

Engaging Rural VHA Primary Care Providers in a Rural Scholars Fellowship: Preliminary experience and future directions

ISSUE BRIEF SUMMARY

The VHA Rural Scholars Fellowship (RSF) Program is an initiative that promotes recruitment and retention of providers in rural VHA primary care practice areas. The shortage of health care providers to care for Veterans living in rural areas is a gap that the Office of Rural Health (ORH) is working to close through initiatives that focus on rural workforce development. By providing opportunities for professional growth and development, the RSF program aims to reduce professional and academic isolation and provide the knowledge and skills for primary care providers to lead QI and innovation projects in their local, rural clinics. This brief describes the preliminary experience in establishing the RSF program, initial lessons learned, and opportunities for program growth.

BACKGROUND

- Rural VHA clinics often struggle to recruit and retain healthcare providers, contributing to a provider shortage that hinders access to care.
- Providers in rural clinics may feel disconnected from the larger VHA community due to geographic location. This may limit opportunities for professional growth and contribute to a sense of isolation that prevents providers from accepting or keeping jobs in rural areas.
- VHA is experiencing rapid change as new telehealth and other technologies transform care delivery, and a greater emphasis is placed on coordinating care with community providers. This rapidly changing environment creates a need to provide rural clinicians with the resources and skills necessary to lead innovation in rural health care delivery.
- ORH established the RSF program in July 2018, which is based in the Veterans Rural Health Resource Center in Iowa City, IA (VRHRC-IC).

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- The primary objective of the Fellowship is to develop a cadre of VHA clinicians with the skills, knowledge, and professional networks necessary to become leaders and innovators in rural health care delivery systems.
- A secondary objective is to promote the recruitment and retention of rural-serving VHA clinicians by providing opportunities for professional development and career growth, while keeping Fellows in their rural practice.

KEY PRELIMINARY FINDINGS:

- It is feasible for rural clinicians to integrate and engage in a National QI curriculum, initiate a project, and lead that project through sustainable improvement in their rural clinic.
- VA facility and local leadership support for protected time is necessary for the successful engagement of Fellows.
- Projects have the potential to impact several rural Veterans, for example, the project titled, Improving the Medication Reconciliation Process, was able to reach over 1,000 Veterans from just one rural-serving clinic.
- Program graduates are committed to staying in rural VHA and have an interest in pursuing leadership roles in differing capacities (i.e. rural QI lead, CBOC Medical Director, local QI expert).

IMPACT AND FUTURE DIRECTIONS

- The RSF program recruits talented VA physicians, advanced practice nurses, and physician assistants, who currently practice in rural-serving VA Community Based Outpatient Clinics (CBOCs) and who are committed to careers as leaders and innovators in VA rural health care delivery. The program is also considering other disciplines that practice in rural primary care such as Pharmacists, home-based primary care clinicians, and rural leaders. Fellows must have a minimum of a master's degree.
- During the two-year fellowship, clinicians continue to devote 50% of their time to clinical practice, and 50% to fellowship activities. Clinician participation is currently enabled by partial coverage of their panels by local gap providers or ORH-supported clinical resource hubs, who provide telehealth primary care services.
- Fellowship activities focus in three areas:
 1. Participation in a weekly, virtual curriculum in health care improvement and innovation, in collaboration with the VA Quality Scholars program;
 2. Mentored completion of an improvement or delivery innovation project in each Fellow's rural practice setting; and
 3. Leadership training with a focus on VHA settings.



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- The program has enrolled five clinicians from three rural CBOCs across Illinois, Iowa, and Nebraska, and the VRHRC in Salt Lake City, UT. In May 2020, two clinicians graduated, and one clinician left the Fellowship to pursue a new position in rural VHA. Two clinicians are currently engaged as second-year fellows.
- Fellows' projects have addressed:
 1. Medication safety issues through an improved medication reconciliation process;
 2. Improved Veteran access through implementation of VA Video Connect for virtual visits;
 3. Eliminated waste and clinic inefficiencies through Lean Six Sigma Systems Redesign; and
 4. Increased female Veteran screenings for osteoporosis.

Projects have the potential to impact several rural Veterans, for example, one project alone was able to reach over 1,000 Veterans from just one rural-serving clinic.

- Improvement projects from two program alumni gained the attention of their VAMC Ambulatory leadership. Through their demonstrated leadership, alumni are on track to attain additional leadership roles within, and above and beyond, their local clinics.

- Upon program completion, all Fellows will have created a program portfolio with a minimum of one completed project and one poster presentation at an international conference.
- Fellows indicate satisfaction with the program and intend to remain in a rural VHA career.
- Plans to expand the RSF program through a hub and spoke-like model are in progress. The VRHRC – Salt Lake City is the first planned expansion site. Other VRHRCs are being considered for future expansions.
- Fellows are recruited from all rural-serving CBOCs across the United States due to the virtual nature of the program. Recruitment for the 2021-2023 cohort has already started, with applications due December 31st, 2020.

LESSONS LEARNED

- It is possible for five rural clinicians to engage in a virtual fellowship, receive mentor support, and network with other clinicians interested in rural health care delivery
- Local clinic and VAMC Leadership support for protected time is vital for the Fellow to be successfully engaged in the RSF program
- Gap provider coverage decisions need to be made in collaboration with clinic and ambulatory leadership
- 50% of the clinician's panel needs to be assigned to the gap provider in order to allow the clinician the 50% protected fellowship time



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SUBJECT MATTER EXPERT

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- Face-to-face site visits for both faculty and rural fellows, 1-2 times per year, is helpful for clinic buy-in and fellow engagement/networking with other fellows in the program
- Regular communication and updates provided from the RSF leadership team to the Fellow's ambulatory leadership team can facilitate support, project progress, and project completion
- PACT team readiness to participate on the Fellow's project team may also facilitate project progress and completion



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