



**Health Care for Rural Veterans:
The VA Strategy**

Office of Rural Health and the Veterans
Rural Health Resource Center-Eastern
Region (VRHRC-ER)

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NOSORH, Region A-July 1, 2009







VA/ORH - Who are we?

- The Office of Rural Health was established by Congress in 2006 to improve access and quality of health care for veterans in geographically isolated areas.
- Rural health pilot programs for collaborations with public and private entities for the delivery of health care including mental health are mandated.

Ref: Public Law 110-329,110-387







Authorized New Initiatives

- Exploring collaborations with Federal/community partners
- Accelerating telemedicine deployment
- Increasing the number of mobile clinics, establishing new outpatient clinics and expanding fee-based care
- Funding innovative pilot and demonstration projects


Ref: Public Law 110-329,
ORH Program/Project Guidance:VISN Funding (December 2008)






Changing Models of Care

- Develop a multidisciplinary community-based model for delivering services to veterans residing in rural areas
- Develop new methods (to complement the Medical Model) to meet the needs of rural veterans while ensuring continuity of care and documentation of treatment episodes in the electronic medical record
- Identify and implement case management models (along with training of clinical providers)







...outside the box

Leveraging local infrastructure is an important strategy for reaching rural veterans:

“Rural health access is NOT a problem of infrastructure; it is a problem of different payer mixes and different populations eligible for different levels of coverage”.

Veterans Rural Health: Perspectives and Opportunities, report to ORH-February 2008; Booz Allen Hamilton, p.21




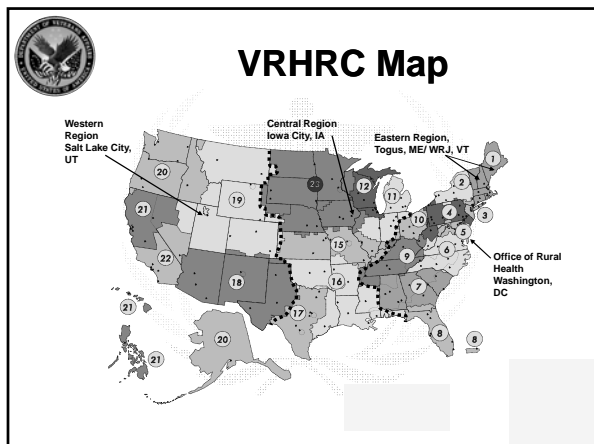


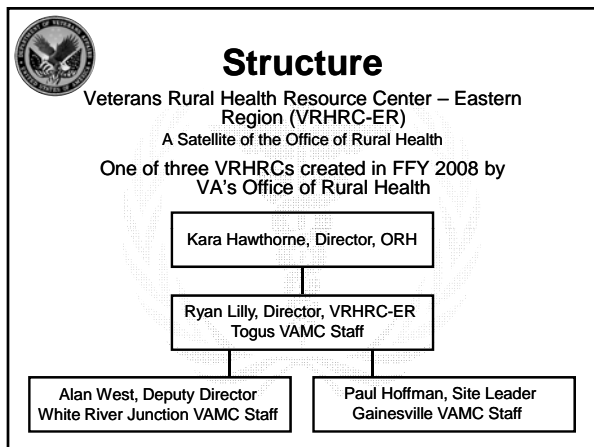
Community Relationships And Resources


- What current community collaborations exist:
 - Sharing agreements
 - Contracts
 - Fee services sites of care
- Perceptions about fee-based care vary, but are generally positive in local rural communities.

– Veterans Rural Health: Perspectives and Opportunities, report to ORH-February 2008; Booz Allen Hamilton, p.21
- Development of a systemic and structured approach within which the VA can work with other Federal agencies (DoD, Homeland Security, IHS, HRSA) State agencies, and local organizations)?










VRHRC-ER

Mission: The mission of the Veterans Rural Health Resource Center – Eastern Region (VRHRC-ER) is to develop and evaluate innovative practices and evidence-based policies to improve healthcare access and quality for enrolled veterans living in rural and highly rural areas.





Strategic Direction / Goals

- VRHRC-ER collaborates with VA and non-VA rural healthcare providers and experts to conduct pilot studies, demonstration projects, policy-relevant research and analyses, clinical program development, and education / training related to improving the healthcare of rural veterans. Our goals are to:
- Identify and disseminate best practices to improve healthcare for rural veterans.
- Rigorously evaluate practices that impact rural veterans' healthcare, and recommend changes or new initiatives.
- Encourage and develop collaborative relationships with non-VA federal, state, and community agencies to coordinate efforts to improve rural veterans' healthcare.
- Develop, promote, and provide educational activities on rural veterans' issues for VA and non-VA audiences.





Functions

- Develop innovative clinical and non-clinical pilot projects to enhance the health and healthcare of rural veterans.
- Offer technical assistance to VISNs/VAMCs developing & evaluating rural interventions.
- Foster collaborative relationships among VA and non-VA stakeholders.
- Produce empirical evidence of program outcomes, and disseminate findings widely.
- Serve as regional experts and educational repositories for rural healthcare information.
- Provide rapid response analytic capabilities.
- Develop a coordinated research agenda with national scope.







