



OFFICE OF RURAL HEALTH ANNUAL REPORT

THRIVE 2021

VA



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Office of Rural Health



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EXECUTIVE DIRECTOR'S LETTER

Let's face it - 2021 was exhausting.

As summer turned to fall, a nation eager for a definitive end to the pandemic saw its hopes dashed as an uptick of Delta cases was soon followed by the emergence of the new, more infectious Omicron variant. Mask mandates were reinstated. Friends and family isolated once more.

Through it all, the Office of Rural Health never lost sight of its mission or the rural Veterans its programs serve. Our team supported the U.S. Department of Veterans Affairs' (VA) Fourth Mission response by aiding in the development of the COVID-19 Rural Decision Support Tool, a real-time, data-driven dashboard that allows public health leaders to direct clinical resources and staff where they're needed most. By using predictive analytics, VA was able to help rural communities – many of which were struggling to meet local patients' needs before the pandemic – from being overwhelmed during the peaks of Delta and Omicron.

ORH's focus on technology as a force-multiplier in rural health was also evidenced in our continued, critical funding support of initiatives such as VA's Clinical Resource Hubs and Home-Based Primary Care program, which leverage the power of telehealth and in-person visits to bring care where it's needed most.

But technology isn't a panacea for rural communities. ORH continued to tackle the "grey tsunami" facing the rural clinical workforce through long-term workforce retention and training initiatives such as the Rural Interprofessional Faculty Development Initiative, the Rural Scholars Fellowship Program, and the Rural Health Career Development Awards. Together, these programs provide training, mentorship, and skills development to rural clinicians, helping them to broaden their clinical expertise and connect with peers across geographic boundaries.

COVID-19 challenged our nation in a way unmatched in living memory. It has left an indelible mark on communities from coast to coast, urban and rural. But regardless of what the future holds, ORH will continue to support the health care needs of rural Veterans through resilience, flexibility and innovation. From technology to staffing, research to dissemination, we will never lose sight of our purpose – to help rural Veterans **thrive**.

Thomas F. Klobucar, PhD

Executive Director, Office of Rural Health

FOURTH MISSION SUPPORT

As new coronavirus variants emerged, the U.S. Department of Veterans Affairs (VA) remained steadfast in its commitment to provide care for millions of Veterans and the communities they call home.

In addition to serving Veterans and their families, VA continued to offer critical support across the nation as part of its [Fourth Mission response](#). Throughout 2021, VA answered the call with the delivery of:

- ▶ **12 million** clinical encounters¹
- ▶ **648K** calls answered by Veterans Crisis Line
- ▶ **5K** personnel deployed to VA and community facilities
- ▶ **8.9 million** vaccine doses²
- ▶ **3.6 million** COVID-19 tests and
- ▶ **12.7 million** virtual COVID-19 screenings
- ▶ **40** COVID-19 VA Extension for Community Health Outcomes (ECHO) trainings

VA's innovative delivery of physical and mental health services as well as COVID-19 vaccinations, testing and screenings allowed rural Veterans and other vulnerable populations to receive critical care during the most pressing public health challenge of our lifetime.

Knowledge is power – and nowhere is that truer than in VA's approach to resource allocation during the pandemic. As the largest health care provider in the United States, VA was able to utilize current COVID-19 data to predict future infection rate trends through the adoption of its [COVID-19 Rural Decision Support Tool](#). This tool's in-depth analytics dashboard provides accurate, on-demand projections, which allowed the Department to allocate appropriate staffing and resources in areas where spikes were anticipated.

The result? A critical lifeline for the U.S. Veterans in rural communities who face provider shortages and access challenges on a daily basis.

¹Source: VAntage Point, October 1st, 2021

²Source: VAntage Point, January 4th, 2022



VETERANS RURAL HEALTH RESOURCE CENTERS

ORH's [Veterans Rural Health Resource Centers \(VRHRCs\)](#) were established to support its mission to improve the health and well-being of rural Veterans.

VRHRCs are bridges that connect innovative care models and study data with real-world, practical interventions that benefit Veterans in rural communities. Each VRHRC maintains a diverse portfolio of studies, innovative pilot programs and other initiatives designed to expand rural Veterans' access to care.

