

COMMENTARY

Forging New Paths to Integrate Rural Veterans' Care Nationwide

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One quarter of all veterans in the United States, 5.2 million people, call rural communities home (see Figure 1). Three million of these veterans are enrolled in the US Department of Veterans Affairs (VA) for health care. Most rural veterans (82%) have other health insurance and many of them use it to see community providers in addition to their VA health care professionals. In addition, the Veterans Choice Act of 2014 created new avenues for VA and community health care providers to work together in providing veterans primary and specialty care closer to home. Indeed, community clinical workload for veteran care increased 27% last year. Now more than ever, as VA transforms from its traditional role as direct health care provider to an integrated provider and payer of care, the quality of rural veterans' health care is dependent upon close relationships between community providers and VA.

Fortunately, VA builds on a strong foundation and decades of partnerships in the delivery of care to veterans. Collectively, this includes 1,600 VA-run hospitals, clinics, and centers partnered with more than 1,200 Federally Qualified Health Centers, 1,300 Critical Access Hospitals, 4,000 Medicare-Certified Rural Health Clinics, and 160 Indian Health Service Facilities. From May 2015 through April 2016 these partnerships yielded more than 3.1 million authorizations for veterans to receive care in community hospitals and clinics, an 8% increase over the same period 1 year earlier.

A critical component of VA's transformation going forward is creating integrated VA and community health

care systems. The establishment of VA's Community Care Network will begin to identify high-performing providers based on quality, value, and commitment to veterans' health. VA will incentivize providers based on the delivery of high-quality outcomes using common metrics that align with industry standards. These may include performance criteria for clinical outcomes, appropriateness criteria, access standards, and service levels.

As more veterans access care in their local communities, integration and care coordination of VA and community health care services will become even more important. Yet, integration of VA and community care is complicated by the specialized treatment required to address the service- and combat-related physical and mental trauma specific to our returning rural veterans. Add these factors to the innate challenges of rural care delivery, including provider shortages, geographic barriers, lack of transportation options, and rural community hospital closures, and we are left with a very complex health care environment that calls for creative solutions. We must find new paths to get the patient to care, or care to the patient, in a manner that is satisfying and empowering for patients and their caregivers.

This challenge calls for VA and community health care organizations to work together in constructing a high-performing network to support the entire rural health care community through innovations in workforce enhancement and the use of technology across health care organizations to meet the demands of a modern, rural health care system.

Figure 1 Compared to Urban Veterans Enrolled in the US Department of Veterans Affairs (VA) Health System, Enrolled Rural Veterans are More Likely to be.

- Male (6% are women, a small but growing number)
- Caucasian (9% report being racial or ethnic minorities)
- Older (more than half are 65 years or older)
- Unemployed or low-income (more describe their health status as poor, and 54% earn an annual income of less than \$36,000)
- Married (more than 65% are currently married)
- Less technologically connected (36% do not access the internet)
- Living in Texas, North Carolina, Ohio, Pennsylvania, and California (states with the highest numbers of VA-enrolled rural veterans)
- Using VA health care (nearly half consider VA a primary source of health care)

Workforce Enhancement

About 10% of physicians and providers practice in rural America, yet nearly 20% of the total population lives in these areas.¹ Widespread rural provider and specialist shortages impact care delivery in both community and VA health care systems. In an evidence-based approach to address these shortfalls, VA proactively recruits residents to rural communities; we know that more than 60% of graduate medical education participants stay within 100 miles of their training location post residency. In addition, the VA Office of Rural Health (ORH) funds a focused program that provides workforce educational opportunities at 21 rural VA locations across the country for students, including physicians, nurses, pharmacists, mental health workers, and other allied health care professionals. To date, this program has trained more than 1,100 students in rural VA settings. Even if these residents and students choose careers outside of VA, if they remain in rural communities where they train, they strengthen the infrastructure of an integrated VA/community health care system.

