



MEETING MINUTES

May 15-16, 2013

The Veterans' Rural Health Advisory Committee (VRHAC) convened its spring meeting on Wednesday and Thursday on May 15-16, 2013.

Committee members present:

James Ahrens, *Chairman*
Caleb Cage
Janice Casillas
Rachel Gonzales-Hanson
Hilda Heady
Clyde Marsh
Terry Schow
Debra Wilson

Committee members absent:

Cynthia Barrigan
Michael Dobmeier
James Floyd

Ex –Officio Members

Rich Davis
Susan Karol, M.D.
Tom Morris

Presenters and other participants:

- Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning, Veterans Health Administration (VHA), VA
- Gina Capra, Director, Office of Rural Health (ORH), VHA, VA
- Byron Bair, M.D., Director, Veterans Rural Health Resource Center – Western Region (VRHRC-WR), ORH, VHA, VA
- Paul Hoffman, Director, Veterans Rural Health Resource Center (VRHRC) - Eastern Region, ORH, VHA, VA
- Peter Kaboli, Director, and Dr. Sarah Ono, Research Health Science Specialist VRHRC – Central Region, ORH, VHA, VA
- Brent Elrod, National Program Leader, Nutrition and Family Sciences, Cooperative Extension, Research and Education Services, United States Department of Agriculture
- Christopher Britt, Attorney, VA Office of General Council
- Judy Bowie, Designated Federal Officer, Management Analyst, ORH, VHA, VA

Wednesday, May 15, 2013

Day 1 of the VRHAC meeting opened at 8:15 a.m. EST.

Welcome and Introductions

Chairman Ahrens opened the meeting with welcoming remarks, and Committee members gave self-introductions. The Committee unanimously approved the minutes from the January 29, 2013, teleconference. Chairman Ahrens then introduced Ms. Patricia Vandenberg, Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning.

ADUSH for Policy and Planning

Ms. Vandenberg introduced the new ORH Director, Ms. Gina Capra. She also recognized the VRHAC members with terms expiring in September 2013, and personally thanked each member for their service and commitment to serving rural Veterans.

- Ms. Vandenberg provided updates concerning “the American healthcare system,” the challenges of rural communities, rural citizens, including rural Veterans’ access to care, health equity issues in terms of quality of services and scope of services. She reported the ADUSH is conducting a study that looks at low volume small medical centers. The ADUSH is collaborating with the Department of Defense (DOD) who will be conducting a similar study that looks at utilization of military treatment facilities across the United States.
- Ms. Vandenberg informed the Committee that the U.S. Office of Management and Budget (OMB) has asked the VA/VHA to undertake three major studies:
 - VHA Modernization Study – the study examines the delivery of care, target population served, infrastructure in place, methods, and systems in place to deliver care.
 - VA and DOD Comparability Study- the study identifies common goals the two Agencies have in common for collaborative endeavors.
 - VA-DOD Medicare Analysis - The study is still in the developmental stages but will consider continuity of care, quality of care and cost.

ORH Update

Ms. Capra provided an overview highlighting the ORH activities per her assessment as the new Director effective April 22, 2013. She emphasized that the ORH mission is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support the unique needs of enrolled Veterans residing in geographically remote areas. Ms. Capra discussed the areas of focus most prominent on her radar in the first 30 days of her tenure.

- ORH solicited Fiscal Year 2014 project proposals. Final funding determinations for the approved projects will be completed by mid-July, 2013. VISNs and VA National Programs will be notified.

Operating Environment Factors include:

- Affordable Care Act Implementation
- Rural Economies

- Population Migration and Demographics
- Technology Impact
- Service Area Boundaries

Ms. Capra expressed ORH's continued commitment to initiating and sustaining collaborations and building partnerships to ensure access and delivery of care.

- Ms. Capra informed the Committee that she has received a list of qualified candidates for the ORH Deputy Director's position. More updates to be provided as process unfolds.

Veterans Rural Health Resource Center (VRHRC) – Western Region

Dr. Bair provided an overview of the VA/VHA and ORH partnership with the State of Utah Department of Veterans Affairs to develop a sharing agreement to implement a Veterans Tracking Database Pilot. The following is a summary of events that have taken place:

Developed a Tool

- Integrate multiple sources of Veteran data
- Identify rural and highly rural Veterans
- Develop a sharing agreement to promote rural Veterans' access to care and healthcare information.
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Share Tool Nationwide

- Identify Veterans Tracking System (VTS) administrator
- Assist with the development of a marketing plan to export VTS to other State Offices of Veterans Affairs
- Assign someone to oversee writing, implementing, and updating the MOU between the State and collaborating VA facilities concerning VTS use.

VTS Exportation Criteria for Participation

- State IT liaison
- Establish suitable server environment
- Create a suitable database
- Customizing user authentication method
- Funding
- Analysis of feasibility and sustainment

Dr. Bair informed the Committee that the alpha state is Utah, and Alabama and Nevada are being considered as a part of the beta pilot expansion.

