Engaging Rural Veterans in Care and Research
VA HSR&D State of the Art Conference in Rural Health

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Today’s Presentation

- Rural Health Environment and Rural Veterans
- VA’s Office of Rural Health
  - ORH Implementation Model
  - ORH’s Fiscal Year 2016 Enterprise-Wide Initiatives
- ORH and Health Services Research and Development Service (HSR&D) Partnership in Evaluation
- Engaging Rural Veterans
  - Rural Veterans Coordination Pilot
  - Health Information Exchange
- Closing
  - Today’s Session
  - Q&A
VA’s Office of Rural Health
Vision: America’s Veterans Thrive in Rural Communities

**PROMOTE**
health and well-being in the rural Veteran population

**STRENGTHEN**
community health care infrastructure where rural Veterans reside

**ORH VISION**
America’s Veterans thrive in rural communities.

**ORH MISSION**
To improve the health and well-being of rural Veterans by increasing their access to care and services.

**GENERATE & DIFFUSE**
knowledge regarding rural Veteran health

**INFORM**
health care policy that impacts rural Veterans & rural health care delivery
In 2006, Congress passed legislation to create the Office of Rural Health (ORH) by enacting Public Law 109-461, Sec. 212; ORH was established in 2007.

ORH works across VA and with external partners to study, innovate and spread enterprise-wide initiatives to increase access to health care and services for rural Veterans.

**MISSION**
To improve the health and well-being of rural Veterans by increasing their access to care and services.

**VISION**
America’s Veterans thrive in rural communities.
National Veterans Rural Health Resource Centers

VRHRC, Iowa City, Iowa
VRHRC, Salt Lake City, Utah
VRHRC, Togus, Maine
National Rural Evaluation Center

• Enable VA to better understand the needs of rural Veterans, allocate resources and targeted solutions more effectively, and better measure outcomes
• Conduct first of its kind national rural Veterans health needs assessment
  – Help to better align VA resources to increase access, improve outcomes and reduce disparities among rural Veterans
  – Provide benchmarks for access, health outcomes, satisfaction, etc., that the VA can use to better assess the effectiveness of its rural health program
  – Help identify hot spots of need that can be addressed by other federal, state, private and community-based entities that have Veteran focused programs
  – Evaluate effectiveness and implementation strategies of ORH Rural Promising Practices
• Developed in partnership with VA Health Services Research and Development, Quality Enhancement Research Initiative
• Awarded for two years; $485,000 per year
ORH Implementation Model

- National Rural Evaluation Center
- Resource Centers
- Field and Program Offices
- Resource Centers
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- Resource Centers
- Rural Health Partners and Advocates
Fiscal Year 2016 ORH Enterprise-Wide Initiatives

Enterprise-Wide Initiatives

• **ORH Rural Promising Practices**
  - Clinical Video Telehealth to Provide Comprehensive Care to Rural Veterans with Multiple Sclerosis
  - Community Clergy Training to Support Rural Veterans’ Mental Health
  - COVER to COVER: Connecting Older Veterans (Especially Rural) to Community or Veteran Eligible Resources
  - Geriatric Scholars Training Program
  - Remote, Home-Based Delivery of Cardiac Rehabilitation
  - Telehealth Collaborative Care for Rural Veterans with HIV Infection

• **Collaborative Rural Access Solutions**
  - Ancillary services
  - Mental health services
  - Primary care services
  - Specialty care services
  - Studies and research services
  - Training and education services
Rural Health Environment and Rural Veterans
Traditional Challenges of Rural Health Care Delivery

- Rural health care faces **current and impending challenges:**
  - Provider and specialist shortages
  - Hospital closings due to financial instability
  - Population health factors and “social determinants of health”
    - Access to health and wellness promotion efforts
    - Housing
    - Education
    - Employment
    - Transportation
  - Geographic and distance barriers
  - Limited broadband coverage
- Rural health requires **a community-based approach** that provides health care and support services that foster Veterans’ well-being
Rural Prevalence in the United States
Rural Provider Shortages in the U.S.

- Only about 10% of physicians and providers practice in rural America despite the fact that nearly 25% of the population lives in these areas.
Snapshot of Enrolled Rural Veterans

21.6M Veterans in the United States, 5.2M live in rural communities (24%)

9M enrolled in VA health care (42%)
2.9M rural Veterans enrolled in the VA health care system (56%)
33% (of 9M) enrolled Veterans live in rural communities

Top five states: Texas, North Carolina, Ohio, Pennsylvania, California

54% earn an annual household income of less than $36,000

15% served in Iraq or Afghanistan and typically have multiple medical and combat-related issues
57% are 65+ years old
9% are minorities (African-American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native)

6% are women, with a 6% increase of enrolled rural women Veterans since fiscal year 2012
36% do not access the internet (fiscal year 2013)

