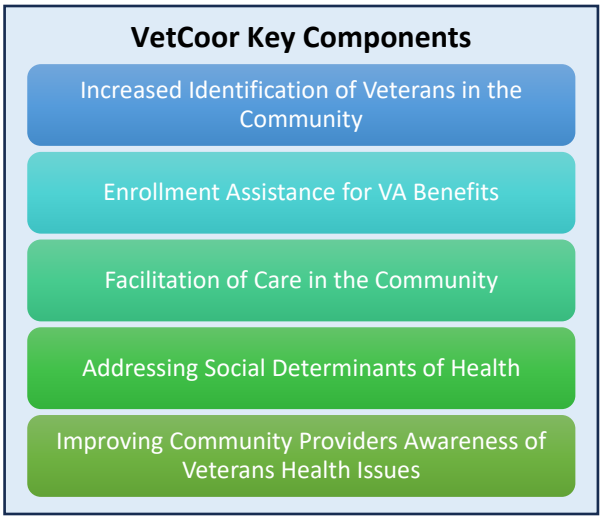
There is need for a clear strategy regarding the mutual roles played by community providers and the Department of Veterans Affairs (VA) Veterans Health Administration (VHA). This includes protocols for identification of Veterans in the community, care coordination, and VHA-community collaboration to ensure Veterans receive timely, high-quality care. Investigators at the VHA Office of Rural Health (ORH) Veterans Rural Health Resource Center-Iowa City are addressing this issue through the *Developing a Community of Practice between VA and Rural Community Health Centers to Enhance Coordinated Care for Rural Veterans* project. Known as VetCoor, the Veterans Care Coordination in Community Settings Program aims to promote a community of practice between VHA and community healthcare providers.

Between 40% and 70% of Veterans receive care outside of VHA facilities. Multiple reasons underlie Veteran use of non-VHA healthcare. Many Veterans choose not to enroll in VHA. Others use both VHA and community providers, often because they are dually-insured. Veterans may also seek care in the community that is reimbursed by VHA through the MISSION Act (Maintaining Internal Systems and Strengthening Integrated Outside Networks Act) or the original Veterans Access, Choice, and Accountability Act of 2014. These two pieces of legislation significantly expanded Veterans' eligibility for VHA reimbursed care outside VHA.

Goals and Objectives

1. **Setting:** VetCoor targets rural facilities designated by the U.S. Health Resources and Services Administration as safety-net healthcare facilities. Safety-net facilities provide comprehensive care to underserved populations and have an ongoing quality assurance program. These facilities provide care that meets federal quality standards at a cost comparable to Medicare reimbursement rates.
2. **Staffing:** VetCoor supports a 0.5 FTE for a community-based care coordinator with nursing, social work, or community health worker training.
3. **Technical Assistance:** VHA collaborators meet bi-weekly with site VetCoor staff to provide technical assistance regarding key components of the intervention. All sites also participate in a monthly **Community of Practice Call** to share best practices and learn about the broad range of VA benefits in addition to healthcare .

Methodology



STEP 1: Determining whether or not a patient in a community setting has ever served in the military.

Our team has developed and tested a strategy for effectively identifying Veterans who seek care in non-VHA clinics. When patients in participating clinics check-in, they are all asked: *"Have you ever served in the United States military, armed forces, or uniformed services?* This includes Air Force, Army, Coast Guard, Marines, Navy, National Guard and Reserves?" An initial pilot of this strategy yielded a 10-fold increase in Veteran census at one facility.

STEP 2: Conduct a thorough assessment of unmet medical needs and social determinants of health.

VetCoor coordinators meet with identified Veterans and identify any unresolved medical issues or needs. For example, is the Veteran struggling to manage a chronic condition? Are there mental health needs that are unmet? If so, the coordinator will make appropriate referrals. In addition, coordinators conduct a standard screen for social determinants of health to identify key barriers to healthcare such as lack of adequate housing or transportation.

STEP 3: Identify both VHA and community resources to address unmet need identified in Step 2.

To address needs identified in Step 2, the coordinator identifies medical and social services, both within VHA and the larger VA, as well as in the clinic and community where the VetCoor coordinator practices. The coordinator facilitates VHA enrollment if the Veteran is not enrolled, often in collaboration with the local Veteran Service Officer. The coordinator also arranges for VHA and community medical appointments to best meet Veteran needs. This may lead to scheduling for VHA Care in the Community referrals. Our VetCoor partners are in rural and remote settings where Veterans easily meet the distance criteria required for VHA to reimburse community care.

STEP 4: Ongoing Community of Practice

Each month, VetCoor holds a Community of Practice call for all VetCoor site coordinators. At these calls, a specialist from the local VHA presents about a topic relevant to community providers serving Veterans. These include VHA Transportation benefits, housing and HUD-VASH, or food insecurity, mental health (e.g., suicide prevention), and women's health. This Community of Practice call also allows VetCoor coordinators to present some of their successes. For example, one nurse-coordinator practicing within the rural Critical Access Hospital presented on her strategies regarding referrals for VHA Care in the Community, while another presented on the formal assessment of social determinants of health and how to harness state and local community resources to address these needs.

Impact on Rural Veteran Health

Our initial pilot included two Iowa sites, one a Critical Access Hospital and the other a Rural Health Clinic. The data below reflect a period of eighteen months. One site was staffed by a registered nurse, and the other site was staffed by a care coordinator who did not have a licensed degree. During these 18 months, VetCoor achieved the following:

- 220 Veterans served with 773 Encounters.
- 73 unique Veterans discussed enrolling in VHA Healthcare with the coordinator.
- 54 Veterans were referred for medical care, of which 35 was VHA Care in the Community.
- 20 Veterans received intensive medication management.

Social Determinants of Health Addressed:

• Food insecurity	99 encounters
• Transportation	95 encounters
• Utility cost assistance	79 encounters
• Housing/Homelessness	56 encounters
• Legal Assistance	18 encounters
• Vocational Assistance	12 encounters

Veteran Experience

- One Veteran, who presented to the community health center, was already getting medical care through the VHA, but he was paying for his dental work out of pocket. He was only making around $20,000. The coordinator helped him apply for Medicaid (to cover his dental expenses), food stamps, and discounted utilities. The coordinator referred him to Iowa Workforce Development's Veteran program, provided him with referrals to get free professional clothes for interviews, and will be helping him update his resume.

Key Takeaways

As we expand to new sites, we are exploring the feasibility of more collaborative care via telehealth between VHA and these safety-net community partners. The overall aim is to build an integrated safety-net for rural Veterans for seamless care between VHA and the Community.

References

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Funding Acknowledgement: Department of Veterans Affairs, Veterans Health Administration, Office of Rural Health, NOMAD #PROJFY-009674.

Suggested Citation: Turvey, C. (2025). *VetCoor: Developing a Community of Practice between VA and Rural Community Health Centers to Enhance Coordinated Care for Rural Veterans*. Department of Veterans Affairs, Veterans Health Administration. Washington, DC: Office of Rural Health.