



Message from the Acting Executive Director

Thomas Klobucar, Ph.D.

This issue of “The Rural Connection” focuses on the U.S. Department of Veterans Affairs’ (VA) efforts to provide innovative health care options for Veterans, especially in the areas of workforce development, research and education.

As rural communities struggle to attract and retain medical professionals, local residents are forced to travel elsewhere to find some types of medical treatment. This barrier to care can cost rural residents significant amounts of time and money.

To help local residents get the care they need closer to home, some programs identified innovative solutions that bring training, treatment and health care options directly to the Veterans, rather than requiring them to travel to get treatment.

Driving long distances each week for doctor’s appointments can be a huge burden for rural Veterans who need mental health treatment. To overcome this barrier, the Video Telehealth to Home team trains new

providers to use telehealth technology to provide mental health care and establishes the infrastructure to remotely deliver mental health care to Veterans. **Read more in Video Telehealth Breaks Down Barriers by Meeting Mental Health Patients Where They Are on Page 2**

Rural clinicians who want to grow their career and connect with other like-minded professionals can apply for a new Rural Scholars Fellowship program. This two-year paid program allows fellows to remain in their current practice setting and equally divide their time between clinical practice and research activities **Read more in Apply for VA’s New Rural Fellowship to Study Innovative Care Solutions on Page 3**

Thousands of Veterans are diagnosed with lung cancer each year.

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To help support early detection lung cancer screening programs, the VA Partnership to Increase Access to Lung Screening (VA-PALS) team launched a three-year multi-disciplinary collaboration among experts that addresses care variability issues between medical centers and introduces new lung cancer screening programs at three pilot sites. The objective is to reach Veterans in rural areas who are at risk for developing lung cancer and might otherwise not receive this potentially lifesaving screening. **Read more in VA-PALS Helps Increase Access to Lung Cancer Screenings on Page 4**

Stay tuned this year as we further explore practical, tangible and beneficial ways to increase access to care for rural Veterans and feature the rural connections to VA's top health priorities. To join our rural Veteran community, please contact ORH Communications at ORHcomms@va.gov. ♦

Video Telehealth Breaks Down Barriers by Meeting Mental Health Patients Where They Are

By Dr. Jan Lindsay, Director of Telehealth Implementation & Evaluation Core, South Central MIRECC; Investigator, Center for Innovations in Quality, Effectiveness, and Safety (IQuEST); Psychologist, Michael E. DeBakey VA Medical Center, Houston, Texas

“It’s a lot to ask somebody to commit to an hour a week for 12 weeks (for mental health treatment). But if they live two hours away or more, now you’re asking them to commit to taking off an entire day of work a week, and that is just tremendous.” -Video Telehealth Provider

Work commitments, distance and travel time, family responsibilities, and stigma are just some of the many factors that influence a Veteran’s choice to seek and continue mental health care, especially rural Veterans. The Video Telehealth to Home program addresses many of these barriers. With the Veterans Health Administration’s (VHA) target for five percent of Veterans to receive health care via video telehealth to home in fiscal year 2018, successful enterprise-wide implementation of this technology is vital. Currently, only .005% of Veterans engaged in outpatient mental health in VHA receive treatment via video telehealth to home.

With support from the Office of Rural Health’s Veteran Rural Health Resource Center (VRHRC) in Salt Lake City, our team established a Video Telehealth to Home program that offers evidence-based mental health care by providers at rural VA medical centers and community-based outpatient clinics (CBOCs).

The team began implementation in 2014 with providers at the G.V. (Sonny) Montgomery Veterans Affairs Medical Center in Jackson, MS and affiliated CBOCs who delivered evidence-based psychotherapy to over 10 times more Veterans, the vast majority rural, via this mode of delivery than the national average (Lindsay et al., 2017). We sought the Veterans’ voice through qualitative methods, led by our team’s medical anthropologist, Dr. Lindsey Martin, and learned how the Veterans in this project enjoyed their telehealth experiences, with one participant even noting that the technology is “one of the best things since sliced bread.”

