



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF RURAL HEALTH
VETERAN'S RURAL HEALTH ADVISORY COMMITTEE



MEETING MINUTES

October 25 - 26, 2012

The Veterans' Rural Health Advisory Committee (VRHAC) convened its fall meeting on Thursday and Friday, October 25 and 26, 2012.

Committee members present

James Ahrens, *Chairman*
Cynthia Barrigan
Caleb Cage
Janice Casillas
Michael Dobmeier
James Floyd
Rachel Gonzales-Hanson
Hilda Heady
Syreeta Long
Clyde Marsh
Terry Schow
Debra Wilson

**Ex-officio members*

Rich Davis
Susan Karol, M.D.
Tom Morris

Presenters and other participants:

John R. Gingrich, Chief of Staff, Department of Veterans Affairs
Cabinet Secretary Keith Gwinn, Office of the Governor, West Virginia
Delegate Barbara Flesischauser, Office of the Governor, West Virginia
Honorable Jay Rockefeller, United States Senate
Dr. Mary Beth Skupien, Director, VA Office of Rural Health (ORH)
Beth Brown, Director, Louis A. Johnson, VA Medical Center
Lisa Hardman, RN, Louis A. Johnson VA Medical Center, VISN 4
Mary Campanola, Special Projects Coordinator, Telecommunication Program, US Department of Agriculture
Dr. Thomas Klobucar, Program Analyst, ORH
Dr. Peter Kaboli, Director, Veteran Rural Health Resource Center (VRHRC) - Central Region (CR)
Dr. Bryant Howren, D., Deputy Director, VRHRC – CR
Dr. Byron Bair, Director, VRHRC - Western Region (WR)
Christopher Britt, Attorney, Office of General Counsel, Department of Veterans Affairs
Dr. Paul Hoffman, Director, VRHRC – Eastern Region (ER)
Tanya Bowers, Director, Office of Policy and Program Development, Health Resources and Services Administration (HRSA)
John Mengershausen, Chief Executive Officer, Horizon Health Care, Inc.

Dr. Jan Kemp, Director, National Mental Health Program, Suicide Prevention, Department of Veterans Affairs

Judy Bowie, VRHAC, Designated Federal Officer (DFO) and Management Analyst, ORH

Thursday October 25, 2012
Welcome and Introductions

Chairman Ahrens opened the meeting with welcoming remarks.

The Committee unanimously approved the minutes from the June 31, 2012 teleconference call.

Delegate Barbara Flesischauser introduced Cabinet Secretary Gwinn from the Office of Governor Tomblin of West Virginia. Secretary Gwinn thanked the Committee for their work and welcomed them to West Virginia.

Senator Jay Rockefeller provided welcome remarks via a DVD presentation.

Chief of Staff Briefing

VA Chief of Staff, Mr. Gingrich thanked the Committee for their work and presented the five new members with the Secretary's Certificate of Appointment for Veteran's Rural Health Advisory Committee (VRHAC) membership. He discussed the future direction of VA and commented on the 2011 VRHAC Annual Report and recommendations.

Leadership Briefing Louis A Johnson VA Medical Center (LJVMC)

Beth Brown, Medical Center Director

Ms. Brown shared the history of the VISN 4 Healthcare System. The system currently serves 100,000 Veterans in four locations throughout West Virginia. The LJVMC continues to improve access to health care benefits. Ms. Brown described some services including the rural mobile unit and other virtual care services designed to increase rural Veterans access to health care.

United States Department of Agriculture (USDA) – Telecommunications Program

Mary Campanola, Special Projects Coordinator

Ms. Campanola provided an overview of Broadband Resources from USDA. This presentation was the result of a recommendation made by the VRHAC during the January 2012 teleconference with regards to gaining more information about collaborative partnerships with the USDA. Ms. Campanola focused on collaborative projects specifically, the Rural Development Telecommunications Loan and Grant Programs that include:

- Loans to improve and build telecommunications service in rural areas (locations with less than 5,000 population), & expanded funding for Enhanced 911 Service (E911), which links emergency callers with the appropriate public resources.
- Rural Broadband Loan Program (Farm Bill): Loans to build and upgrade broadband services in rural high-cost areas (locations with less than 20,000 populations).
- Community Connect Grant Program: Grants for broadband service providers and others who offer broadband services in rural and remote areas (locations with less than 20,000 population)
- Distance Learning/Telemedicine (DLT) Loan and Grant Program: Focuses on utilizing unique telecommunication capabilities to connect rural areas to each other and overcoming

the effects of remoteness and low population density. The loans and grants provide distance learning & telemedicine service to rural residents and anchor institutions (i.e., organizations that provide essential broadband services, such as education, healthcare, information and public safety services).

- Public TV Grants: Grants for rural public TV stations for the digital TV transition.
- Weather Radio Grants: Grants for weather radio systems in rural communities.

