



Message from the Executive Director of the VA Office of Rural Health

Thomas Klobucar, Ph.D., ORH Executive Director

This issue of The Rural Connection marks the end of my tenure with the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH). While I have been lucky to have enjoyed several careers over my working life, I have never worked in an organization that was so well focused and dedicated to accomplishing our mission in service to rural Veterans. As a Veteran myself, I never dreamed I would work for VA, but I am glad to have been afforded the opportunity to do so.

The Veterans who serve our country do so for a variety of reasons, and it is an exercise in futility to try to understand their motives for doing so. But one thing that ties all of our Veterans together is that we have agreed, as a nation, that they are special, that they deserve respect, and that they have earned the right to the highest quality health care and services, regardless of where they live in urban and rural America.

I am proud to have made a small contribution to the progress the Veterans Health Administration (VHA) has made in serving our most rural, and in many cases most vulnerable, Veterans. I am, and will remain, eternally grateful to the leaders and staff of ORH who shared a vision of Veterans thriving in rural communities. These incredible ORH teammates have created an atmosphere of innovation and service that now reaches virtually every corner of VHA, and nearly every rural Veteran that turns to VHA for care. From innovators at local community-based outpatient clinics and VA medical centers, to VISN rural consultants and the VISN leaders they serve, to our program office partners, VA central office ORH staff, and our five Veterans Rural Health Resource Centers, the members of this extraordinary team have worked together to refine and expand rural health programming across the enterprise.

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I am humbled to have been a part of this extraordinary effort. Thank you for your continued service to our rural Veterans.

Turning to our summer newsletter, ORH Rural Promising Practices (RPP) are innovative local projects which address rural Veterans' health care and access challenges. In the first of a series of articles highlighting RPPs, we look at two Clinical Video Telehealth programs managed by the Gainesville Veterans Rural Health Resource Center.

Read more in Using Clinical Video Telehealth to Care for Veterans with Multiple Sclerosis or Parkinson's Disease on pages 3-4.

The All of Us research program is a national research effort designed to help researchers better understand why people get sick or stay healthy. The program is currently looking for Veteran participants to help contribute to the future of health research.

Read more in VA Enrolling Veterans into the All of Us Research Program on pages 4-5.

This April, VA encouraged Veterans, their families and caregivers to have conversations about advance care planning in recognition of National Healthcare Decisions Day (NHDD).

Read more in Advance Care Planning: A Conversation about What Matters Most on pages 5-6.

Stay tuned as we highlight practical, tangible and beneficial ways to increase access to care for rural Veterans and explore the rural connections to VA's top health priorities. To join our rural Veteran community and receive program updates, please contact ORH Communications at ORHcomms@va.gov.

For the latest information about VA's response to the COVID-19 pandemic, please visit

<https://www.publichealth.va.gov/n-coronavirus/index.asp>. ♦

Veterans Rural Health Advisory Committee (VRHAC) Looks to Tackle Staffing Challenges

By **Natalie Gaynor**, VA Office of Rural Health



In early April, the U.S. Department of Veterans Affairs (VA) Veterans Rural Health Advisory Committee (VRHAC) held their bi-annual meeting to discuss VA rural workforce recruitment and retention. The coronavirus pandemic has exacerbated workforce and recruitment challenges, impacting rural Veterans and medically underserved communities across the country.

During the span of the three-day meeting, VRHAC members heard from more than a dozen speakers about some of the most pressing rural workforce challenges and solutions, including VA initiatives that support recruitment in highly impacted rural areas. Speakers included representatives from VA senior leadership, the Health Resources and Services Administration (HRSA), and rural health researchers and providers. These experts provided diverse perspectives on strategies to address challenges rural areas face in recruiting and retaining medical professionals.