Salt Lake City, Utah

ORH's Salt Lake City VRHRC was established at the [George E. Wahlen VA Medical Center](#) in 2006. Its project portfolio includes focus areas such as:

- ▶ Analyzing data to identify patterns and characteristics of rural populations associated with suicide and suicide-related behavior
- ▶ Identifying primary care provider recruitment and retention techniques to address rural provider shortages
- ▶ Creating educational videos to support rural caregivers of Veterans with dementia
- ▶ Studying and innovating in rural geriatric care, complex care and chronic conditions

The VRHRC is led by Clinical Director Byron Bair, MD, and Operations Director Nancy K. Dailey, MSN, RN, with administrative staff, project specialists, and population leads who develop, implement and maintain its portfolio.





Iowa City, Iowa

ORH's Iowa City VRHRC was established at the [Iowa City Health Care System](#) in 2006. Its project portfolio includes focus areas such as:

- ▶ Developing interventions and care coordination services to meet the needs of women Veterans
- ▶ Improving access to high-quality care for older Veterans suffering complex illnesses, such as lung and prostate cancer, or cardiopulmonary illness
- ▶ Identifying, referring and coordinating care for Veterans seeking community care
- ▶ Using telehealth to bring hospitalist and specialty care to underserved rural settings
- ▶ Understanding rural disparities and delivering innovative solutions that serve rural Veterans or improve the rural workforce

The VRHRC is led by Clinical Director Carolyn Turvey, PhD, and Operations Director Samantha Solimeo, PhD, MPH, who work with project personnel, VA staff, researchers, and community organizations to address the needs of vulnerable rural Veteran populations.

White River Junction, Vermont

ORH's White River Junction VRHRC was established at the [White River Junction VA Medical Center](#) in 2006. Its project portfolio includes focus areas such as:

- ▶ Conducting research on health care disparities affecting rural Veterans
- ▶ Piloting and evaluating mental health programs serving rural Veterans
- ▶ Developing training on evidence-based practices for rural VA providers

The White River Junction VRHRC is led by Clinical Director Bradley Watts, MD, MPH, and Operations Director Matthew Vincenti, PhD with support from Craig Manning, U.S. Marine Corps Veteran and Administrative Officer; Pamela Lee, PhD, Research Health Scientist and Clinical Psychology Researcher; and Richard Lee, MPH, Research Analyst and Public Health Researcher.





Gainesville, FL

ORH's Gainesville VRHRC was established within the [North Florida/South Georgia Veterans Health System](#) in 2019. Its project portfolio includes focus areas such as:

- ▶ Improving independent living for rural Veterans
- ▶ Strengthening rural workforce recruitment, retention, and education
- ▶ Analyzing and improving rural health policy through geospatial imaging

The VRHRC is led by Clinical Director Keith Myers, DPT, MBA and Operations Director Sergio Romero, PhD. The VRHRC is supported by Liddy Matheny, Administrative Officer, and Nicholas Bartolomeo, Administrative Assistant. Across the country, over 200 additional research team members lead and support portfolio projects.

Portland, OR

ORH's Portland VRHRC was established at the [Portland VA Medical Center](#) in 2019. Its project portfolio includes focus areas such as:

- ▶ Increasing rural Veterans' access to care
- ▶ Finding innovative ways to combat the pain and opioid epidemics
- ▶ Preventing Veteran suicide
- ▶ Addressing disparities in vulnerable populations

The Portland VRHRC is led by Clinical Director Travis Lovejoy, PhD, MPH, and Operations Director Sarah Ono, PhD. The VRHRC is supported by Melissent Zumwalt, Administrator.

VETERANS HEALTH ADMINISTRATION (VHA) – INDIAN HEALTH SERVICE (IHS) MEMORANDUM OF UNDERSTANDING

A key element of ORH's work to serve vulnerable rural Veteran populations includes a continued collaboration with the Indian Health Service (IHS). This partnership – governed under the VHA-IHS Memorandum of Understanding (MOU) – allows both agencies to collaborate to increase the quality of care for American Indian and Alaska Native (AI/AN) Veterans.

In fiscal year 2021, VHA and IHS leaders finalized an updated MOU after an extensive 90-day tribal consultation period with tribal health stakeholders. During these sessions, leaders learned about the most-pressing challenges facing AI/AN Veterans in areas such as transportation access and mental health care.

This feedback informed VHA and IHS efforts to collaborate on programs and initiatives that improve the AI/AN patient experience across VA, IHS, and Tribal Health Program (THP) facilities.