Office of Rural Health - Overview of Telehealth Projects Funded

Dr. Thomas Klobucar

Dr. Klobucar shared an overview of the basic disciplines of telemedicine inside VA, with a focus on rural telemedicine and the specifics of nationwide coverage. This presentation was in response to the VRHACs recommendation to quantify all the telehealth service projects.

Disciplines in Telehealth Include:

- Home Telehealth (HT) – Monitors patients, manages diseases and therapies in Veterans' homes using devices over landlines, cellular services, broadband, and satellite.
- Clinical Video Telehealth (CVT) – Real-time videoconferencing between VA medical centers and community based an outreach clinic (CBOCs) that replicates face-to-face consultations between patient and provider; and provider to provider.
- Specialty Care Access Network/Extension for Community Health Outcomes (SCAN/ECHO) - Connects a provider specialist with groups of physicians virtually. The specialist provides training and expertise to improve the physicians' ability to treat an entire disease state.
- Telemental Health- The delivery of services using virtual linkages between VHA patients and Mental Health providers separated by distance or time.

Veterans Rural Health Resource Center (VRHRC) – Central Region

Dr. Peter Kaboli, Director and Dr. M. Bryant Howren, Deputy Director

Dr.'s Kaboli and Howren provided the committee with an overview of the evaluation of an 18-month study of "Best Practice" 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: The evaluation conducted by Iowa City Qualitative Core – Independent first summary report is due on December 31, 2012 and the final report on September 30, 2013. Dr. Kaboli and Dr. Howren provided the committee with an overview of the VRHAC evaluation report, which assessed performance of the three regional VRHRCs funded by ORH for the last five years.

Veterans Rural Health Resource Center (VRHRC) – Western Region

Dr. Byron Bair, Director of the VRHRC - WR

Dr. Bair provided an overview of the number and types of rural Outreach events that occurred at the VISN-level, sponsored ORH. The following is a summary of events that have taken place:

- 20 out of 21 VISNs reported Outreach events
- 750 Outreach events were held (some were multi-site) across the nation
- 1% of those enrolled in the VA were contacted for the first time during these events.
- At 25 sites ORH staff (VRCs or VRHRCs) were directly involved in Outreach events

- Rural Veterans Outreach (RVO) toolkit was utilized in 19 locations (at 11 VRHRC-WR supported events)

Office of Rural Health (ORH) Leadership Briefing

Dr. Mary Beth Skupien, VA Office of Rural Health, Director

Dr. Skupien provided an overview of the ORH accomplishments in the past six months. She provided highlights on the six areas of focus for the ORH Strategic Plan. Dr. Skupien shared with the committee some of the most significant accomplishments ORH completed in FY 2012:

- Rural broadband coverage gap assessment completed.
- Development and deployment of the ORH management and analysis tool to track outcomes, financial data, and program process for all ORH funded projects.
- Completion of the VRHRC sponsored proposal-writing workshop for VRCs in March.
- Assessment of VA telehealth coverage in rural areas was completed.
- Implementation of Project Access Received Closer to Home (ARCH) was successful, over 2500 Veterans were served, and 900 were referred for specialty care.
- Provided an update of 52-action items associated with the six ORH goals, 50 were completed, and 2 are ongoing and have been revised to accommodate the changing needs of the rural Veterans.
- The deployment of the *Vouchers for Veterans* program with Health Resources Services Administration (HRSA) was initiated. A partnership with ORH and HRSA was established to provide direct assistance for Health Information Technology (IT) testing and to seek certification for basic health information technology competencies was implemented nationally.
- Sixty-five Veteran requests made for vouchers; thirty-eight qualified for vouchers and six registered to take exam.
- Dr. Skupien is working with Tom Morris, from HRSA on developing a Memorandum of Understanding (MOU) for data exchange at three pilot sites in Montana, Alaska, and Virginia.
- ORH collaborated with the VA Chief Business Office (CBO) to support the establishment of a transportation system at VA health care facilities, with state of the art route match software for rural locations.
- ORH led collaborations among VHA National Chaplain Center, VHA CBOCs, Mobile Vet Centers, Wounded Warriors' Project, rural and community leaders.

Women's Health Update for LAJVAMC

Lisa Hardman, RN, LAJVAMC

Ms. Hardman presented an overview of the women's health services offered at the LAJVAMC and identified some of the challenges in caring for women Veterans. The system currently serves 1,544 women Veterans in four locations. Some of the services offered include:

- General Primary Care
- Cervical Cancer Screening
- Breast Cancer Screening
- Osteoporosis Evaluation and Treatment
- Contraception Counseling
- Sexually Transmitted Infection Screening
- Menopause Symptom Management

Annual Ethics Training for Special Government Employees (SGE)

Christopher Britt, Attorney, Department of Veterans Affairs, Office of General Council

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

Friday October 26, 2012

The meeting started with a tour of the CBOC in Monongalia County. The tour highlighted how LAJVAMC operated, and staff described the comprehensive health care and telemedicine services provided to Veterans, along with challenges faced in trying to provide specialty care services.

