

GRECC Connect Project: Connecting Rural Providers with Geriatric Specialists Through Telemedicine

This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.

Access Challenges

Although nearly half of Veterans who seek health care annually at the U.S. Department of Veterans Affairs (VA) are over the age of 65, VA has a lower ratio of geriatricians (i.e., specialists who provide health care services and case management to older patients who have multiple chronic diseases, geriatric syndromes, or functional limitations), compared to the United States (U.S.) average. This is even more problematic in rural areas, where there are fewer certified geriatricians, the patient population is older than in urban areas, and there is a higher prevalence of chronic disease.^{1,2} Limited access to specialized geriatric care, especially in rural areas, limits a Veteran's ability to receive critical health services.

Transportation can also be a challenge for rural Veterans.³ For example, rural Veterans reported traveling between 45 and 54 miles to VA primary care services.³ To avoid excess travel, enrolled Veterans often turn to local providers and rely more on local emergency departments, increasing their likelihood of experiencing fragmented care.³ Rural providers and staff also experience access challenges, such as limited opportunities for and access to educational training events and support regarding care management for older Veterans.

Solution

Experts from several VA Geriatric Research, Education, and Clinical Centers (GRECCs) established the GRECC Connect Project, which provides educational and clinical support to rural providers and staff using telemedicine and a network of geriatric specialists.

The GRECC Connect Project helps providers manage care for older rural Veterans and addresses medically- and psychosocially-complex cases with real-time input from interdisciplinary geriatric teams, using case-based conferences, electronic consultations, virtual meetings, and clinical video telehealth.

Since 2014, the GRECC Connect Project has:

- ☑ served 10,273 Veterans and 4,721 providers and staff
- ☑ saved, among Veterans served, a total of 885,938 miles of travel time (an average of 86 miles per Veteran served.)

¹ Olivero, M. (2015). Doctor shortage: Who will take care of the elderly? Retrieved from <http://health.usnews.com/health-news/patientadvice/articles/2015/04/21/doctor-shortage-who-willtake-care-of-the-elderly>

² Department of Veterans Affairs Office of Rural Health. Retrieved from <http://www.ruralhealth.va.gov/>

³ Gale, JA & Heady, HR (2013). Rural veterans: Their problems. Retrieved from <https://www.chausa.org/publications/health-progress/article/may-june-2013/rural-vets-their-barriers-problems-needs>

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth and specialty care. To learn more, visit www.ruralhealth.va.gov.