

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Office of Rural Health*

# THRIVE

**2020**

Office of Rural Health Annual Report



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## EXECUTIVE DIRECTOR'S LETTER

In 2020, our nation faced a generational public health challenge. From coast to coast, cities large and small saw their hospitals fill, their clinical workforce overwhelmed, and their resources drained as the coronavirus pandemic pushed public health services to the breaking point.

Through smart planning, public health guidance, and emergency support – much of it provided by the U.S. Department of Veterans Affairs (VA) to community providers – we were able to stem the tide of infections and begin the long path to recovery. But as the case numbers in major cities rose and fell, one thing remained constant – our nation's rural Veterans needed support as never before.

The Office of Rural Health's (ORH) mission acquired new importance as the familiar challenges facing rural communities – scattered medical care facilities, a shrinking clinical workforce, higher rates of uninsured patients and limited broadband capabilities – collided with the impact of COVID-19. ORH telehealth programs became potential lifesavers by connecting rural Veterans to necessary care without risking potential exposure to COVID-19.

As the nation's lead advocate for rural Veterans, ORH played a key role in several major COVID-19 initiatives. From promoting community provider trainings to designing an online decision support tool that helps public health leaders anticipate local case surges, ORH leveraged the power of its expertise, partnerships, and innovation to address the most urgent public health challenge of the last century.

As we anticipate a post-COVID future, ORH remains committed to driving the research and programs rural communities need now and in the years ahead. Through strategic thinking, collaboration and an unwavering commitment to increasing care access, we will help rural Veterans **thrive**.

**Thomas F. Klobucar, PhD**  
*Executive Director, Office of Rural Health*



## ◆ ORH'S CORONAVIRUS PANDEMIC RESPONSE

The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) is proud to serve nearly 5 million of our nation's Veterans who live in rural communities. These individuals come from different branches of military service with backgrounds, stories, and health care needs that are as unique as they are.

These differences are one of the driving forces of innovation at ORH, as we strive to provide each Veteran with convenient access to the care they need – from standard primary care services to life-saving mental health support.

But rural Veterans across the country felt the weight of a shared obstacle in 2020:  
**the coronavirus pandemic.**



Source: Pexels

As COVID-19 cases rose in the United States in early 2020, the [Centers for Disease Control and Prevention \(CDC\)](#) warned that the very nature of rural communities would place their residents at greater risk than their urban counterparts.

Even under usual circumstances, rural Veterans often face challenges that can prevent them from accessing the health care and services they need, such as hospital closures, fewer medical providers, and long distances to the nearest medical facility. But in the wake of the pandemic, these obstacles were separating rural residents from more than standard and preventative health care – they were limiting their access to critical COVID-19 treatment.

As the largest telehealth provider in the country, VA was well equipped to offer many Veterans the care they needed virtually. In fact, VA saw a more than 1,476% increase in telehealth visits since March 2020, with many rural patients leveraging the platform to connect with providers nationwide.

VA's ability to provide many patients with virtual care helped minimize COVID-19 exposure for Veterans, their caregivers and VA providers. However, the number of Americans diagnosed with COVID-19 was still on the rise, and not all providers had the resources or infrastructure to adequately care for them.

## FOURTH MISSION EFFORTS

As part of [its commitment](#) to aid the nation in times of crisis, VA activated its Fourth Mission to help minimize the transmission of COVID-19.

In its role as the lead advocate for millions of rural Veterans, the Office of Rural Health supported many of these initiatives including:



### Co-leadership of the Administration's Rural Strategy Workgroup

To provide care to as many Americans as possible during the pandemic, VA extended health services to non-Veterans in rural communities. However, some of the Department's most critical support was focused on relieving clinical providers.

One of the biggest challenges throughout the early days of the pandemic was a lack of clear information – COVID-19 guidance was constantly evolving, frequently contradictory, and emerging from different sources.

VA recognized this as a pivotal opportunity to begin information sharing with providers across the country and launched a [COVID-19 website](#) and a series of free VA Extension for Community Healthcare Outcomes (ECHO) COVID-19 trainings for providers. This ensured that both VA and community providers had access to informational sessions with the latest COVID-19 best practices and resources.

ORH successfully collaborated with other federal partners, such as the Health Resources and Services Administration (HRSA) and community partners, such as the American Hospital Association, and the National Association of Community Health Centers (NACHC) to promote these resources to rural clinicians across the country. Collectively, providers completed more than 8,000 contact hours of VA's COVID-19 webinar trainings.