The committee also heard from several panelists throughout the meeting who emphasized the importance of enterprise-wide recruitment initiatives to bridge the rural provider gap. Dr. Janelle McCutchen provided insight into programs such as the [J-1 Visa Waiver program](#) and loan repayment and scholarship programs designed to recruit and retain health service providers to [U.S. Health Resources and Services Administration \(HRSA\)-designated Medically Underserved Areas/Populations \(MUA/Ps\)](#). A panel of six health professionals from the VA Office of Rural Health's (ORH) [Veterans Rural Health Resource Centers \(VRHRCs\)](#) highlighted fellowship opportunities in rural communities including:

- VRHRC-Portland's pilot post-doctoral fellowship program which addresses gaps in the VA research training pipeline for health care professionals with a specific interest in working in rural health
- VRHRC-Gainesville's mentorship program that serves as part of the overall center recruitment strategy

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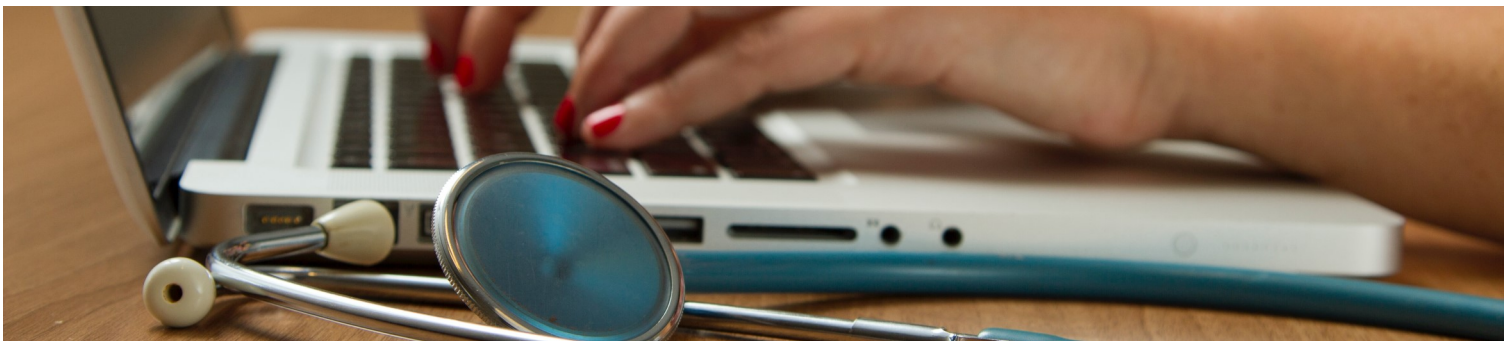
Veterans Rural Health Advisory Committee (VRHAC) Looks to Tackle Staffing Challenges (continued from page 2)

Presenters also included several academic and private sector speakers. During a panel on research perspectives of rural provider recruitment and retention, Mr. Mike Shimmens, Executive Director of [3RNET](#), explained how 3RNET serves as a job board to facilitate the connection of health professionals across the country to rural health clinics and other non-profit organizations.

Each presenter's insight and experience will help committee members develop substantive, actionable policy recommendations to connect rural Veterans and medically underserved communities with quality medical care where and when they need it. ♦

Using Clinical Video Telehealth to Care for Veterans with Multiple Sclerosis or Parkinson's Disease

This story is the first in a series of articles highlighting Office of Rural Health [Rural Promising Practices \(RPP\)](#). These innovative local projects address rural Veterans' health care and access issues.



Multiple Sclerosis (MS) and Parkinson's Disease (PD) are chronic neurologic diseases that affect thousands of Veterans and require regular access to specialty care for treatment. The U.S. Department of Veterans Affairs (VA) estimates that around 110,000 Veterans have PD and over 38,000 Veterans have MS.

In rural and remote areas, MS and PD rehabilitative therapy from community providers is limited or non-existent. Long distances to facilities, transportation challenges, and provider shortages can exacerbate these issues.

Two VA Office of Rural Health (ORH) [Rural Promising Practice \(RPP\)](#) programs are combating these challenges by offering MS and PD care through Clinical Video Telehealth (CVT). CVT is a video-based telehealth method that allows Veterans to connect with specialists remotely from either a local VA facility or their own homes.