Representative Projects

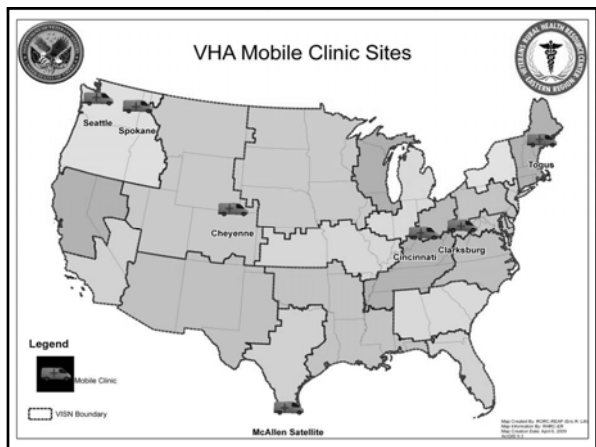
- Evaluating mobile health clinics as an alternative care delivery model for rural areas.
- Evaluating outreach access points as a means to increase rural access.
- Conducting regional educational & training sessions for clinicians & administrators on rural VA issues.
- Improving access to evidence-based treatments for neurologically-impaired rural veterans.
- Surveying rural veterans' perceptions of their access to medical care.
- Evaluating telephone care as a substitute for routine psychiatric medication management.
- Implementing VA telemental health services in non-VA Rural & Federally Qualified Health Centers.
- Surveying rural VAMCs for unique ethics issues.



 **Mobile Health Care Pilot Project**

- Six Mobile Health Care Clinics
- Rural counties in Maine, Colorado, Nebraska, Washington, West Virginia, and Wyoming
- Equipped with satellite communication capability for telehealth support
- Also, Vet Center fleet of 50 vans nationally for mental health care support and outreach to returning service members









Secretary Shinseki Announces \$215 Million in Projects for Rural Veterans

- **Projects in Region A**
 - **Implementing the Patient Centered Medical Home for VISN 1 Rural Veterans**
 - **Implementing Telemental Health to Extend VA Integrated Mental Health/Primary Care into Federally Qualified Health Centers in Rural Vermont and New Hampshire**
 - **Enhancing Mental Health Care for Rural Veterans in Maine with High Risk Mental Health Problems Using Care Coordination Home Telehealth**





Other Projects in Region A

- **Enhancing Primary Care and Mental Health Services for Veterans in Rhode Island using Care Coordination and Home Telehealth**
- **Care Coordination Home Telehealth (CCHT) Expansion in Pennsylvania**
- **Rural Health Communications Strategies and MyHealthVet Expansion in Maryland and Delaware**
- **National initiatives to increase General Telemedicine Clinics, Store-Forward Telemedicine, and Home Telehealth Programs**



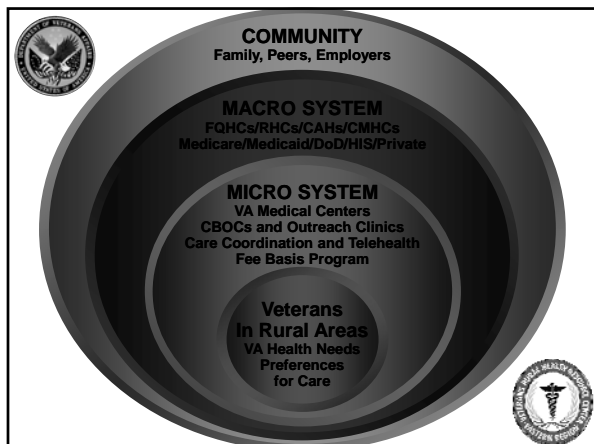



Fee Service Care –PL110-387

- **Section 403** of the law requires VA to conduct a pilot program that would provide non-VA care for highly rural enrolled Veterans in five VISNs. VA is working to implement this pilot while resolving two questions. First, VA must develop a regulation to define the "hardship provision" in Section 403(b)(2)(B). Second, we must reconcile how VA has traditionally defined "highly rural" (based on Census data as discussed above) and how the statute defines it. VA's next steps involve identifying qualifying communities, identifying local providers willing and able to participate, and beginning with acquisition and exchanges of medical information as well as addressing pharmacy benefits and performance criteria for contracts and care. However, it is important to note VA already has the authority to contract with the most appropriate provider when VA is unable to provide necessary services. During FY 2008 VA expended \$248 million for inpatient and outpatient services, including long term and home health care, purchased by contract in rural areas. An additional \$1.04 billion was expended on a fee-for-service basis in rural areas for Veteran health care.

• STATEMENT OF KARA HAWTHORNE, DIRECTOR, ORH
 • SENATE COMMITTEE ON VETERANS' AFFAIRS 3/19/09









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- Questions?