VRHRC – Eastern Region

Dr. Hoffman provided highlights on three VRHRC – Eastern Region Rural Health Training Initiative Pilot projects that represent a collaborative effort between the VHA Office of Academic Affiliations (OAA) and ORH to fulfill VA's mission to serve rural and highly rural Veterans.

Rural Health Training and Education Initiative (RHTI) Pilot Projects funded by ORH

This is an ORH funded partnership with VHA, the Office of Academic Affiliations, affiliated universities, and providers. The goal is to educate rural providers and encourage new providers to work in rural areas. The pilot launched in October 2012, and will provide funding for 3 years.

- A 6-month planning grant was established. Out of the 10 applications, eight applicants will receive funding for the planning grant.
- The Request for Proposal for the actual development of the training program received applications from 14 sites. For FY 2014, seven sites have been selected to receive planning grant awards.
- For FY 2014, seven sites have been selected to implement RHTI projects:
 1. VA Pacific Islands Health Care system, Honolulu, Hawaii
Family Medicine, Internal Medicine, Pharmacy, Psychology, and Social Work
 2. Tuscaloosa, Alabama VAMC
Family Medicine, Nursing, Psychiatry, Psychology, and Social Work
 3. Salisbury, North Carolina
Salisbury VA Medical Center
 4. Salem, VA Medical Center
Family medicine, physician assistants
 5. James J. Peters, Bronx VA Medical Center (Hudson Valley)
Nurse Practitioner, Pharmacy, and Social Work
 6. VA Maine Health Care System (Togus)
Nurse Practitioner, Optometry, Pharmacy, and Psychology
 7. Omaha, Nebraska
University of Nebraska Medical Center

Potential Outcomes

- Contribute to the integration of remote rural sites into VHA organization culture and result in great patient satisfaction.
- Increase retention of clinical workforce and higher quality.
- Increased skills of local VA providers through continuing education can result in increased access to care.

Rural Health Clergy Training Project

- The VA National Chaplain Center, in collaboration with VA Tennessee Valley Healthcare System offered a one-day workshop to educate rural clergy about how they can collaborate with VA to support rural Veterans.
- The FY12 workshops had over 216 participants with eight rural locations in the Southeast. For FY13, there were over 100 participants in four rural locations in the Midwest. Two workshops were organized with the National Guard and one workshop will be given at the Association of Professional Chaplains annual meeting.
- Key component of the workshop is providing the Rural Clergy with the process to refer Veterans for assistances in obtaining benefits and services.
- Data analysis of a 6-month evaluation is in progress and one-year evaluations will be disseminated in May 2013.
- Proposals for FY14 include four for the Western United States (Washington, Oregon, California, and Nevada). VA E-Health University broadcast four workshops, and webinars.

USDA – National Institute of Food and Agriculture (NIFA)

Mr. Elrod provided an overview of NIFA, Strategic Partnerships, and Grants Program Resources from USDA. This presentation was the result of a recommendation made by the VRHAC during the January 2013 teleconference concerning gaining more information about collaborative partnerships with the USDA. Mr. Elrod focused on collaborative projects specifically, the NIFA, Land Grants, and Cooperative Extension Grant Programs that include:

- **Extramural Research:** Provides answers to complex issues facing our nation.
- **Education:** Seeks to improve scientific and agricultural literacy, especially among youth, and open opportunities for students in vocational careers in agriculture. In cooperation with public institutions, private sector partners and the Land-Grant University System, NIFA provides national leadership to address critical educational issues. Funding includes programs targeting minority-serving institutions.
- **Extension:** Translates research and educational programs that helps individuals learn new ways to produce income through alternative enterprises, improved marketing strategies and management skills, help farmers and ranchers improve productivity through resource management, controlling crop pests, soil testing, livestock production practices, and marketing.
- **National Program Leadership:** Help states identify and meet research, extension and education priorities in areas of public concern that affect agricultural producers, small business owners, youth and families, and others.
- **Competitive Grants:** NIFA awards competitive grants for fundamental and applied research, extension and higher education activities, as well as for projects that integrate research, education and extension functions.

VRHRC – Central Region

Dr. Ono provided the Committee with an overview of the qualitative evaluation of if project models that were funded by ORH in the last five years. The study will highlight the impact of ORH supported projects at the Veterans Integrated Service Network (VISN) – level and projects funded directly to the medical centers. The findings of this study will help inform the future direction of ORH.

Key Milestones:

First summary report was completed on December 31, 2012 and Dr.'s Kaboli and Howren of the VRHRC-Central Region presented the outcomes and measures from that report. The final report is due on September 30, 2013. Dr. Ono provided the Committee with an overview of the longitudinal perspective on the growth of the ORH and highlighted the success of organizational strategies, scope of projects, and distribution of projects targeting each of ORH's goals and impact on rural health, including outreach to rural Veterans at the National, Veterans Integrated Service Network (including VISN Rural Consultants) and facility levels. The VRHRC's data is not included in this overview because an earlier evaluation presentation that was conducted by the VRHRC - Central Region for the VRHAC highlighted information that assessed performance of the three regional VRHRCs funded by ORH for the last five years.

