

**November  
18-19, 2014  
Washington, DC**

**Veterans Rural Health Advisory  
Committee Meeting  
Department of Veterans Affairs  
*Meeting Summary***



**VA**



U.S. Department  
of Veterans Affairs

# Meeting Summary

## Veterans Rural Health Advisory Committee Meeting Department of Veterans Affairs



<b>Session Objectives:</b>	<ol style="list-style-type: none"> <li>1. VRHAC will be updated on key department, administration and office activities, including targeted discussion on:             <ol style="list-style-type: none"> <li>a. Rural implications of the Veterans Access, Choice and Accountability Act (Veterans Choice Act); and</li> <li>b. VHA’s telehealth care delivery for rural Veterans</li> </ol> </li> <li>2. VRHAC will be oriented to its counterpart, the Advisory Committee for the US Department of Health and Human Services (HHS), as context for VRHAC operational refinements</li> <li>3. VRHAC will understand how to apply the Ethics Requirements per Training for Advisory Members</li> <li>4. VRHAC will determine priorities for the spring 2015 meeting</li> </ol>
<b>Date &amp; Time:</b>	Tuesday, November 18, 2014 from 8:45 AM to 5:00 PM
<b>Location:</b>	1100 First Street, NE – First Floor Conference Room
<b>Attendees:</b>	Seferino Silva, Jr, Tom Morris, Kevin Kelley, Caleb Cage, Janice Casillas, Syreeta Long, Gary Cooper, Don Samuels, Gina Capra, Terry Schow, Patricia Vandenberg, Debra Wilson, Buck Richardson, Wilbur Woodis, Margaret Puccinelli, Richard Davis, Thomas Klobucar, Ben Swanson, Emily Oehler, and Elmer Clark.
<b>Note Takers:</b>	Ben Swanson, Emily Oehler

1	<p><b>Part 1: Welcome, Introductions and Meeting Kick-Off</b> 8:45 – 10:00 am Speakers: Terry Schow, Patricia Vandenberg, &amp; Georgi Bady</p> <hr/> <p><b>Terry Schow, Chairman, Veterans Rural Health Advisory Committee (VRHAC)</b></p> <ul style="list-style-type: none"> <li>• Mr. Schow opened the session by welcoming the committee members and stating the importance of committee and its efforts.</li> <li>• VRHAC serves a noble purpose in making recommendations to the Secretary to improve the care of and access to care for rural Veterans.</li> <li>• Mr. Schow emphasized that given the committee’s direct connection to the Secretary, VRHAC serves as the voice of both the Veteran and their family and will work to ensure those voices are heard.</li> </ul> <p><b>Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning (ADUSH/PP), VHA</b></p> <ul style="list-style-type: none"> <li>• Ms. Vandenberg introduced herself to the committee and provided context for the meeting by going over the U.S. Department of Veterans Affairs</li> </ul>
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(VA) “I CARE” values, their importance and the meaning behind each letter.

- Ms. Vandenberg communicated that the key to success lies in the ability of VA to partner effectively to ensure that all Veterans have access to timely and convenient care.
- 3 Strategic Goals Drive VA
  - Empower Veterans and improve their well-being.
    - VA is moving beyond disease treatment and focusing its efforts towards wellness promotion and disease prevention.
    - These efforts involve addressing social determinants of health and building the community behind the Veteran.
  - Enhance and develop trusted partnerships.
  - Manage and improve VA operations to provide seamless support.

#### **Membership Discussion:**

- Members reinforced the need for VA, and committee, to understand the Veterans’ needs and wants, and deliver on those.

#### **Georgi Bady, Facilitator**

- Ms. Bady welcomed the group and established some ground rules for the day’s discussion before reviewing the briefing book and agenda.

#### **Introductions**

- Introductions were made by VRHAC members and guests.

