

Date: February 23, 2018

From: Dale Gibbs, Veterans Rural Health Advisory Committee Chair

To: Secretary Shulkin

The Veterans Rural Health Advisory Committee Fiscal Year 2018 Recommendations for your consideration address workforce issues that continue to preclude rural Veterans' ability to access timely primary and specialty care, as well as support services. These recommendations were informed by VA experts and community healthcare leaders over the past year of research.

Recommendation #1: Recruitment and Retention

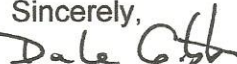
Create a U.S. Department of Veterans Affairs' (VA) Integrated Service Network (VISN) rural recruitment and retention system by targeting existing resources and identifying new solutions in order to support rural VA clinicians and their families.

- In addition to partnering with Federally Qualified Health Centers, academic medical centers and the U.S. Department of Defense, begin partnerships with community healthcare facilities (e.g. Critical Access Hospitals, private clinics, Rural Health Clinics) in rural areas to share Community Based Outpatient Clinic providers.
- Enable VISNs to create alternative work schedules in rural areas and develop a pool of support providers (community and VA) that can eliminate gaps in providers' schedules, and increase rural Veterans' access to care.
- Recommend legislative initiatives that allow greater autonomy and more funding for VA's Human Resource Department to recruit and retain rural health care providers. Creative approaches could include value-added incentives to attract and retain quality health professionals (e.g., sign-on bonuses, more local/regional competitive salaries, assist with spouse employment, housing and child care).

Recommendation #2: Delivery of Care

Veterans have benefited from VA telehealth for many years and its value has been proven. Many community rural healthcare entities also have excellent telehealth networks but connecting them to the VA network has proven difficult because of layered IT approvals in VA medical centers and VISNs.

- Implement a national protocol for VA telehealth security and interfacing instructions to connect VA with community entities. Responsibility for implementing and monitoring IT protocols should be managed by the initiating VA Medical Center.
- In specialist shortage areas, VA should partner with local community specialists to deliver Veteran care or use telemedicine to connect rural Veterans to non-local community specialists.
- Facilitate VA partnering with community healthcare entities in their pursuit of federal, state, and private grants that will expand telehealth infrastructure (e.g., broadband and telemedicine equipment) in rural areas.

Sincerely,

Dale Gibbs

CC: Thomas Klobucar