To ensure continued high-quality health care and provide opportunities for rural providers to remain connected to their larger professional community, VA also offers a significant number of cost-free continuing medical education/continuing Education Units to both VA and community providers. For example, VA offers community providers free, online training in topics such as military culture and post traumatic stress disorder. The VA App Store provides more than a dozen mobile apps tailored for veterans and health care professionals available for download. VA intentionally tailored and expanded its Specialty Care Access Network-Extension for Commu-

nity Health Outcomes model to ensure VA primary care providers at 48 rural sites receive basic specialty knowledge and professional consultation closer to home.

VA is also exploring innovative ways to use clinical staff to increase access to care, including expanded scope of practice for Advanced Practice Registered Nurses and hiring of highly skilled, but as yet unlicensed veteran combat medics and corpsmen, known as Intermediate Care Technicians, to serve in multiple clinical settings.

Technology

VA developed a number of virtual care initiatives to deliver care to veteran patients living in rural communities. In 2015, 12% of all veterans enrolled for VA care received care via telehealth. This includes more than 2 million telehealth visits with 677,000 veterans, 45% of whom live in rural areas. One example of VA's far-ranging telehealth efforts is the joint ORH National Teleradiology Program (NTP), which provides remote, store and forward image interpretation services to 20 rural VA sites of care where there are shortages of local radiology professionals. Since its 2010 inception, NTP has interpreted images for more than 350,000 rural veterans at 20 rural VA sites across the country. VA continues to invest in new virtual care strategies, including Tele-Primary Care, Tele-Mental Health, Tele-ICU, and Tele-Audiology, to deliver health care services to veterans living in rural areas where provider shortages exist.

In addition to the development of technology-based alternatives inside the VA, it is vital that VA and community health care systems apply technology to better coordinate care, even when it is delivered in different systems and locations sometimes separated by hundreds of miles. To achieve this, provider-to-provider direct Health Information Exchange (HIE) is essential, and a national effort to make this happen is underway in VA. To date, VA has established bi directional HIE with 74 community health care systems that capture 21,000 sites of care, and it has made 1.3 million health care records available for exchange. One successful HIE system is the state of Maine, where the entire VA Health Care System and virtually every health care system in the state are integrated through the Maine State Health Information Exchange, linking 99% of all VA patients in the state with their non-VA, community providers.

Reaching across thousands of health care systems in all 50 states and territories, meaningful HIE requires a continuing concerted effort not only on the part of the VA, but also from state leaders and local stakeholders in community health care.

While we've made progress toward our vision that America's veterans thrive in rural communities, we recognize there is still much to be done to build a lasting rural health care network that delivers the right care to rural veterans when, where, and how they need it. We look to you, our partners in rural health care delivery, to join us.

We must continue to work at growing community and VA partnerships to deliver care under a new model of VA as not only a provider, but also as a payer of high-quality care for veterans. The thousands of partnerships already established serve millions of veterans in their communities, but VA still has underserved areas that need strong community health care partners to deliver care to our veterans close to home. As VA further develops its community care network, effective health information exchange will become absolutely critical in our efforts to ensure coordinated care.

In addition, we should strive to extend VA telehealth links beyond the walls of the VA, into community hospitals, clinics and patients' homes, making care even more accessible and convenient to rural veterans. Finally, we must continue to develop a robust rural workforce. Evidence strongly suggests that providers trained in

rural America are more likely to stay in rural areas. But in order to increase the number of rural trainees, VA and the community must continue to develop new academic partnerships where none exist, in the most rural parts of the country.

The mix of articles in this special section of *The Journal of Rural Health* represents VA's commitment to research in the rural domain. While the interventions described in each vary broadly, the common thread is rural veterans and the challenges involved in effectively delivering health care to those living in rural America. And the lessons learned here extend not just to veterans, but to the entire rural community.

For more information on VA's rural health efforts, visit www.ruralhealth.va.gov.

Reference

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