#### **Highlights/Key Takeaways/Themes:**

- **VRHAC discussion and recommendations should reflect “I CARE” core values.**
  - **This is a time of transformation for VA, as new emphasis is placed on the development of trusted partnerships and the shift of focus from disease treatment to health promotion.**
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## Part 2: ORH Director's Update and Discussion

10:15 – 11:00 am

Speakers: Gina Capra

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### **Gina Capra, Director, Office of Rural Health, Office of the ADUSH/PP**

- Ms. Capra provided the group with an update on ORH accomplishments and ongoing efforts.
- **Rural Veteran Populations**
  - 36 percent, or 3.2 million, of VHA-enrolled Veterans live in rural or highly rural areas and more than 53 percent are at least 65 years old.
  - Rural Veterans face challenges due to socio-economic status, limited broadband coverage, and a longer distance to access care.
- **Model of Support**
  - ORH programs strive to drive sustainable national and local improvements and have serviced 1.8 million rural Veterans through ORH-funded projects since 2008.
  - VA is pursuing the achievement of the FY 2015-19 Rural Health Strategic Plan.
  - Programming efforts must reflect the needs and wants of the Veteran and are mindful of the recent Veterans Choice Act.

### **Highlights/Key Takeaways/Themes:**

- **VRHAC recommendations guide ORH activities, as well as the Secretary's priorities and decision-making related to rural health.**
  - **ORH has always placed priority on the voice of the Veteran, and that will only increase going forward, in accordance with the Secretary's priorities.**
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## Part 3: Counterpart: National Advisory Committee on Rural Health and Human Services (NACRHHS)

11:00 – 11:30 am

Speakers: Tom Morris, Steve Hirsch, & Christina Campos

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### **Tom Morris, Associate Administrator, Office for Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), HHS and Designated Federal Official for the Committee**

- Mr. Morris described NACRHHS and its purpose of advising the Secretary of HHS on all rural issues.

### **Steve Hirsch, Public Health Analyst, ORHP, HRSA, HHS and Executive Secretariat for the Committee**

- Mr. Hirsch described the committee in detail and discussed the policy brief development process.
  - **Meeting Structure**
    - NACRHHS meets 2-3 times each year and creates reports to be given to the Secretary.
    - Meetings are 2.5 days: discuss current issues, subcommittee field visits, and report discussion.
    - Advance materials are provided electronically for a paperless meeting.
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- Truman-Albright Fellows provide meeting outcomes support.
- **Policy Briefs**
  - NACRHHS needs-based reports focus on affecting policy.
  - Example of a recent policy brief topic: Rural Implications of the Affordable Care Act Outreach, Education, and Enrollment.
  - Policy Briefs are accessible by the public.
    - Although the developed policy briefs don't always result in direct policy change, the products of the committee's work are available for public viewing and influence the strategies and decisions made by rural health leaders.

**Membership Discussion:**

- VRHAC membership discussed opportunities to better utilize technology during future meetings for greater information sharing, and agreed to revisit VRHAC procedures for developing recommendations to the Secretary.

**Highlights/Key Takeaways/Themes:**

- **NACRHHS shared its best practices and prompted a conversation regarding current VRHAC procedures—and strategic purpose.**

**Part 4: The Veterans Access, Choice and Accountability Act (Veterans Choice Act) Update and Rural Implications; Affordable Care Act (ACA) Update**

1:00 – 2:00 pm

Speakers: Terrence Stinson & Duane Flemming

**Duane Flemming, Director of Policy Analysis and Forecasting, VHA Office of the ADUSH/PP**

- Mr. Flemming provided a high level overview of the Veterans Choice Act.
- Mr. Flemming also provided an update on the Affordable Care Act:

**Terrence Stinson, Director of Policy Analysis, VHA Office of the ADUSH/PP**

- Mr. Stinson described several key provisions of the Veterans Choice Act:
  - Key Provisions
    - Non-VA (FQHCs and RHCs) providers are reimbursed at Medicare rates (unless the provider is in a highly rural area).
    - Health Professionals Educational Assistance Program received a five-year extension.
    - The Choice Act modifies the Education Debt Reduction Program (EDRP)
- Rural Provisions Technical Amendments examples include the extension of Project ARCH (Access Received Closer to Home – a pilot program that offers health care provision through non-VA providers) in five VISNs and collaboration with Indian Health Services (IHS) to increase access, quality and coordination of care.