ORH continues to lead program and research efforts focused on improving access to quality health care for AI/AN Veterans, including:



- ▶ **Rural Native Veteran Health Care Navigator Program:** ORH Health Care Patient Navigators engage tribal health stakeholders and serve as patient advocates for AI/AN Veterans receiving care across VA and IHS facilities



- ▶ **Rural Native Women Veterans Research Project:** ORH researchers study the unique health care needs of AI/AN women Veterans to improve quality of care and health outcomes



- ▶ **Suicide Prevention Mobile App for Rural Native Veterans:** ORH partnered with the National Center for Posttraumatic Stress Disorder to develop and launch a mobile app with suicide prevention resources tailored to the mental health care needs of rural Native Veterans

Through these programs and other ongoing initiatives, ORH continues to collaborate with key partners across VA, IHS, and tribal communities to improve the health and wellbeing of rural AI/AN Veterans across the country.

VHA-IHS MOU Look Ahead

In FY22, VHA and IHS will collaborate to develop an operational plan for the MOU-based partnership. This plan will include VHA and IHS programs and initiatives that improve quality of care for AI/AN Veterans, as well as proposed evaluation mechanisms to track the impact and success of their efforts. This work is crucial to support the newly created Tribal Health Office, which was announced in FY21 to coordinate issues related to Native Veterans' health and provide oversight and management of the VHA-IHS MOU.



RURAL WORKFORCE

Rural America's clinical workforce is dangerously understaffed – with roughly one primary care physician for every 2,500 rural patients.

For nearly five million Veterans who call rural communities home, the lack of local providers is yet another hurdle that stands between them and the high-quality health care and services they have earned.

As we strive to improve the quality and accessibility of care for the rural Veterans who rely on VA, ORH and its partners continue to prioritize the development of a strong rural workforce.

To drive much-needed progress, ORH recognizes the value in designing and deploying new recruitment and retention approaches that are as unique as each of the rural communities we serve.

This includes the development and maintenance of targeted workforce programs, including:

- ▶ **Rural Interprofessional Faculty Development Initiative (RIFDI)** provides training for residency proctors, enabling them to better train, mentor and

monitor residents serving rural areas. Seventy-nine VA clinicians, students and residents have received interprofessional training in the first two cohorts of the program.

- ▶ **Rural Health Career Development Award (CDA) Program** provides mentorship and financial assistance to researchers focused on rural Veteran health care challenges. ORH currently funds two Rural Health CDAs for research focused on urban-rural disparities in chronic obstructive pulmonary disease (COPD) and equitable delivery of telehealth care to underserved populations.
- ▶ **Rural Scholars Fellowship (RSF) Program** connects rural providers with opportunities for professional growth and development in order to spark innovation and drive leadership. Seven VA clinicians have participated in the RSF program to date, including one fellow whose innovation project reached more than 1,000 Veterans in a rural-serving clinic.

To learn more about the impact of ORH workforce programs, please watch this video: <https://www.youtube.com/watch?v=d8-6RU6bXsQ>.



INNOVATIVE ACCESS TO CARE

Rural Veterans living in geographically isolated communities routinely face long travel times to reach the nearest medical facility. This is more than a minor inconvenience – patients undergoing physically demanding treatments, such as chemotherapy, may be unable to safely drive themselves home.

Worse yet, rural Veterans frequently cite a lack of transportation as one of their top reasons for canceling an appointment. Delayed treatments and screenings can result in life-threatening challenges to these patients, significantly increasing the risk of poor health outcomes.

To help increase rural Veterans' access to care and services, ORH and its partners have developed innovative care models that utilize an array of modalities ranging from telehealth to home-based care. These include:

- ▶ **Clinical Resource Hubs (CRHs)** were established to deliver care via a hub and spoke model. This approach allows providers to deliver care to Veterans at their local VA facility through telehealth or in-person visits. In fiscal year 2021, Clinical Resource Hubs facilitated more than 430,000 clinical encounters. These virtual and in-person appointments included primary care, mental health, medical specialty, surgery, and rehabilitative and extended care services.





