



South Carolina Office of Rural Health

SC Rural Access to Veterans Health Resources (SC RAVHR)

A Project to Increase Access to Rural Veterans' Specialized Behavioral Health Care Services through Telehealth

“Dedicated to providing access to quality health care in rural communities”

South Carolina Office of
Rural Health

Non-VA Rural Healthcare System: At a Glance

- While healthcare infrastructure certainly varies by community, many rural communities share these common elements
 - Small, Rural Hospitals: acute inpatient facilities, often staffing less than 50 beds, can be very broad including primary care practices, nursing homes, outpatient therapies, etc.
 - Critical Access Hospitals (CAHs): receive cost-based (101%) Medicare reimbursement, can have no more than 25 licensed beds and a 96 hour average length of stay

Non-VA Rural Healthcare System: At a Glance

- Federally Qualified Health Centers (FQHCs): not-for-profit primary care providers that receive cost-based reimbursement, as well as a federal grant to offset operational costs. Built off the mantra “seeing all patients regardless of their ability to pay” and must have a Sliding Fee Scale.
- Rural Health Clinics (RHCs): primary care practices that received enhanced reimbursement for Medicare and Medicaid patients, must employ a mid-level provider at least 50%, can be for-profit (physician-owned) or not-for-profit (hospital owned)

Non-VA Rural Healthcare System: At a Glance

- Rural Private Practice: traditional primary care practices similar to more urban practices, fewer now exist in rural communities
- Rural EMS: could be county, district, town or hospital run, vital service as more rural hospitals close and services at the local level change
- Free Clinics, Local Health Departments, Rural Residency Training Programs, etc.

Trends in the Rural Healthcare System

- Many rural communities are experiencing significant change in their provider community
- Over 75 small rural hospitals have closed since 2010
- Another 673 are viewed as being at risk of closure
- Other rural hospitals are being purchased/ managed/leased by larger health systems
- An increasing number of physicians are being employed by either hospitals or FQHCs, therefore there are fewer independent practices at the local level

Trends in the Rural Healthcare System

- More large urban-based health systems now have a growing rural market and patient population
- Decisions about what services are offered at what location, at what times and at what costs are increasingly occurring outside of rural communities
- Telemedicine holds great promise in increasing access and reducing barriers to care (reimbursement and licensure issues are barriers to growth)

HRSA Rural Veterans Health Access Program (RVHAP)

- HRSA Grant through FLEX
 - South Carolina one of just three states awarded, other states awarded were Alaska and Missouri
 - Award amount is approximately \$300,000 dollars per year for three years
 - August 1, 2016 – July 31, 2019
 - Goal is to Increase the delivery of mental health services or other health care services for veterans living in rural areas through the use of health information technology.

SC RAVHR Tele-education Partners

- Veterans Choice authorized physicians in Rural primary care Practices
- Ralph H. Johnson VAMC/Post-traumatic Stress Disorder Clinic team (PCT)
- Palmetto Care Connections
- Dr. Divya Ahuja/TITAN Project
- Dr. Ron Murphy/Francis Marion University
 - Plus an Advisory Team of experts on Rural Veterans health care access, telehealth delivery, and PTSD or PTSD and TBI symptomology

SC RAVHR Tele-education Goals and Objectives

- Primary Care physicians will receive RHVAP-TH tools and trainings to pre-screen Veteran patients for signature injuries associated with service, i.e., PTSD or PTSD and TBI.
 - Provide Monthly Tele-education webinars for peer to peer learning around PTSD or PTSD and TBI symptom recognition and diagnoses.
 - Facilitate teleconsultation/presentation of Veteran patients who meet potential criteria for PTSD or PTSD and TBI diagnoses, with referral into telehealth program as appropriate.

SC RAVHR Telehealth Service Delivery Objectives

- Provide treatment via home-based telehealth by Johnson VAMC PCT for Veterans diagnosed with PTSD or PTSD and TBI
 - Ensure seamless care coordination for Veteran patients assessed and referred into the project for potential therapeutic intervention.
 - Deliver safe, effective, evidence-based telehealth treatment to veterans with PTSD or PTSD and TBI.
 - Deliver care oversight through the Ralph H. Johnson VAMC PCT in collaboration with Rural Community Providers.

SC RAVHR Telehealth Service

Delivery - Clinical Team Expertise

- In 2008 Ralph H. Johnson VAMC became the first VA facility to offer home-based telehealth psychotherapy for PTSD
- RHJ VAMC has accrued more treatment sessions and treated more patients than any other VA medical center in the country
- Telehealth service delivery policies and procedures established by Ralph H. Johnson VAMC and VA VISN 20 are in place now nationwide.
- Prolonged Exposure via home based telemedicine vs. standard in clinic care early treatment dropout rate is 30%, the same as in-person treatment.

Projected Outcomes

- Veteran Benefit - 10% of those Veterans with unmet needs (4,222), or 422 will be part of the project and receive, at a minimum, referral to clinical team for teleconsultation intervention for care.
- Education – Peer to peer learning network developed between non-VA and VA providers around best practices to work with Veterans with PTSD or PTSD and TBI.
- Rural Practice Engagement - Year one initial roll-out and engagement of six to nine rural primary care practices, with project reach of fifty rural primary care practices statewide at project conclusion.
- Collaboration – Veterans Choice practices will remain the medical home of Veteran patients, with behavioral health care delivery as an added component of integrated care in concert with the Ralph H. Johnson VAMC.

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