**Membership Discussion:**

- Members sought insight on rural-specific ramifications of the Veterans Choice Act legislation such as how the 40-mile radius is calculated, how

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	<p>non-VA providers are approved and how VA is disseminating information to Veterans.</p> <ul style="list-style-type: none"> <li>• VRHAC membership discussed the need for education efforts aimed at the provider community and discussed the recent deployment of the Veterans Choice Card.</li> </ul> <p><b>Highlights/Key Takeaways/Themes:</b></p> <ul style="list-style-type: none"> <li>• <b>VA continues to work with Congress to clarify details within the Veterans Choice Act and shape its execution.</b></li> <li>• <b>VA’s health care programs qualify under ACA, providing even more incentive for Veterans to sign up.</b></li> </ul>
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<b>5</b>	<p><b>Part 5: Federal Ethics Training for Advisory Committee Members</b> 2:15 – 3:00 pm Speakers: Jonathan Gurland</p>
	<p><b>Jonathan Gurland, Office of General Counsel, Department of Veterans Affairs</b></p> <ul style="list-style-type: none"> <li>• Mr. Garland presented the required Ethics Training for Special Government Employees (SGE).</li> </ul> <p><b>Highlights/Key Takeaways/Themes:</b></p> <ul style="list-style-type: none"> <li>• <b>As and SGE, VRHAC members abide by similar ethics requirements as federal employees.</b></li> </ul>

<b>6</b>	<p><b>Part 6: ORH Communications and Feedback Session</b> 3:15 – 4:00 pm Speaker: Emily Oehler</p>
	<p><b>Emily Oehler, ORH Communications Specialist, Grant Thornton LLP</b></p> <ul style="list-style-type: none"> <li>• Ms. Oehler provided the group with an overview of current national communications statistics and ORH strategic communications plans. <ul style="list-style-type: none"> <li>○ The amount of information we perceive everyday has increased by 900% over the past 3 years. Getting people to listen, understand, and act is harder than ever before.</li> <li>○ Brand identity comprises tangible and intangible attributes that evoke a common expectation from customers and communicates a message.</li> <li>○ ORH will restructure how it communicates to key stakeholders in an effort to better support the health and well-being of rural Veterans.</li> </ul> </li> </ul> <p><b>Member Discussion:</b></p> <ul style="list-style-type: none"> <li>• VRHAC members discussed opportunities to further strengthen the ORH brand through increased partnership and message development, as well as discussed their role as rural Veteran advocates.</li> </ul> <p><b>Highlights/Key Takeaways/Themes:</b></p> <ul style="list-style-type: none"> <li>• <b>Consistency is key in communicating an organization message and establishing a recognizable brand.</b></li> <li>• <b>Identification of key messages, as well as primary and secondary target audiences, can help in the development of effective products.</b></li> </ul>

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## Part 7: State of Affairs: Committee Members Reflections and Facilitator Recap

4:00 – 5:00 pm

Speakers: Group Discussion, Georgi Bady, Terry Schow

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- Ms. Bady led the group in a productive discussion that addressed future VRHAC goals and developed potential actions items that were deemed key to accomplishing those goals.
- Following the discussion, Mr. Schow thanked the group and adjourned the meeting for the day.