- ▶ **Home-Based Primary Care** was developed in partnership with VA's Office of Geriatrics and Extended Care to deliver at-home medical care and services to eligible Veterans. A trained VA medical team travels to a rural Veteran's home to provide support including primary care, pharmacy services, rehabilitative care, nutrition and mental health services. To learn more about the Home-Based Primary Care program and its impact in rural communities, please watch this video: <https://www.youtube.com/watch?v=ol0EOw4bx0>.
- ▶ **Mobile Prosthetic and Orthotic Care (MoPOC)** utilizes mobile units to deliver convenient access to prosthetic and orthotic services at eligible Veterans' homes or VA Community Based Outpatient Clinics (CBOCs). MoPOC teams are equipped with the resources to provide seamless, onsite care – which restores function, mobility and independence to rural Veterans with limb loss and movement disorders.

ORH continues to fund additional solutions, such as the Veterans Transportation Service (VTS), which ensures rural Veterans have adequate transportation to attend medical appointments. Each of these programs utilizes innovative delivery options to offer increased flexibility to rural Veterans who live greater distances from medical facilities.





VETERANS RURAL HEALTH ADVISORY COMMITTEE (VRHAC)

In fiscal year 2021, ORH hosted two virtual meetings of its Veterans Rural Health Advisory Committee (VRHAC). During these sessions, committee members focused on health care challenges experienced by rural minority Veterans and broadband and transportation barriers affecting access to care in rural communities.

Based on their discussions, VRHAC members developed the following policy recommendations for the VA Secretary to improve access to quality care for rural Veterans.



► **Modify Highly Rural Transportation grant program eligibility in three ways**

- Include both “highly rural” and “rural” geographic areas in the program
- Use rural and highly rural commuting areas based on Rural-Urban Commuting Area (RUCA) codes, rather than county boundaries, to determine geographic eligibility
- Expand the types of organizations



► **Provide resources and training to increase provider awareness and adoption of telehealth technologies, particularly in rural areas**



► **Work to improve telehealth access for rural Veterans by prioritizing geographic location during telehealth appointment scheduling**

In FY22, the committee will continue to meet and examine the current health care challenges facing diverse rural Veteran populations across the country.

NATIONAL RURAL HEALTH DAY

The coronavirus pandemic continues to have a lasting impact on the health and wellbeing of Veterans across the country. These challenges have been especially difficult in rural communities where Veterans face additional obstacles to care, such as a lack of health care resources and fewer local providers.

In fiscal year 2021, the U.S. Department of Veterans Affairs (VA) took action to support the nearly 5 million Veterans in rural communities during COVID-19 including providing training, mental health care, and economic relief to rural providers and the Veterans they serve. ORH highlighted these efforts and raised awareness of COVID-19 resources for rural Veterans through its annual National Rural Health Day Campaign.

The integrated campaign included content for a variety of VA and partner-owned digital communications platforms, including blog posts, social media content, e-newsletter articles and employee communications.

The campaign resulted in:

- ▶ More than **380,000** blog views
- ▶ Generated **8** likes and **6** retweets on the VHA Twitter page

- ▶ Generated **5** likes and **3** shares on our partner The American Health Association's Facebook page

Integrated communications campaigns such as these do more than simply tell the ORH story – they keep rural Veterans informed of critical health care services where and when they're needed most. Over the coming year, ORH will launch additional campaigns focused on topics such as mental health to help rural Veterans understand how VA offerings can support them, body and mind.





THE ROAD AHEAD

As we gradually transition to a post-epidemic world, rural America will continue to face challenges large and small, old and new. And ORH will continue to meet them as it always has – through smart planning, effective partnerships and a relentless focus on innovation.

In the year ahead, ORH will continue to partner with the VA Office of Tribal Government Relations and The Department of Health and Human Service's Indian Health Service (IHS) to seek public input on and finalize the VHA-IHS Memorandum of Understanding (MOU). We will also convene tribal health researchers and clinical practitioners tasked with overseeing, developing and refining research and programs that provide critical care to this underserved population.

Our Veterans Rural Health Resource Centers will further expand their portfolios and drive dissemination of programs ranging from suicide prevention to telerehabilitation to minority health. We will continue to tackle the pressing challenge of the dwindling rural clinician workforce through professional development and retention. And we will enhance our communications efforts through the design and launch of a new ORH website that will make it easier than ever for researchers, health professionals, and rural Veterans to learn more about the programs ORH oversees.

Regardless of what 2022 has in store, ORH will never lose sight of its mission – to help rural Veterans **thrive**.



VA



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