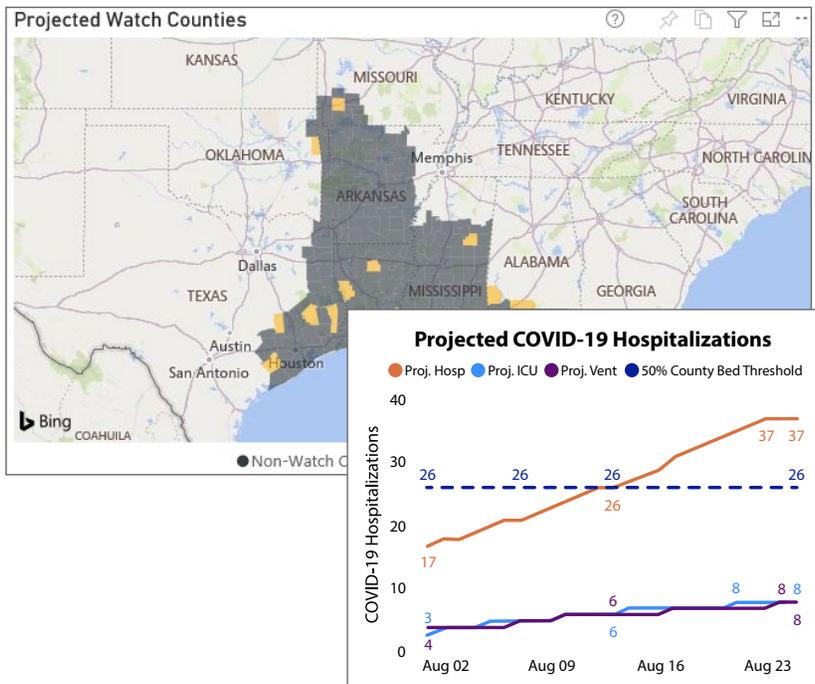


### Development of the Rural COVID-19 Decision Support Tool

Once VA established a process that ensured continuity of care for Veterans and promoted widespread training for providers, the Department shifted its focus to prepare for the next wave of COVID-19.

To help rural VA facilities plan for success during the pandemic and beyond, ORH worked with the Veterans Health Administration (VHA) to develop the [Rural Health COVID-19 Decision Support Tool](#).

The dashboard allows users to review critical data, examine key trends and predict future challenges. These insights – such as bed occupancy and hospitalization rates – help experts identify which regions may not be adequately supplied to support the demand of a future public health emergency.



## Innovative approaches to deliver vaccines to rural Veterans

In late 2020, many Veterans saw a reason for optimism as the Federal Drug Administration (FDA) approved several COVID-19 vaccines for nationwide distribution. But developing effective COVID-19 vaccines was only half the battle.

Rural Veterans cite a lack of transportation as one of the top five reasons for missing or canceling a medical appointment. Given the existing transportation challenges in rural communities, VA recognized the need for a unique approach to ensure COVID-19 vaccinations were delivered safely to Veterans in these areas.

Whether that meant flying the vaccine to locations such as [rural Alaska](#) and [Montana](#) or delivering doses directly to [homebound rural Veterans](#) in Texas – VA and the Office of Rural Health remained committed to providing rural Veterans with the care need, where they need it.

# VETERANS RURAL HEALTH RESOURCE CENTERS (VRHRCs)

To help accomplish its mission, ORH conducts critical research and pilot tests emerging programs through its five Veterans Rural Health Resource Centers (VRHRCs). These satellite offices investigate key issues that impact rural Veterans and develop innovative solutions that can be adopted in rural communities nationwide.

The research at ORH's VRHRCs is led by experts with a range of specialties, including:

- ▶ Geriatrics
- ▶ Rural Veteran suicide
- ▶ Mental health treatment
- ▶ The opioid epidemic
- ▶ Rural workforce and retention

While each of their research portfolios differ, all five VRHRCs work toward one common goal: to increase access to care for rural Veterans.

## VETERANS RURAL HEALTH RESOURCE CENTERS





VRHRC research teams utilize a thorough four-step process to develop solutions for many of the critical health care concerns in rural communities. Initiatives that have shown significant impact are then selected for implementation on a national scale. Notable VRHRC programs include:

**Community Clergy Training to Support Veterans' Mental Health (Salt Lake City)**

increases rural clergy's ability to identify and support rural Veterans with mental health issues. Rural clergy attend workshops on a wide array of mental health topics and VA resources available to Veterans in need.

**Advanced Comprehensive Diabetes Care (Iowa City)** augments existing home telehealth diabetes monitoring to make it more effective for delivery to rural areas. Through the addition of diabetes education and medication management components, rural Veterans are better able to keep their blood glucose levels in a desirable range.