Founded in 2013 by the ORH Veterans Rural Health Resource Center (VRHRC) in Gainesville, FL, the Clinical Video Telehealth (CVT) for Veterans with MS program delivers comprehensive care including physical therapy to rural Veterans with MS. Over the program's nine year history, it has expanded from its initial pilot site at the [Gainesville VA Medical Center](#) to nine VA "hub" sites, as well as many local Community Based Outpatient Clinics (CBOCs) within their networks.

The focus of CVT for Veterans with MS is the expansion of rehabilitation care into rural areas with poor access to specialty care. When the program began, VA found that more than one-third of Veterans receiving care for MS lived in rural areas and traveled more than 90 minutes to receive the specialty care they needed. This program allows VA to connect rural Veterans to specialized care in their own homes by conducting remote physical and neurologic examinations, minimizing the travel burden on Veterans and caregivers as well the negative health impacts of travel, such as fatigue and loss of muscular strength. Initial sites that used this approach reported a:

- High degree of patient satisfaction
- Reduction in patient travel
- Decrease in missed appointments



Cincinnati VA Medical Center

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Using Clinical Video Telehealth to Care for Veterans with Multiple Sclerosis or Parkinson's Disease (continued from page 3)



Based on the success of the CVT for Veterans with MS program, in 2020 the ORH VRHRC in Gainesville, FL launched the CVT for Veterans with PD pilot program at the [Cincinnati, OH VA Medical Center](#). This program's goal is to deliver comprehensive care including rehabilitation by telehealth technology to rural Veterans with PD, improving their access to the most effective therapies available for PD.

As with CVT for Veterans with MS, this program enables telerehabilitation and other disciplines of care to be delivered to the home environment, allows for the delivery of comprehensive care for Veterans in rural and remote areas into the home, and reduces the number of no-shows and missed appointments due to travel burden.

At the pilot site in Cincinnati, Veterans with PD can now receive remote physical therapy and real time screening and treatment, including balance, exercise, and assistive device treatment and evaluation during their regularly scheduled clinic visits. Veterans with PD who have cognitive impairments or who are wheelchair-bound also have access to speech therapy and assistance with managing of daily routines and developing a home exercise plan.

Since CVT for Veterans with PD was implemented, there has been a 50% increase in the number of Veterans participating in the program, indicating a strong demand for telerehabilitation services within VA. Additionally, subjective reports indicate that the program is effective and has been well received by Veterans and providers. The project team plans to expand to additional VA sites in the coming years.

For more information about CVT for Veterans with MS, read ORH's [fact sheet](#) and about the program.

For more information about ORH RPP programs, please visit https://www.ruralhealth.va.gov/providers/promising_practices.asp. ♦

VA Enrolling Veterans in the All of Us Research Program

By *All of Us Research Program* team

The *All of Us* Research Program is a national research effort funded by the National Institutes of Health (NIH) that will last for ten or more years. The program seeks to enroll at least one million people representative of the diversity of the United States with the goal of helping researchers better understand why people get sick or stay healthy.

VA is one of the largest healthcare organizations participating in the program. Fourteen VA Medical Centers across the country are currently enrolled, and more are being added. It is the program's mission to ensure that Veterans are represented in this historic effort.

“Research is a major player in the search to help Veterans and our unique illnesses. The *All of Us* Research Program is an initiative that may play an important role in the effort to keep Veterans healthy and able to lead productive lives.”

-Karen, RN, MAJ, Amy Nurse Corps, retired

Over the course of the program, participants will share information through surveys, health records, biospecimens, and more. Researchers will use data from *All of Us* to fuel discoveries for a wide variety of health conditions and to learn more about the health impact of individual differences in lifestyle, environment, and biology.

Studying deoxyribonucleic acid (DNA) is a key part of this effort. Individuals participating in the program have the added benefit of learning more about their DNA over time.



Learn more at Veterans.JoinAllOfUs.org.

All of Us and the All of Us logo are service marks of the U.S. Department of Health and Human Services.