### Highlights/Key Takeaways/Themes:

- **The Veterans Choice Act presents VRHAC with a unique three year opportunity to provide meaningful and impactful recommendations to the Secretary during a time of transformation within VA.**
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<b>Note Takers:</b>	Ben Swanson, Emily Oehler

<b>1</b>	<b>Part 1: Chairman Welcome and Charge for Day 2</b> 8:45 – 9:00 am Speakers: Terry Schow, Georgi Bady
	<b>Terry Schow, Chairman, VRHAC</b> <ul style="list-style-type: none"> <li>• Mr. Schow opened the second day by addressing the group and deferring to Ms. Bady to introduce the first presentation.</li> <li>• Ms. Bady reiterated the ground rules for discussion and welcomed the first presentation of the day.</li> </ul>



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## Part 2: Orientation to VHA's Telehealth Care Delivery and Spotlight on Tele-HIV Rural Promising Practice

9:00 – 10:00 am

Speakers: Tom Klobucar, Michael Ohl

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### Tom Klobucar, Deputy Director, ORH

- Dr. Klobucar talked to the group about recent advances in telehealth as a means of care provision to Veterans living in rural areas with low access to care.
- **Rural Health Care**
  - 56 percent of Veterans who live in rural and highly rural areas receive care at urban VA facilities and 70 percent of VA enrolled rural and highly rural Veterans see both VA and community providers.
- **Telehealth**
  - VA is the largest provider of telehealth services in the country.
  - The vision of the VHA Office of Telehealth Services (OTS) is to make the home and local community the preferred place of care whenever possible and practical.
  - 3 Types of Technology
    - Synchronous Telehealth (real-time/two-way video communication).
    - Asynchronous Telehealth (information forwarded for interpretation).
    - Home Telehealth – Monitoring with case management (Phone communication).
  - Telehealth technology saves the Veteran time, money and results in high levels of customer satisfaction. However, limited broadband access is a large barrier to telehealth care for Veterans living in highly rural areas – 388,000 Veterans do not have access to broadband.

### Michael Ohl, Physician and Infectious Diseases Specialist, Iowa City VAMC

- Dr. Ohl gave a presentation about Virtual Team Care from Iowa City via a live video feed.
  - Virtual Team Care
    - The average rural Veteran typically lives further from a specialty care clinic than they do from a primary care provider (SCAN-ECHO and Clinical Video Telehealth solve this problem)..
    - Iowa VAMC example:
      - HIV perceived as too complex for typical telehealth solutions. This issue prompted the creation of a shared care arrangement (pilot project) between a specialty clinic, the primary care provider and the Veteran.
      - This pilot found that rural Veterans prefer receiving care via virtual teams vs. traveling great distances to see a specialty care doctor face to face.
    - Population Management
      - Regional registry algorithms help identify patient risks and prompt appointments.
  - Promising Practices are select new models of care that enable VA to delivery
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increased, quality care to rural Veteran – through an approach that is pilot tested and eventually scaled to multiple sites.

**Membership Discussion:**

- Members discussed nuances of telehealth such as missed appointments, impact of lack of broadband/cost, integration of social support, and expansion opportunities through federally qualified health centers.

**Highlights/Key Takeaways/Themes:**

- **Advancing access to care is not as dependent on the technology aspect (tools have been around for decades) as it is on the integration of care teams (nurse practitioners, primary care providers, specialty care physicians, etc.) with each other and technology.**
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**Part 3: Overview: The Status of Disabled Veterans in the USA**

10:15 – 11:00 am

Speakers: John Bradley III

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**John Bradley III, Senior Advisor, Disabled American Veterans (DAV)**

- DAV started in 1920 by a group of World War I Veterans and has a mission of advocating for the US Veteran in front of the government to ensure they get health care benefits.
- Mr. Bradley discussed the history of DAV and provided recommendations to the Committee regarding rural advances in support of disabled rural Veterans

**Highlights/Key Takeaways/Themes:**

- **In general, VA provides strong care to Veterans, but needs to more effectively communicate its features and successes.**
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## Part 4: Committee Management Items

11:00 – 11:45 pm

Speakers: Gina Capra, Curt Mueller

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### Gina Capra, Director, ORH, Office of the ADUSH/PP

- Ms. Capra provided an overview of ORH service delivery research efforts of three regional centers and introduced Dr. Curt Mueller who spoke about rural health service delivery research at HHS Office of Rural Health Policy.