Chairman Ahrens provided an overview of the first day of the meeting, and Dr. Skupien provided a brief overview of the timeline for filling the ORH Director's positions.

Community Health Center Panel Discussion - Rachel Gonzales-Hanson – Moderator

John Mengershausen, Chief Executive Officer, Horizon Health Care, Inc.

Tanya Bowers, Director, Office of Policy and Program Development, Health Resources and Services Administration, Dr. Jan Kemp, National Mental Health Program Director, Suicide Prevention, Department of Veterans Affairs

The panel provided an overview of VA collaborations with Community Health Centers (CHCs) and other Federal agencies to find creative solutions for access to care, and the challenges to interagency collaborations and serving Veterans in rural areas. The panel highlighted some of the major advantages of collaboration:

- An agency can create something in collaboration that it could not create on its own.
- Improved communication between agencies and their constituents.
- Increased trust, and understanding among individuals and organizations.
- Potential for organizational and individual learning.
- Building understanding by fostering exchange of information and ideas among agencies, organizations, and the public and providing a mechanism for resolving uncertainty.
- It creates a means of getting necessary work done by coordinating cross-boundaries, fostering joint management of activities, and mobilizing resources.
- It builds a capacity for Federal, State and local government and CHCs to deal with the challenges of the future.

Veterans Rural Health Resource Center (VRHRC) – Eastern Region

Dr. Paul Hoffman

Dr. Hoffman highlighted the VRHRC-ER Model for Developing Best Practices Pilot projects that have been completed and are ongoing in the ER. One of the successes to come out of the ER was piloting a model for Clinical Video Telehealth (CVT) follow-up care for rural Veterans with Multiple Sclerosis (MS).

VRHRC-ER FY 2011-12 Pilot Projects:

- North Florida/South Georgia Veterans Health System (NFSGVHS) demonstrated successful Neurology CVT from hub to rural CBOC for 5 rural Veterans

- In collaboration with MS Centers of Excellence disseminated to and implemented project at an additional 13 sites for 34 patient visits.
- FY13 pilot adds Office of Specialty Care Transformation as a partner and extends the pilot to all Veterans with MS and limited access due to impaired mobility and cognition.
- Study will increase patient visits and determine effectiveness of implementation, patient satisfaction, and decrease in travel time and cost.

Education and Training Accomplishments presented by Dr. Hoffman

- FY 12 pilot projects in NF/SGVHS for Physical, Occupational Therapy, Nurse Practitioner, and Advanced Registered Nurse Practitioner (ARNP) student training in rural CBOCs and hospital outpatient clinics.
- FY 12 Rural Health Training Initiative (RHTI) request for proposals announced for a 3-year training program for education of health professions trainees in rural health care delivery.
- FY 13 selection of 5 RHTI sites

Rural Health Training and Education Initiative (RHTI) – This is an ORH funded partnership with VHA affiliated universities. The goal is to educate rural providers and encourage new providers to work in rural areas. For FY 2013, 5 sites have been select to implement RHTI projects:

1. VA Pacific Islands Health Care system (PIHCS), Honolulu, Hawaii
Family Medicine, Internal Medicine, Pharmacy, Psychology, and Social Work
2. VA Maine Health Care System (Togus)
Nurse Practitioner, Optometry, Pharmacy, and Psychology
3. James J. Peters, Bronx VAMC (Hudson Valley)
Nurse Practitioner, Pharmacy, and Social Work
4. Tuscaloosa, AL VAMA
Family medicine, nursing, psychiatry, psychology, and social work
5. Salem, VA VAMC
Family medicine, physician assistants,

VRHAC – Establishment of an “Annual Report Writing” Subcommittee

- The committee developed their working strategy and approach for writing the 2012-2013 annual report to the Secretary. The committee established a subcommittee to write the report. The members include Cynthia Barrigan, Caleb Cage, James Floyd, and Debra Wilson.

Discussion: Spring 2013 VRHAC Meeting

- Dr. Skupien informed the committee the spring meeting will be in Washington, DC. The proposed meeting date is May 16-17, 2013.
- Dr. Skupien asked each VRHAC member to submit one name to Judy Bowie as a candidate for consideration as a new member of the VRHAC.

Recommendations by VRHAC:

The VRHAC recommended Terry Schow’s term be extended and he serve as the new Chairman.

Public Comments

There were no public comments for the record.

Adjournment

The meeting adjourned on October 26, 2012 at 1:00 p.m. EST.

Respectfully submitted,

JUDY D. 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 October 25 - 26, 2012 meeting of the Veterans' Rural Health Advisory Committee are true and correct.



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.