Survey of Enrollee Statistics represent fiscal year 2015 data unless otherwise stated
Snapshot of VA’s Rural Veteran Care

412,000+ one-way trips provided for Veterans to receive VA care

44% of enrolled rural Veterans have at least one service connected condition

Most common outpatient diagnoses: high blood pressure, post-traumatic stress disorder, type 2 diabetes, depressive disorder and high blood cholesterol (fiscal year 2014)

35% of VA patients who received care via telehealth were rural

31% VA medical centers (VAMC) have more than 50% rural Veterans enrolled for VA health care

470 VA sites of care are located in rural areas of the country

$1+ billion increase in VHA spending on health care for rural Veterans between 2012 and 2015, from $17B in 2012 to $18.8B in 2015, which represents 32% of all VHA health care expenditures

82% of enrolled rural Veterans have other health insurance (e.g. Medicare, Medicaid, Tricare, Private Insurance) in addition to their VA benefits

Statistics represent fiscal year 2015 data unless otherwise stated
ORH – HSR&D Partnership in Evaluation
ORH – HSR&D Partnership

• Evaluation will be part of each ORH-funded enterprise-wide initiative
• Close working relationship with HSR&D COINs and investigators to conduct evaluations
• ORH’s Veterans Rural Health Resource Centers, National Rural Evaluation Center, and National Study Center will seek expertise from HSR&D
• Essential to conduct Rural Promising Practices using rigorous study designs with the goal to add to the evidence base
• Collaboration with HSR&D and QUERI to implement best practices nationally
Engaging Rural Veterans in Their Health Care

- ORH vision is that “America’s Veterans Thrive in Rural Communities”
  - VA must aim to be a service delivery system that is driven by the needs of Veterans
  - Rural Veterans’ voices should be heard in our initiatives

- Why is engaging rural Veterans in their health care important?
  - Effective engagement in their health care contributes to improved health and improved satisfaction with care
    - Engaged patients are proactive—rather than reactive—about their health
    - Engaged patients are invested in their treatment
    - Engaged patients understand the value of their treatment with regards to their overall health
    - Engaged patients recognize that their actions outside of treatment impact their health outcomes
    - Engaged patients are more likely to research their treatment options and seek care from the best and most qualified providers available
  - Other benefits of improved patient engagement
    - Reduced cost
    - Increased communication

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Engaging Rural Veterans in Research

• Why is engaging Rural Veterans in research important?
• HSR&D Veteran Engagement Workgroup (Atkins, 2016):
  – Voice of the patient often missing from research
  – Solutions developed may not meet the needs of patients
  – Patients and public feel disconnected from the goals of research
  – Other organizations demonstrating potential value of more concerted attempts to engage patients
Engaging Rural Veterans
In September 2014, ORH awarded five entities a total of $10M dollars over a two-year period for outreach activities to rural Veterans transitioning to civilian life and their families RVCP grantees:

- Maine Department of Labor (Maine)
- Nebraska Association of Local Health Director (Nebraska)
- New Mexico Department of Veteran Services (New Mexico)
- Volunteers of America of North Louisiana (services North Louisiana, parts of Texas, Arkansas and Oklahoma)
- WestCare Washington (services parts of Washington and Oregon)
RVCP Grantee Service Areas
RVCP Grantee Strategies to Engage Rural Veterans

- RVCP targets transitioning rural Veterans (i.e., those leaving military service and returning back to civilian life)
- To identify and engage with this younger Veteran population, RVCP grantees:
  - Collaborated with State Departments of Veterans Affairs, educational institutions, local VAMCs, military bases, tribal nations, Veterans Service Organizations (VSO) and local clergy
  - Volunteers of America North Louisiana established a memorandum of understanding with the Louisiana Secretary of Veterans Affairs to facilitate referrals from state VSOs
  - WestCare, Washington held meetings at the American Legion to talk about Veteran events and the Veterans Choice Program
  - Maine Department of Labor identified Veterans who are potentially eligible for services through a partnership with the Maine Bureau of Veterans Services to link Report of Separation form to VA; and also worked with Maine’s Career Centers to collect email addresses from Veterans who present for assistance
RVCP Grantee Strategies to Engage Rural Veterans 
(continued)

- Sponsored free concerts and appreciation events, and attended job fairs (i.e., created a presence at places where Veterans spend time)
  - New Mexico Department of Veterans Affairs sponsored an Active Duty Service Member and Veteran appreciation day at the 2015 New Mexico State Fair; enabled participating service agencies to explain the RVCP program and provide contact information to Veterans during the event
  - In Maine, Veterans and family members were given free admission to local concerts in exchange for contact information

- Used social media (e.g., Facebook, QR codes)
  - Nebraska Association of Local Health Directors marketed their VetSET outreach program via local health departments’ websites and Facebook pages

- Used traditional media (e.g., flyers, radio, TV, newspaper)
  - Maine Department of Labor held a radio-thon by a local radio station to raise awareness of Veterans issues

- Used a “peer” Veteran-to-Veteran support approach
  - All grantees employed Veterans as outreach workers, navigators or facilitators
RVCP Year One Results

Completed intake assessments for more than 700 Veterans and 150 family members that enabled service providers to coordinate services upon requests for assistance.