**Prescription CSA Share for Rural Veterans with Chronic Disease (White River Junction)** provides Veterans with risk factors for diet-related chronic diseases with a free weekly share of vegetables through CSA (Community Supported Agriculture), for 12 weeks. The program aims to promote good dietary habits and improve overall Veteran health.

**Clinical Video Telehealth for Rural Veterans with Multiple Sclerosis (Gainesville)** allows specialists to deliver comprehensive Multiple Sclerosis (MS) care – such as neurology and physical therapy – virtually to rural Veterans using VA's Clinical Video Telehealth technology. This saves rural Veterans with MS from making long trips to the nearest facility, which can exacerbate their physical condition.

**Firearm Injury Prevention (Portland)** aims to understand why Veterans in rural communities are at higher risk for firearm-related injury or death. Through a two-phased approach, investigators interviewed medical providers and Veterans themselves about their experiences and trends they see related to firearm safety. The information they gathered will inform the launch of a pilot program to reduce the risk of firearm injuries among rural Veterans.

# TELEHEALTH IN RURAL COMMUNITIES

For years, telehealth technology has played a role in keeping Veterans connected to their medical providers. Virtual consultations have been particularly useful for Veterans in rural communities, who are often hundreds of miles away from the services they need.

With nearly half of VA telehealth patients connecting from rural areas, ORH has developed several telehealth programs ranging from primary care to specialty care and mental health services, including:

- ▶ **Tele-Critical Care** connects VA facilities that do not have intensivists on staff with VA intensivists nationwide via telehealth to increase access to ICU services and specialty inpatient care for rural Veterans.
- ▶ **Telediabetes** provides specialized diabetes services to rural Veterans with uncontrolled diabetes through secure internet video.
- ▶ **Sleep Tele-Medicine** supports diagnosis, care and remote monitoring of Veterans with sleep apnea via web-enabled devices.
- ▶ **Clinical Resource Hubs** provide primary, mental health and specialty care to Veterans in underserved areas via telehealth and in person care.
- ▶ **Home Based Primary Care** allows VA health care teams can travel to provide a wide array of in-home primary care services to eligible Veterans who are unable to travel to the nearest facility because of distance and their current health condition.

But during the pandemic, telehealth care became more than just a convenient alternative – it was a critical service for patients everywhere. The Veterans Health Administration served more than 782,000 patients via telehealth, which allowed Veterans to receive necessary medical care while minimizing transmission of the coronavirus at VA medical facilities.

Although telehealth is a key enabler for many rural communities, some rural Veterans are unable to utilize telehealth services due to limited broadband access in their area. To help address this challenge, VA has worked with community partners across the country to establish local telehealth hubs where Veterans can meet with their providers virtually.





## ◆ UNIQUE RURAL VETERAN POPULATIONS

While many rural Veterans face similar health care challenges, there are also subgroups within this population who require unique consideration, such as women and minority Veterans.

One of the largest groups of rural Veterans is American Indian and Alaska Natives (AI/AN), which includes nearly 145,000 people. Studies show that AI/AN Veterans tend to be disproportionately affected by factors that can have a detrimental impact on their overall health, such as:

- ▶ Lower incomes
- ▶ Lower education levels
- ▶ Shorter life expectancy than the general population

To support the specific needs of this Veteran population, the Office of Rural Health works with the Office of Tribal Government Relations and the Office of Community Care to operate a collaborative partnership with Indian Health Services (IHS).

### VHA-IHS MEMORANDUM OF UNDERSTANDING (MOU)

A key component of this partnership is the VHA-IHS Memorandum of Understanding, which aims to increase access to care for AI/AN Veterans. After nearly two decades, the VHA-IHS MOU continues to evolve to provide the most effective care and support to the AI/AN Veteran community.

In FY20, ORH and IHS began the process of revising the VHA-IHS MOU to allow for more flexibility to maximize their impact in serving AI/AN Veterans. The MOU revision resulted in four mutual goals and objectives in the areas of access, patients, information technology and resource sharing. These goals are all aimed at facilitating seamless health care delivery to eligible Veterans accessing services through both IHS and VA facilities.

VHA and IHS' commitment to collaboration is particularly beneficial for AI/AN Veterans who utilize a combination of both health care systems for care. To help streamline Native Veterans' experience navigating the VA health care system, ORH established the Rural Native Veteran Navigator Program (RNV-NP).

This program connects eligible AI/AN Veterans in rural communities with a health care advocate who helps them understand each health care system. The navigator's familiarity with VHA and IHS is a critical asset that guides Veterans as they coordinate their care across both organizations.