Our efforts continued with the implementation of Video Telehealth to Home for rural Veterans at 10 new VA medical centers. In the aftermath of Hurricane Harvey, we trained new providers and helped establish the infrastructure to deliver mental health care to Veterans displaced from their homes or unable to travel after the storm. This approach empowers mental health providers to use video telehealth to home as another “tool in their toolbox” to increase access to care for rural Veterans.



(Continued on page 3)

Video Telehealth Breaks Down Barriers by Meeting Mental Health Patients Where They Are (continued from page 2)

So how did we do it? Our team used facilitation as an implementation strategy to promote the uptake of video telehealth to home. Facilitation involves:

- Identify and engage key stakeholders, including clinic leadership, site telehealth staff, and mental health providers
- Identify barriers and facilitators to adoption of innovation
- Provide technical guidance, training and clinical support to providers
- Provide ongoing evaluation to tailor facilitation efforts for each site's unique needs

Partnering with mental health providers, site telehealth staff and clinic leadership in the implementation process is key to the dissemination of video telehealth to home training, as well as identifying and resolving barriers to widespread adoption. Through the use of video telehealth to home in their clinical practices, providers eased homebound, agoraphobic patients into their communities; reduced symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, and panic; managed medications; and provided flexible scheduling that allowed Veterans to conveniently fit needed mental health treatment into their lives.

To learn more about how to implement a Video Telehealth to Home program for rural Veterans, please contact Jan Lindsay at Jan.Lindsay2@va.gov.

To learn more about the Jackson clinical demonstration project, including additional Veteran and provider experiences with video telehealth, please see Lindsay et al., 2017, "Implementing Video to Home to Increase Access to Evidence-Based Psychotherapy for Rural Veterans" <https://link.springer.com/article/10.1007/s41347-017-0032-4>

To learn more about facilitation, please see the Implementation Facilitation Training Manual, Ritchie et al., 2017: <https://www.queri.research.va.gov/tools/implementation/Facilitation-Manual.pdf>. ♦

Apply for VA's New Rural Fellowship to Study Innovative Care Solutions

By Ijang Ndika, Office of Rural Health



Are you a VA provider practicing in a rural setting? Do you have creative ideas for improving health care for rural Veterans? Are you interested in becoming an innovator and leader in rural health care delivery? If so, there's a new fellowship opportunity that may be right for you.

The U.S. Department of Veterans Affairs (VA) Rural Scholars Fellowship is a two-year paid opportunity for VA providers. Once accepted into the program, Fellows remain in their current practice setting but divide their time equally between clinical practice and fellowship activities. The program includes an interactive didactic curriculum and

mentored completion of an innovation project in a rural VA facility. Program benefits include mentorship, professional networking opportunities, continuing medical education credits, and qualifications for career advancement.

Successful candidates include VA physicians, nurse practitioners and physician assistants who practice in rural facilities and demonstrate a commitment to innovation and leadership in rural health care delivery. Interested candidates should exhibit creativity and ambition to experiment with approaches that improve the quality of care. Candidates must currently work at a VA site that is located in a rural area. Leadership of the applicant's site must provide details regarding the rurality of the patient population.

Dr. Michael Ohl, Director of the Rural Scholars Fellowship explains, "The fellowship will allow practitioners to become innovators while remaining in a rural community, as well as support the recruitment and retention of talented VA providers. Most importantly, this opportunity will improve the quality of and access to care for rural Veterans."

The tentative launch of the program is set for summer 2018. The program will start at the Iowa City VA Health Care System and then expand to medical centers across Veterans Integrated Service Network 23. The long-term vision of the program includes expanding to VA facilities in all rural areas of the nation.

If you are interested in this opportunity, contact Dr. Mike Ohl at Michael.Ohl@va.gov. ♦

VA-PALS Helps Increase Access to Lung Cancer Screenings

By **Drew Moghanaki, MD MPH**, Director of Clinical Radiation Oncology Research, Hunter Holmes McGuire VA and **Sarah Abbott, MPH**, Research Associate, Hunter Holmes McGuire VA

The U.S. Department of Veterans Affairs' (VA) provides care for thousands of Veterans diagnosed with lung cancer each year. As such, it funds multiple research and implementation initiatives to develop effective clinical strategies to manage patients with this disease. VA is also committed to identify how best to introduce safe and effective early detection programs that can save lives.