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VA Enrolling Veterans into the All of Us Research Program (continued from page 4)

Individuals might learn about:

- Their genetic ancestry (where their family comes from)
- Their genetic traits, such as why they might love or hate cilantro
- Whether they may have an increased risk of developing a serious health condition, such as cancer or heart disease
- How their body might react to certain medicines

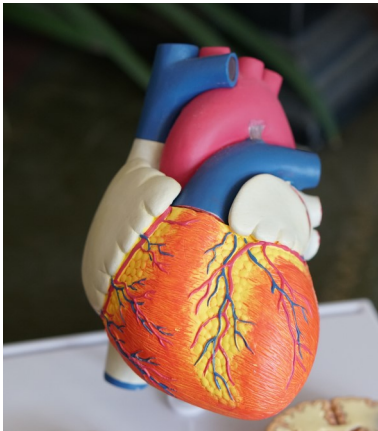
To learn more or to begin enrollment online with VA, please visit Veterans.JoinAllofUs.org.

To enroll in person, call (833) 805-0426 or email allofus@va.gov to schedule an appointment. Enrolling Veterans will be asked to provide consent, complete surveys, and may be invited to have their physical measurements and biospecimens (such as blood and urine samples) collected. Veterans will also be asked to share their electronic health record.

Veteran participation will contribute to the future of health research, which may improve health for everyone – including Veterans. Watch [We Are America's Veterans](#) to learn about why Veterans like [Keisha](#) and [Brian](#) joined *All of Us*. ♦

VA Develops Critical Resources for Cardiac and Pulmonary Rehabilitation Patients

By **Beth Schwartz**, VA Office of Rural Health



Cardiac and pulmonary rehabilitation are essential interventions for Veterans with cardiovascular disease or Chronic Obstructive Pulmonary Disease (COPD), but are often difficult to access for rural populations. To help bridge this gap, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) recently compiled a [library of VA videos](#) to educate Veterans living in rural areas about cardiac and pulmonary rehabilitation services.

The *Home-Based Cardiac and Pulmonary Rehab Program Video Library* includes 40 brief videos, organized by subject matter. Topics include heart disease, pulmonary disease, heart conditions, medications, exercise, nutrition, stress management and tobacco cessation. The videos include information about recognizing the signs of cardiac and pulmonary disease and incorporating healthy preventative lifestyle changes.

[Click here](#) to view the full video library. ♦

Advance Care Planning: A Conversation about What Matters Most

By **Laura D. Taylor, LCSW**, National Program Manager, Advance Care Planning via Group Visits

Throughout the month of April, the U.S. Department of Veterans Affairs (VA) National Advance Care Planning via Group Visits (ACP-GV) Program encouraged Veterans, their families and caregivers to have conversations about what matters most to them in recognition of National Healthcare Decisions Day (NHDD). NHDD is sponsored by The Conversation Project and is observed on April 16 every year.

With support from the VA Office of Rural Health (ORH), the ACP-GV Program engages employees, Veterans, families and caregivers in the process of advance care planning by facilitating a group discussion that elicits personal experiences and encourages participants to identify a “next step” in the process of planning for future health care needs.

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Advance Care Planning: A Conversation about What Matters Most (continued from page 5)

This year, VA staff in more than 55 sites across the nation hosted activities for NHDD. These activities supported Veterans, their families and caregivers in starting a conversation about what matters most to them, who they trust and preparing for unexpected health situations. The following questions helped prompt the conversation:

- What would you want if you were hurt, injured or sick and could not communicate?
- Have you talked with someone you trust to make health care decisions for you?
- What do you want your loved ones to know about your health care wishes?
- Have you named someone to make health care decisions for you if there ever comes a time when you are unable?