- **Preliminary Outcomes:**
 - Significant progress was made in determining the most effective way to monitor and track projects and their outcomes.
 - ORH Management Analysis Tool (OMAT) has proven to be a useful performance data tool. There is a value in having measurements and a

reporting system that provide hard numbers and narrative in place. ORH analysts review OMAT reports when making sustainment decisions.

- ORH has had impact in improving access to care for rural Veterans specifically in transportation projects to facilitate access to care and healthcare targeting women Veterans. The expansion of women's healthcare in VA is a national effort and the combination with telesupport – or technology, in this case phone calls, to help manage care and reduce the amount of travel for rural patients – is useful because it is a project that engages with Veterans who are in multiple target populations.
 - There have been 531 projects designed to improve access to care (i.e., Community Based Outpatient Clinics, Rural Telehealth and Transportation).
- **Lessons Learned:**
 - Limited information collected on project goals, barriers or successes prior to FY12 to accurately measure impact.
 - Valuable ORH Resources
 - Regional field offices: VRHRCs
 - VISN Rural Consultants / field representatives: VRCs

Annual Ethics Training for Special Government Employees (SGE)

Mr. Britt provided the Committee with an overview of the Ethics Training for SGEs. He highlighted ethics rules and regulations as they apply specifically to Committee members appointed. Mr. Britt clarified the requirement to serve not more than 130 days during any 365-day period (with or without compensation).

Thursday, May 16, 2013

Chairman Ahrens provided an overview of the first day of the meeting.

Committee Discussion

Mrs. Wilson provided a status update on the 2009 and 2011 crosswalk that she developed. The crosswalk identifies duplicate recommendations, overlaps in findings, completed recommendations, and status and or follow-up needed on pending recommendations.

Mrs. Wilson and Ms. Heady discussed a working strategy and approach for writing the 2012-2013 annual report or Recommendations Letter to the Secretary with the VRHAC workgroup Committee: The workgroup is comprised of four (4) Committee members, appointed by the full Committee, Cynthia Barrigan; Caleb Cage; James Floyd and Debra Wilson. Specifically, emerging themes from the Committee discussion focused on an education agenda for the FY 2013 meeting to further inform recommendations development for the annual report. The Committee also discussed the possibility of an "ORH Companion Guide" to assist ORH with their strategic planning and evolving work separate from the Recommendations Report to the Secretary. Following the discussion, the full Committee agreed to the strategy as a way to proceed this year.

Several topics were raised and specific recommendations from this discussion are presented below:

- **Education for Committee:** What are the common barriers and challenges of contracting with existing rural community providers?
- Community Based Outpatient Clinics exploration, planning and implementation.
 - The next three questions are specific to contracting regarding non-VA community providers?
 1. What does the law say they can do?
 2. Identify existing regulations. How are regulations implemented?
 3. How does VA respond to regulations during implementation process?
 - How are VISN budgets determined?
 - Do rural contract providers impact the budgets?
 - Can the policy be changed?
 - Are there case studies on successful VISN contracts?
 - Identify rural areas where telehealth programs are being implemented
 - Identify rural areas where telehealth programs are not being robustly addressed?
 - Consider possible demo of Utah State Veterans Database
- **ORH Companion Guide: Program Development Activities**

Review of ORH funded projects and Programs with an eye toward sharing and disseminating information in a way that captures the range of projects ORH has worked on.

 - Identify barriers to expending ORH funds and possibilities for creative program development.
 - Develop budget process and report to Committee.
 - Percentage of funding spent on operations, innovation, and sustainment of projects.

Developing Recommendations by VRHAC for Annual Report to Secretary

- Increase the number of Vet Centers and telehealth services in rural areas for primary and mental health care.
- ORH should take an active and robust role on the White House Rural Council and perform as designee of the Secretary if necessary.
- Identify and eliminate common barriers to transportation by developing a robust transportation program for rural Veterans through collaboration and partnerships with non-VA organizations.
- Support innovative collaboration with State Offices of Veterans Affairs/Assistance to expend and develop rural Veterans access to care.

The Committee agreed to continue discussion of focus topics at upcoming meeting and conference call opportunities.

Committee Management Items and Upcoming Meeting

Ms. Bowie reported on the following items:

- Overview of the VRHACs recommendation to host the October 2013 meeting in Salt Lake City, Utah. The dates are to be determined.
- Update on membership with terms expiring in September.
- Follow-up item to the May meeting will be forthcoming in further communication exchange with the Members.

Public Comments

There were no public comments for the record.

Adjournment

The meeting adjourned on May 16, 2013, at 4:00 p.m. EST.

Respectfully submitted,

Judy Bowie

Judy Bowie
Designated Federal Officer
Veterans' Rural Health Advisory Committee

I hereby certify that, to the best of my knowledge, the foregoing minutes from the May 15-16, 2013, meeting of the Veterans' Rural Health Advisory Committee are true and correct.

James F. Ahrens

James F. Ahrens
Chairman
Veterans' Rural Health Advisory Committee

The Committee will formally consider these minutes, and any corrections or notations will be incorporated in the meeting minutes.