### Curt Mueller, Director of Research and Evaluation, Office of Rural Health Policy (ORHP), HHS

- Dr. Mueller described ongoing ORHP research efforts.
- Mission is policy-relevant research and dissemination:
  - ORHP’s research is similar to traditional health services research, such as analysis of population disparities.
  - Research efforts are policy driven and also explore opportunities for technical assistance.
  - Their grants program enables HHS to shape the content of the research.
  - Seven rural research centers produce research products each year.
  - Results of the research efforts are posted online for public viewing.

#### Membership Discussion:

- Members requested information on the current research topics, and if any focused on Veterans or rural Veterans.

#### Highlights/Key Takeaways/Themes:

- **HHS is heavily involved with rural health research but does not focus its efforts on Veteran populations—prompting discussion amongst VRHAC membership to further explore research opportunities regarding rural Veterans.**

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## Part 5: Power of 20 – VRHAC Advocacy Tools

1:15 – 1:30 pm

Speakers: Emily Oehler

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### Emily Oehler, ORH Communications Specialist, Grant Thornton LLP

- Ms. Oehler led the group in a discussion to brainstorm the development of two VRHAC-specific communications products that would support their advocacy of rural Veterans.

#### Membership Discussion:

- Members provided input on the information and format of content that would support them as VRHAC members.

#### Highlights/Key Takeaways/Themes:

**Members supported the development of a VRHAC orientation guide, the restructuring of the VRHAC website section, and a document with key statistics and contact information.**

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## 6 Part 6: Committee Member Research Topic Discussion

1:30 – 2:00 pm

Speakers: Group Discussion

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### Membership Discussion

- Members discussed potential research topics related to rural Veteran health and well-being, as well as who could be research partners such as HHS and IHS. Topics discussed included: Veteran Choice Act, Veteran mental health care, State-centric needs, women Veterans, transportation, technology and provider recruitment.

### Highlights/Key Takeaways/Themes:

- **Committee members discussed and identified a multitude of research opportunities to better understand the rural Veteran landscape in order to provide stronger recommendations to the Secretary.**
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## Part 7: Rapid Response Brainstorming Session

2:30 – 2:55 pm

Speakers: Georgi Bady

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- Ms. Bady led the group in a rapid brainstorming session on each of the following VRHAC-related questions.
  - What does success look like to VRHAC?
  - How will VRHAC achieve or pursue success?
  - What does a VRHAC meeting look like to achieve the above?
  - What characteristics or expertise if needed of VRHAC members?
  - What are expectations or characteristics of the chairperson?

### Highlights/Key Takeaways/Themes:

- **The group shared thoughts on committee purpose, meeting format, and membership qualifications to be considered in the development of future meetings and membership recruitment.**
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## **Part 8: Committee Management Items**

3:00 – 3:30 pm

Speakers: Gina Capra, Terry Schow, Group Discussion

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### **Gina Capra, Director, ORH**

- Ms. Capra discussed committee management items with the group (e.g., travel regulations and procedures) and prompted a group discussion in which membership shared ideas to improve future meetings.

### **Membership Discussion:**

- Members recommended a few approaches to simplify the travel process within the parameters of travel regulations and procedures.

### **Terry Schow, Chairman, VRHAC**

- Mr. Schow thanked VRHAC members for their participation and closed the meeting while reminding the spring 2015 Sub-Committee to remain for planning purposes.

### **Highlights/Key Takeaways/Themes:**

- **Insight was gained on the VA system requirements and time frames for government-related travel.**
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## **Part 9: Spring 2015 Sub-Committee Meeting and Action Items**

3:45 – 5:00 pm

Speakers: Terry Schow, Sub-Committee Discussion

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### **Terry Schow, Chairman, VRHAC**

- Mr. Schow led the spring 2015 sub-committee in a discussion regarding goals and logistics for the next VRHAC meeting in Chillicothe, Ohio, tentatively set for April 2015.
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