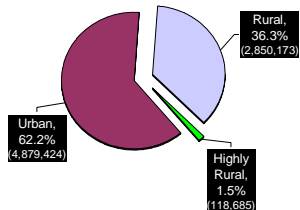


VA Rural Health Resource Center – Western Region (VA RHRC-WR)

Byron Bair, MD Director
Nancy Dailey, RN Deputy Director

Veteran Population: Enrollees

Veteran Enrollees by U/R/H
EOY 06



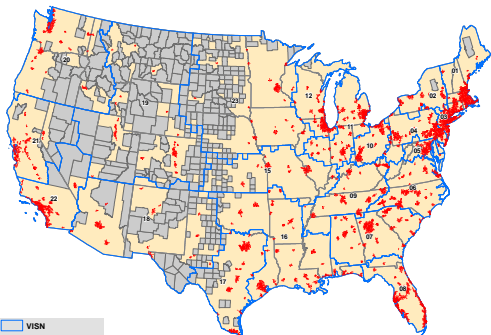
Definition of U/R/H based on the Census's definition of rural.

Urban - Areas defined by U.S. Census as an *urbanized area* (excludes urban clusters)

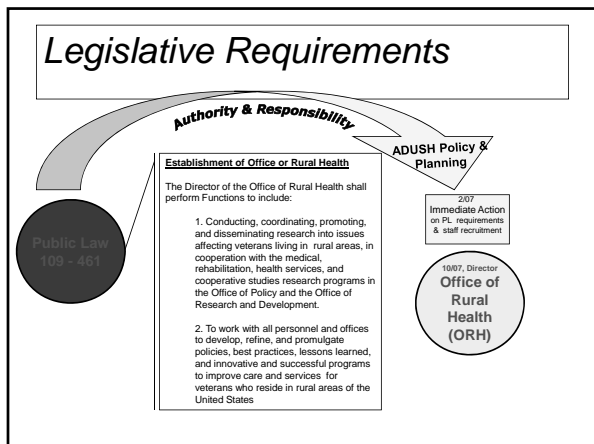
Rural - All other areas excluded in U.S. Census defined urbanized areas

Highly Rural - Any rural area within a county with less than 7.0 civilians per square mile

Highly Rural, Rural and Census Defined Urban Areas



Map generated by VHA Planning Systems Support Group, field unit for the VHA Office of Assistant Deputy Under Secretary for Health Policy & Planning, April 6, 2007



- ### Current ORH Projects
- VISN Rural Health Consultants Pilot
 - **VISNs Funded: 9, 11, 15, 16, 19, 20, 21, 23**
 - Outreach Clinic Initiative for rural and highly rural areas
 - Phase 1: *not sufficient demand for CBOC*: 4 sites
 - Phase 2: drive time and needs analysis: 5 sites
 - Mobile Healthcare Facility Pilot: 4 VISNs
 - National Veterans Rural Health Advisory Committee
 - Geriatric Initiatives:
 - Geri Scholars
 - HBPC & Medical Foster Home Expansion
 - **Rural Health Resource Centers: 3 regional sites**

- ### Rural Health Resource Centers
- Three Regional Sites
 - White River Junction: Eastern Region
 - Iowa City: Midwest Region
 - Salt Lake City: Western Region
 - Functions
 - Conduct policy-oriented studies and analyses
 - Field-based clinical laboratories for demonstration pilots
 - Serve as regional rural health experts
 - Serve as a repository for rural information and facilitate information dissemination
 - Foci
 - Access issues for rural veterans
 - Technology solutions
 - Collaborations with community, academic, other partners
 - special populations: Geriatrics & NA / NA / PI

Salt Lake City: VRHRC-WR

- VRHRC-WR located in Salt Lake City & Denver
- Funded for 5 years
- 15.25 approved FTEE
- Only VRHRC with population foci
 - Geriatrics
 - NA / NA / PI
- Specific responsibility for
 - VISNS: 18, 19, 20, 21, 22
 - National population focus: Geriatrics & NA / NA / PI

VRHRC-WR Collaborators

- VA
- Non VA
- Community

VRHRC-WR Current VA Collaborators

- VA Salt Lake City Health Care System
- VA Eastern Colorado Health Care System
- Geriatric Research Education Clinical Center Regional
- Targeted Research Enhancement Program (HSRD) National
- Center for Scientific Computing National
- Office of Care Coordination National
- Employee Education System National
- Office of Information Field Office SLC
- Rocky Mountain Telehealth Training Center
- Research Enhancement Award Program CHIRs National

VRHRC-WR

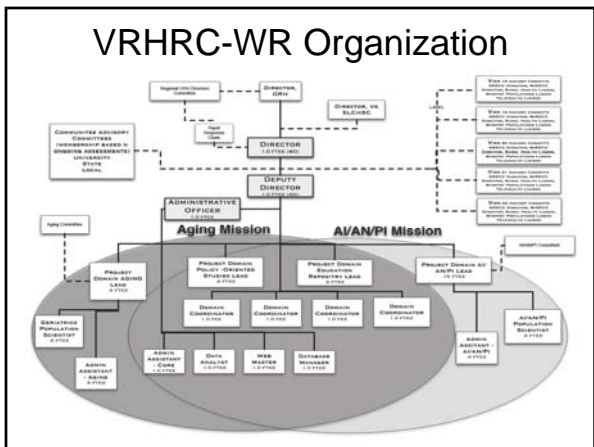
Current Academic Collaborators

- University of Utah
- Brigham Young University
- Southern Utah University
- University of Colorado
- Montana State University
- University of Alabama-Birmingham

VRHRC-WR

Current Non-VA Collaborators

- Utah Telehealth Network
- Center on Aging
- Utah Commission on Aging
- Health Insight
- State of Utah Health Department
- Rural Health Association of Utah
- State of Utah Office of Public Health Informatics
- Northwest Regional Telehealth Resource Center
- Four Corners Telehealth Consortium
- Veterans of Foreign Wars Nevada Chapter
- Elko County Commission
- Montana Office of Rural Health
- Montana Health Association
- North Central Montana Healthcare Alliance
- Idaho Department of Health and Welfare



VRHRC-WR Current Tasks

- Space
- Personnel
- Activate work plan
 - Strengthen partnerships
 - VISN
 - Non VA
 - Community

VRHRC-WR

- VISN Partnerships
 - Form functional contacts with VISN representatives for
 - Geriatrics / GRECCs
 - Mental Health / MIRECs
 - Rural Health
 - Telemedicine
 - Identify priorities and foci for each VISN for rural:
 - Access
 - Collaborations
 - Technology
 - Use this blue print to form bridges between VISNs and Non VA & Community partners for rural issues surrounding:
 - Access
 - Productive collaborations to solve mutual problems
 - Use of technology

VRHRC-WR: To DO

- Identify VISNs leaders in critical areas
- Develop working committees to:
 - Identify pertinent rural issues
 - Prioritize those issues
 - Initiate next steps for specific pilots concerning
 - policy-oriented studies and analyses
 - field-based clinical laboratories for demonstration pilots
 - Need for education and information dissemination
 - Support evaluation of specific pilots
 - Gather information about lessons learned
 - Export knowledge about those projects to other VISNs and to ORH
- Organize our the work with VISNs to form collaborative bridges with our Non VA and Academic Partners to accomplish the identified work plans

VISN 19 Rocky Mountain Health Care
Network Contacts

- Geriatrics / GRECC:
- Mental Health / MIREC:
- Telemedicine:
- Minority Affairs:
- Rural Health Liaison:
