



**VETERANS RURAL HEALTH ADVISORY COMMITTEE  
Meeting Notes**

May 23 – May 24, 2018  
Biloxi, Mississippi  
9:00AM – 5:00PM

**Attendees:**

**Committee Members Present**

Dale Gibbs, Chair  
Stephanie Birdwell  
Angeline Bushy  
Francisco Ivarra  
Deanna Lamb  
Michael McLaughlin  
Brenda Moore  
Joe Parsetich  
Lonnie Wangen

Byron Bair  
Judy Bowie  
Bryant Howren  
Emily Oehler  
Matt Vincenti

**Additional Attendees**

John Ashley  
Maria Bargas  
Kyle Bewsey  
Amanda Eliss  
Louise Esteve  
Sophia Friedl  
Chuck Holifield  
Tiffany Jagel  
Leigh Ann Johnson  
James Marfield  
Nicholas Massozera  
Carrie Musselwhite  
Laura Pistey  
Paul Ropp  
Jay Tripp  
Lynn Worley

**Ex-Officio Members Present**

Terence Mcghee, U.S. Department of  
Agriculture  
Thomas Morris, U.S. Department of  
Health and Human Services  
Catherine Simpson, U.S. Department of  
Defense  
Ben Smith, Indian Health Services

**Office of Rural Health Staff Present**

Thomas Klobucar, Designated Federal  
Officer  
Janice Garland, Alternate Designated  
Federal Officer

**Meeting Objectives**

- Veterans Rural Health Advisory Committee (VRHAC) will gain increased understanding of U.S. Department of Veterans Affairs' (VA) workforce program offices' key rural initiatives.
- VRHAC will gain increased understanding of the Office of Rural Health's (ORH) fiscal year initiatives.
- VRHAC will discuss 2019 committee recommendations.



**Wednesday, May 23, 2018**

### **Opening Remarks**

*Dale Gibbs, Veterans Rural Health Advisory Committee Chairman*

- The mission to focus on rural Veterans remains the same regardless of the VA leadership transitions

### **Presentation: Veteran Integrated Service Network (VISN) 16 South Central VA Health Care Network**

*Skye McDougall, Network Director*

- 43% of the VISN population is rural and 71 percent of the rural VISN patient population uses telehealth services which continues to grow
- The VISN goal is to provide care closer to home for Veterans
- ORH provided \$14 million in funding that significantly supported rural care infrastructure, care and services in the VISN
- The telecare hubs funded by ORH provides life-saving care in places with significant provider shortages; majority of enrolled patients are Vietnam and World War II Veterans – most of whom like telehealth once they try it due to convenience
- Major challenges include keeping pace with technology for virtual care, provider gaps, controlled substance prescribing via telehealth across state lines, telehealth equipment support and bandwidth expansion; as well as find new health care partners like CVS, Fred's Pharmacy and Walmart but those businesses also have same rural challenges
- There is a focus to get clinical pharmacist to operate at the top of their license
- Recommended solutions include legislative support to recruit and retain rural health care clinicians, establish VA as a site for AmeriCorps or similar program, VA Health Professional Scholarship Program, create a national solution with Drug Enforcement Agency to remove barrier to prescribe controlled substances across state lines, improved bandwidth, clear role delineation for IT and biomedical engineering in terms of telehealth, and place VA medical staff in community sites of care for continuity of care.

### **Presentation: Gulf Coast Veterans Health Care System**

*Bryan Matthews, Director*

- Veterans prefer VA care, and medical centers look for solutions to deliver it throughout a dispersed geography with telehealth, community hospital partnerships and collaboration with U.S. Department of Defense (DOD)
- Recommended solutions include geographic distribution of health care system's rural sites of care, and willingness of Veterans to obtain care outside of VA



### **Presentation: Mississippi Veterans Affairs Board**

*Charles Holifield, Claims Division Director*

- The Mississippi Veterans Affairs Board, with 700 employees, manages memorial cemeteries, operates Veteran nursing homes, and works with GI Bill programs and benefits
- State Veteran Service Officers (VSO) placed around state to coordinate with county VSOs to support Veterans
- Rural challenges include provider shortages (some counties' with no physician or dentist, requirement of nurse practitioners to collaborate with physician within 75 miles, and high cost of prescriptions)

### **Presentation: Mississippi Rural Health Association**

*Ryan Kelly, Executive Director*

- Second largest rural health association in the nation with 1,500 members, that represents rural hospitals, rural health clinics and other rural health providers with a focus on education, advocacy and state-wide programs
- Mississippi health care challenges include transportation, lack of access in remote areas, broadband access, high cost of insurance with low competition, and patients' insufficient personal knowledge of health care
- Challenges for rural health providers include broadband access for funding formulas, electronic medical records, transportation, wellness visit percentages, gaps in home-based and school-based health, and regulation burdens (e.g., Veterans Choice Program enlistment and reimbursement)
- Federally Qualified Health Centers (FQHC) do well but hospitals suffer related to funding methodology such as Medicaid expansion
- Recommendations include stabilize rural hospital funding, increase and grow opportunities for patient-driven care with Choice providers, change reimbursement rates for rural services, rebuild rural infrastructure, leverage technology, eliminate stigma around rural health care as being lower quality, and increase use of self-driven data
- Primary recommendation is to decrease regulation on hospitals, clinics and insurance plans (cost to providers, patients, and payers), as well as reduce burden of time it takes to partner with VA, as time is a cost

### **Presentation: Office of Rural Health Update**

*Thomas Klobucar, Acting Executive Director*

- ORH continues to focus on Enterprise-Wide (EWI) Initiatives to provide consistent, high-quality, proven programs throughout the United States to increase rural Veterans' access to care
- The Veterans Rural Health Resource Centers (VRHRC) provide an innovation pipeline, and oversee the new Rural Scholars Fellowship Program to cultivate rural-focused researchers
- VISN Rural Consultants are listed on ORH's website at [www.ruralhealth@va.gov](http://www.ruralhealth@va.gov)



- ORH collaborates to deliver new solutions with a focus on how to bring care closer to home through partnerships with Comcast, ATLAS, and NTCA
- Over the years, ORH has been able to serve more rural Veterans with the same funding because programs are more efficient, and field staff are diligent in management, as well as in-kind support from the local VA medical center; Additionally, ORH implemented an evaluation requirement for all EWI's to help apply lessons learned to stand up future programs
- The post-traumatic stress disorder (PTSD) telehealth pilot is in the second year of funding, and expansion will occur if and or when significant scientific findings validate the program
- Issues to consider include care coordination, rural broadband access, workforce shortages, privatization, and telehealth infrastructure modernization

#### **Presentation: VA Chief of Staff**

*Peter O'Rourke*

- Acknowledged the importance of the Committee's work to address rural Veterans' access to care
- Referenced the Committee's fiscal year 2017 recommendations
- Shared information around VA's efforts to expand broadband access into more rural communities through a new collaboration with Federal Communications Commission and hardware/software providers
- Discussed transportation-related policy around mileage and Disabled America Veterans' driver qualifications

#### **Presentation: Advisory Committee Management Office**

*LaTonya Small, Program Specialist*

- Explained committee resources like the member handbook and ethics training, and thanked the Committee for its work on behalf of the Secretary to identify rural Veteran health care challenges and provide recommendations

#### **Visit: TeleICU ORH Enterprise-Wide Initiative**

*Karen Hanson, Nurse Manager Intensive Care Unit*

- Telehealth technology provides necessary care and helps augment specialty shortages in rural communities

#### **Visit: Blind Rehabilitation Center**

*Debra Gilley, Chief*

- Center provides on-going residential-based training for activities of daily living through a whole-patient approach



**Visit: Keesler Air Force Base Oncology and Cardiac Centers**

*Lt. Virgil Strobridge, Deputy Director, Gulf Coast Multi-Service Market Office/DoD/VA Resource Sharing Coordinator*

- DOD and VA patient sharing agreement increases access to care, provides specialty care not available otherwise, and ability for the site of care to participate in clinical trials to advance medical care
- Two thirds of the patients seen in the cardiac catheterization lab are enrolled in the VA's health care system

**Thursday, May 24, 2018**

**Panel: Veterans and Caregivers**

- Access to VA appointments or specialist is a challenge, and tried several VA medical centers
- Care and handling of Reservist returning from activation is different from Active Duty especially when Reservist isn't aware they are eligible for VA care instead of, or in addition to, private insurance and/or TRICARE
- Length of enrollment process into VA impacts rural Veterans' access to care, and the timeline is not laid out to new enrollees
- A continual challenge to transfer community medical records into the VA system for care coordination
- A lot of good employees in the VA who want to do right by the Veteran and have a bad rap they don't deserve, but the staff does not always know how to connect a patient to all their benefits
- Mental health is good, but don't want to be so medicated to address PTSD; PTSD is a real challenge

**Panel: Veterans Rural Health Resource Centers' Innovation**

*Byron Bair, MD, Clinical Director – Salt Lake City, Utah*

*Bryant Howren, Co-director – Iowa City, Iowa*

*Matt Vincenti, Director – White River Junction, Vermont*

- VRHRCs are the innovation arm of ORH that identify issues and study new care solutions
- VRHRCs explore new telehealth solutions for rural Veterans' mental health, including PTSD and moral injury (i.e., VA Video Connect to Home)
- VRHRCs have diverse portfolios that includes PTSD care improvement, Veterans vital statistics study, care coordination, identification of risk factors for progression to chronic use of opioids, and exploratory transportation study
- Center for Health Care Organization and Implementation Research (CHOIR) investigates coordination between VA and community providers looking at culture, formal and informal mechanisms, shared incentives for partnerships, strengthened communications between providers, and increased communications for chronic care



- VRHRCs are researching comprehensive telemedicine-based diabetes care, and will expand the pilot project to three sites of care to focus on rural Veterans
- Important to get research published since VA is so active in telehealth, and the articles can help expand use and reimbursement
- VRHRCs do include Native Veteran patients and conduct tribal coordination

### **Presentation: Health & Human Service's Rural Veteran Grant**

*Tom Morris, Associate Administrator Federal Office of Rural Health Policy (FORP)*

- Grant focused on telehealth integration between VA and community providers to increase access to care for rural Veterans, and FORP sought ideas for a new approach or rural issue to fund as initial success was limited

### **Presentation: Senate Staffers**

*John Ashley, Legislative Aide, Senator Isakson, Senate Committee on Veterans' Affairs*

*Sophia Friedl, Legislative Aide, Senator Tester, Senate Committee on Veterans' Affairs*

- Reviewed recently Senate passed MISSION legislation that focuses on hiring health care professionals, consolidation and improvement of VA community care programs, the Veteran Choice Program funding extension, expansion of caregiver benefits to pre-9/11 Veterans, and establishment of a process to evaluate and reform VA capital infrastructure to better serve Veterans;  
<https://www.veterans.senate.gov/newsroom/majority-news/isaksons-landmark-va-legislation-passes-senate> and <https://www.veterans.senate.gov/download/va-mission-act-section-by-section>
- Mentioned renewal of the Tribal-focused legislation that formalizes the relationship between the Department of Housing and Urban Development and VA Supportive Housing program

### **Presentation: Workforce**

*James Marfield, National Healthcare Recruitment Consultant*

- Reviewed rural health care professional recruitment challenges such as high-vacancy and turnover rates, community (e.g., snow, remoteness), longer time to fill, lack of vacancy forecasting, and physician burn out often from regulatory burden and erosion of clinical autonomy
- The demand for physicians continues to increase as the talent pool continues to decrease
- Recommendations to address provider shortages included Facility Recruitment Liaison utilization, creation of a talent pipeline, Veterans Health Administration (VHA) Health Professionals Scholarship Program, competitive compensation, education debt reduction program, non-citizen hiring, non-traditional academic partners, remote rotations for distance programs, Financial Assistance Program (FAP), and recruitment and on-boarding process improvement



### **Panel: Whole Health Team Approach to the Opioids Crisis**

*Nicholas Masozera, MD, Associate Chief of Staff – Primary Care*

*Tiffany Jagel, Clinical Pharmacist*

*Laura Pistey, Manager Health Promotion and Disease Prevention*

- The program uses a variety of tools to address the total patient and focuses on a one-stop resource
- Uses the new, evolving whole health model to help patients address pain issues, and implemented eight complementary integrative health modalities (e.g., clinic creation, carve out time for qualified staff, evidence-based, community care)
- Challenges include funding and patient capacity, lack of providers interested in pain management and a priority on access – finding a balance between seeing more patients and the need for time with patients
- Recommendations include staff retention by correcting panel size and carve out committee time from schedule, pain menu, awareness of prescribing patterns, Veteran input, a facility opioid policy, and academic detailees to work with high prescribing primary care physicians

### **Panel: Suicide Prevention**

*Lynn Worley, Suicide Prevention Coordinator*

*Kyle Bewsey, PhD, Psychologist*

*Louise Esteve, Program Manager Mental Health Intensive Case Manager*

*Leigh Ann Johnson, Mental Health Recovery Coordinator*

- Two key programs are Mental Health Intensive Case Management (MHICM) that provides community-based, intensive treatment for Veterans with several ongoing mental illness, and Residential Rehabilitation Treatment Program that offers individual and group therapy, case management, medical services, and assistance to find community services
- Residential program challenges include discharging Veteran to other VISN or rural area and lack of communications between VA and community facilities
- Challenges include serving three states and difficulty with contracting, transportation, lack of infrastructure to coordinate community-based peer support, and contracting to rent space for additional services or office space
- Recommendations include increased transportation funding, training and tasking Veteran Center outreach staff to provide VA enrollment information, marketing why go to or enroll in VA, training within VISNs on consults and transition of care, expansion of MHICM, expansion of recreation therapists at Community-Based Outpatient Clinics' to coordinate community-based peer support, increase multi-disciplinary services for rural Veterans, and offer Mental Health Care Managers
- Lack of broadband limits care and solutions

## **Work Session: Recommendations**

*Dale Gibbs, Chair Veterans Rural Health Advisory Committee*

- Committee identified several key topics based on experts' presentations
  - DOD and VA collaboration with focus on National Guard/Reserve care coordination
  - Focus on preventative medicine
  - A lot of local or stove-piped innovations that need to be shared nationally
  - Unique local factors to account for when developing new care solutions
  - How to address Triple Aim (better health, better care and better value) in a rural environment
  - Continued workforce shortage crisis, and need to increase DOD/VA/federal sharing agreements
  - Educate community providers on needs of Veterans
  - Recruitment gap between rural and urban areas
  - Significant telehealth expansion
  - VA is overextended but continues to seek more Veteran patients
  - Challenge to enroll initially into VA continues, but good care once inside the health care system
  - Access to transportation a core barrier to care for rural Veterans
  - Important to focus on care coordination
  - Continued need to increase broadband access
  - Outreach needed to community providers
- Special Medical Advisory Group (SMAG) seeks to partner with VRHAC, and explore dental issues; as well as have integrated meeting in the fall
  - Volunteers for SMAG working group: Angeline Bushy, Deanna Lamb, Joe Parsetich and Lonnie Wangen
- Potential topics for fall VRHAC meeting: women's health, LGBTQ, Secretary (top priorities), Martinsburg VA medical center patient panel with focus on why urban patients travel to rural facility for care, transportation, MISSION legislation, Community Care Office, DOD Ex Officio briefing, Walter Reed site visit or patient panel on medical innovation, and PTSD