Established more than 500 new partnerships (partnership networks included nearly 80 medical and 60 mental health benefit-providing organizations).

Conducted more than 150 outreach events (e.g., state fairs, job fair partnerships, sponsored concert partnerships), which reached more than 11,000 Veterans and nearly 6,000 family members.

Provided more than 600 referrals to Veterans and family members across all sites (of which, more than 90% were for Veterans, and the remaining were for family members).

Established nearly 50 service sites within communities located in Arkansas, Maine, Nebraska, New Mexico, North Louisiana, Oklahoma, Oregon, Texas and Washington.
RVCP Most Requested Services in Year One

• Veterans’ most requested services (in order from most requested):
  – Medical services
  – Housing assistance
  – Transportation
  – Employment
  – Family support

• Family members’ most requested services (in order from most requested):
  – Medical services
  – Family support
  – Housing assistance
  – Transportation
  – Marital counseling

Note: Participants were able to request more than one service
Impact of Increased Community Care on Veteran Care

- Veterans have more opportunities to formally receive community care
- Greater dual-use increases demand for care coordination and health information exchange (HIE) between VA and community providers
  - Dual-use is when Veterans use both VA and community health care services
- VA has a responsibility to ensure patients receive high quality care, even when that care occurs in the community
- VA seeks to engage with community providers to deliver direct, query-based and/or patient driven HIE or electronic care coordination
Veteran Health Information Exchange Program

• The Veteran HIE program allows rural Veterans and their community provider(s) to safely and effectively exchange health data
• The program allows VA health care providers to access some patient community health information, and vice versa
• Sharing health information helps reduce the need for Veterans to carry records between doctor’s visits and gives the provider a better picture of the patient’s overall health
• Rural health community coordinators (RHCC) located at selected VAMCs promote standardized and secure HIE for rural Veterans by educating VA clinicians, Veterans, and community providers on available HIE process and tools
• RHCC assist rural Veterans to authorize the secure release of their health information and helps rural Veterans “Connect Your Docs” online, by mail, or in-person
• Learn more at http://www.va.gov/vler/
Exchange Community Health Partners

- Value: 638,900+ unique Veteran patients supported by bi-directional HIE with 74 community care partners that support the following types of health care facilities

Visit “VLER Health Exchange in your Area” ([http://www.va.gov/VLER/vler-health-your-area.asp](http://www.va.gov/VLER/vler-health-your-area.asp)) to view Exchange Community Health Partners

Social Security Administration is performing on-going production validation.

*The Veteran Patients Available for Exchange with VA is based on unique patients matched with Community Care Providers and is reported monthly.

Note: Uni-directional Exchange Partners: MedVirginia and CentraCare query VA
HIE in Maine

- In 2015, the VA Maine Healthcare System (VA Maine HCS) successfully connected to HealthInfoNet, Maine’s statewide HIE, giving providers at the Togus VAMC and eight Maine VA Community Based Outpatient Clinics (CBOC) the ability to view Veterans’ health information from more than 450 community health care facilities.
- Outreach strategies to get the word out to Veterans (from most to least effective):
  - Distributed a letter and postcards to more than 52,000 Veterans in Maine to educate them on HIE and its benefits, how to share VA health information through VLER, and alert them to VA Maine HCS joining HealthInfoNet.
  - Placed posters, flyers and displays in patient waiting areas at local VAMCs and CBOCs.
  - Press releases and Facebook posts.
- All materials sent to Veterans listed three methods to contact VA Maine HCS for more information:
  - Toll-free health information sharing helpline: 1 (877) 421-8263, extension 2738.
  - Email address: healthinfosharing@va.gov.
  - Website: www.maine.va.gov/healthinfosharing.
Closing
Today’s Session

- Engaging rural Veterans in their health care and research
- Our speakers today are:
  - Hilda Heady, MSW, an expert and advocate for rural health and the health of Veterans in rural America
  - Jeffrey Pyne, MD, who will speak about Veteran-defined treatment engagement and Veteran-defined access to mental health services
  - Lori Davis MD, from Tuscaloosa, Alabama, who will discuss her experiences in conducting VA rural health outreach and supported employment projects
  - Paul Arthur from Gainesville, Florida; and Kiersten Downs from Tampa, Florida – both Veterans and investigators and will talk about rules of engagement and how to reach and keep Veterans in VHA
In Closing

Better Together - Veterans - Rural

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Questions? Thank You!

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Thanks for attending the Engaging Rural Veterans Session!