Assistance with Advance Care Planning

Help is available for Veterans who are ready to complete an advance directive. VA also supports those who find advance care planning conversations difficult in taking the following steps:

- Talking to their primary care team to determine how to begin the advance care planning process
- Meeting with a social worker to discuss advance care planning and have their questions answered
- Participating in Advance Care Planning via Group Visits (ACP-GV), a one-time session where Veterans and their loved ones can talk to other Veterans and caregivers about what matters most to them and how to plan for the future

Additional information about advance care planning and completing an advance directive:

- To learn more about advance care planning in a group setting: https://www.socialwork.va.gov/ACP_GV.asp
- VA Podcast: What's an Advance Directive and Why Should I Complete One? https://www.youtube.com/watch?v=bSw13r93Lic&feature=emb_logo
- VA Podcast: Choosing a Health Care Agent <https://www.youtube.com/watch?v=hU9vNHwYDGu&feature=youtu.be>
- Information about advance care planning: https://www.va.gov/geriatrics/pages/advance_care_planning_topics.asp ♦

Rural Veterans Receive Virtual Support, and Hope, After Substance Use Treatment

More than one in every 10 Veterans has been diagnosed with a substance use disorder (SUD), which can indicate a dependency on [alcohol, drugs, or nicotine](#). Veterans diagnosed with SUD also have a greater risk for suicide.

Studies show that most rural counties have zero licensed psychologists, making it even more challenging for rural Veterans to receive support during and after SUD treatment.

That's where VA's Office of Rural Health comes in. ORH's Veterans Rural Health Resource Center (VRHRC) team in White River Junction, Vermont is conducting a trial with 20 Veterans as they leave SUD treatment programs.

Veterans in the program receive information about suicide risk soon after discharge and receive seven follow-ups over three months. Those follow-ups can happen over the phone or through VA Video Connect, so rural Veterans can communicate with their health care support teams wherever they are.

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Rural Veterans Receive Virtual Support, and Hope, After Substance Use Treatment (continued from page 6)



This program, called VA Brief Intervention and Contact (VA-BIC) has been shown to help patients stay engaged in their care and decrease suicide risk factors. The White River Junction VRHRC will use the results of this trial to develop a manual about VA-BIC for other health care providers to use at their facilities.

The team also intends to advance VA-BIC as a Rural Promising Practice (RPP), which are ORH's proven models of care for rural Veterans. If the program is established as an RPP, it will be deployed throughout the country allowing more Veterans and their families to benefit from this suicide prevention model.

If you are a Veteran in crisis—or you're concerned about one—free, confidential support is available 24/7. Call the Veterans Crisis Line at **1-800-273-8255** and **Press 1**, send a text message to **838255**, or [chat online](#).

Additional suicide prevention resources are available here: https://www.mentalhealth.va.gov/suicide_prevention/veterans.asp ♦

ORH Tablet Program Improves Mental Health Outcomes for Rural Veterans

By **Beth Schwartz**, VA Office of Rural Health

The coronavirus pandemic greatly increased demand for telehealth nationwide. At the start of the pandemic in 2020, the U.S. Department of Veterans Affairs (VA) distributed nearly 99,000 tablet devices directly to Veterans for telehealth appointments. More than one-third of those devices were issued to rural Veterans without computers or who faced long driving times to the nearest medical facility.

Veterans who received these tablets saw a 36% drop in emergency room visits linked to suicidal behavior, a 22% decline in the likelihood of suicide behavior and a 20% reduction in overall emergency department visits, according to a [study](#) published in the JAMA Network. Participating Veterans also showed increased attendance at therapy sessions, up nearly four visits per year, according to the study.

The study's findings suggest that video-enabled tablets may provide access to critical services for rural patients with mental health needs and reduce instances of suicidal behavior and emergency department visits.



The tablet program, which is a joint venture between the VA Office of Rural Health and the VA Office of Connected Care, recently received news coverage in both [Modern Healthcare](#) and [Military.com](#) (please note that a subscription may be needed to view these articles).

If you or a Veteran you know needs assistance, please visit the VA mental health website at [mentalhealth.va.gov](https://www.mentalhealth.va.gov) or call the Veterans Crisis Line by calling 800-273-8255 and selecting 1, or by texting 838255. ♦



www.ruralhealth.va.gov

VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

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