## COMMUNICATIONS

To promote the Office of Rural Health's efforts to increase access to care for rural Veterans, the ORH communications team developed a suite of integrated communications materials including fact sheets, presentations, a quarterly newsletter, motion graphics videos, and several communications campaigns.

Collectively, these efforts garnered more than 3.4 million impressions across internal and external platforms.

### National Rural Health Day

The lack of medical providers is often cited as a contributing factor to the access challenges in rural communities. Rural areas tend to have fewer clinicians, which can make it more challenging for Veterans to access the care they need.

To help address this disparity, the U.S. Department of Veterans Affairs (VA) and other partners have established a variety of programs and incentives to recruit and retain rural providers. In FY20, ORH developed a multi-faceted communications campaign to promote these efforts on National Rural Health Day.

The campaign resulted in:

- ▶ 1.5 million estimated impressions
- ▶ More than 3,000 blog views

- ▶ Generated 75 likes and 19 shares on the VHA Facebook page
- ▶ Generated 5 likes and 23 link clicks on the VHA Twitter page

### Motion graphic videos

In FY20, the Office of Rural Health developed two motion graphics videos to showcase its innovative approach to rural Veteran health care.

- ▶ The [Veterans Rural Health Resource Centers \(VRHRCs\)](#) video was developed as part of a promotional communications campaign announcing the addition of two new ORH field offices in Gainesville, Florida and Portland, Oregon. The video and communications campaign, which collectively garnered more than 1.1 million impressions, provides stakeholders with a more in-depth look at the role of ORH's VRHRCs in developing solutions to rural healthcare challenges.
- ▶ The [Veterans Affairs Farming and Recovery Services \(VA FARMS\)](#) video highlighted the role that agritherapy programs can play in supporting mental health. The video and communications campaign, which collectively garnered nearly 800,000 impressions, provided additional information about an ORH hybrid program that combines agricultural training and mental health counseling.

### Public Affairs

To raise awareness of the resources available to increase access to care for rural Veterans, the Office of Rural Health actively participates in a variety of public-facing opportunities – ranging from Congressional briefings to press interviews, events, and social media campaigns.

A notable example was ORH Executive Director Dr. Thomas Klobucar's [interview on the Federal Drive podcast](#) with Tom Temin. Dr. Klobucar discussed the extent of the rural workforce shortage at both VA and community provider facilities and the impact of these shortages on patient care. Additionally, Dr. Klobucar highlighted workforce incentives from VA and the Office of Rural Health to help recruit and retain providers in rural communities.



## LOOK AHEAD

In fiscal year 2021 and beyond, the Office of Rural Health remains committed to developing innovative solutions that address the key challenges impacting the rural Veterans we support.

Key ORH priorities in FY21 include:

### ▶ **Rural Workforce**

ORH and its partners continue to make strides in our efforts to enhance rural workforce recruitment, retention, and training. Future efforts will include the promotion of clinical workforce incentivization programs, outreach to young rural residents interested in medical careers, and the expansion of current rural practitioners' skillsets to treat a wider variety of patient conditions.

### ▶ **VHA-IHS MOU**

The VHA-IHS MOU continues to evolve after nearly two decades of partnership with Indian Health Services (IHS) and Office of Tribal Government Relations (OGTR). VHA and IHS will host a series of informational and listening sessions to gain feedback from key tribal stakeholders on the MOU revisions. Future recommendations include incorporating cultural competency into provider training, addressing long travel times to facilities, and improving mental health care and outreach efforts. Both agencies will strive to incorporate stakeholder feedback into a finalized MOU that will better serve the needs of AI/AN Veterans across the country.

### ▶ **Program Expansions**

ORH continues to fund and support key programs that increase rural Veterans' access to care and services. In FY21, the Office will debut a new [Rural Promising Practice](#), Advanced Comprehensive Diabetes Care, led by ORH's Veterans Rural Health Resource Center (VRHRC) in Iowa City, Iowa. The program supports existing home telehealth diabetes monitoring through the addition of diabetes education and medication management components.

### ▶ **Veterans Rural Health Advisory Committee**

ORH will continue to host its Veterans Rural Health Advisory Committee (VRHAC) meetings virtually in FY21. Next year's meetings will address health care access challenges for unique rural populations, including women and minority Veterans.

As the nation looks ahead to a brighter, post-COVID future, significant challenges remain for our rural Veterans. Medical facilities continue to close. The clinical workforce is steadily thinning. And the lack of broadband infrastructure limits the deployment of telehealth solutions.

For these reasons, ORH's mission is more important than ever before. We will forge new partnerships, launch new initiatives, and explore new ways of connecting rural Veterans with the care they need. By harnessing the expertise and abilities of our partners in government, academia and the private sector, we will help rural Veterans **thrive**.



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