While early detection lung cancer screening programs can be effective, they are complex and require dedicated resources and expertise. This finding was confirmed in the recent VA Lung Cancer Screening Demonstration Project (reported in a January 2017 JAMA Internal Medicine publication). The report showed variability between VA facilities with the resources available, and that the management of large cohorts of Veterans undergoing lung cancer screening requires high-quality tracking systems.



To address these findings, VA launched the Partnership to Increase Access to Lung Screening (VA-PALS) project in July 2017. It entails a multi-disciplinary collaboration between experts in primary care, pulmonology, radiology, thoracic surgery, radiation oncology, and computer science from within and outside VA who collectively have hundreds of years of experience with the implementation of safe and effective lung screening programs around the world. This partnership includes leaders from the International Early Lung Cancer Action Program (I-ELCAP), which currently manages the world's largest lung cancer screening program with more than 80,000 patients enrolled at 75 institutions.



The VA-PALS is a three-year project that begins with the introduction of lung cancer screening programs at three pilot sites with a goal for expansion to a total of 10 VA medical centers. Its focus is to reach Veterans in rural areas who are at risk to develop lung cancer. Implementation support includes training for radiologists and nurse navigators at each site, as well as centralized quality control for CT scanners within VA and the interpretations and recommendations that are made by local radiologists. The next goal is to introduce a national lung screening registry that can help VA investigators develop optimal lung screening strategies for the U.S. Veteran population, further minimizing the variability in care that may occur between different medical centers. Additionally, the

VA-PALS team believes increasing the availability of systemic screening programs will make Veteran smoking cessation initiatives more successful.

The project is led by radiation oncologist Drew Moghanaki, MD, MPH at Hunter Holmes McGuire VA Medical Center. It is co- led by Claudia Henschke, PhD, MD, a thoracic radiologist that pioneered and leads the International Early Lung Cancer Action Program (I-ELCAP) at Mt Sinai Medical Center in New York, and Rick Avila, MS, a computer scientist and former senior advisor to the VHA Deputy Chief Information Officer, as well as founding member of the Open Source Electronic Health Record Alliance. The project receives computer programming support from the VistA Expertise Network and Paraxial and is sponsored by the non-profit Bristol-Myers Squibb Foundation through collaboration with the Secretary's Center for Strategic Partnerships.

For more information, please contact Dr. Drew Moghanaki at Drew.Moghanaki@va.gov. ♦

VA's Million Veteran Program Brings Veterans Together for the Health of Future Generations

By **Jennifer E. Deen**, Program Manager, Million Veteran Program, Office of Research and Development, Veterans Health Administration

What do 640,000 Veterans have in common, in addition to their military service? They are leaving a legacy for current and future generations through their participation in the U.S. Department of Veterans Affairs' (VA) Million Veteran Program (MVP).

MVP gives Veterans an opportunity to help advance research in genomics and health. The combination of health, lifestyle, military experiences, and genetic information enables researchers to study the effects these factors have on health issues like post-traumatic stress disorder, cardiovascular disease, diabetes, and mental health.

MVP connected with Veterans from all over the country as well as Guam, Canada and Puerto Rico at national Veteran Service Organization meetings. Diversity is a key to the success of the program and the research that is being done. Large numbers of people with

similar and different backgrounds are needed to be able to look at meaningful results in genetic research. Because so much of the genome is shared, it is critical to find those differences that may contribute to health conditions.

Enrollment takes about 20 minutes in person and includes an informed consent process and blood sample collection. MVP also requests participants to complete surveys on health and lifestyle information and return them by mail. The surveys help researchers put the puzzle together with information that is not typically included in medical records. To make enrollment convenient, appointments can be scheduled at the same time Veterans have clinical appointments at a participating facility.

The MVP constantly works to find new ways to reach Veterans who are not near enrolling VA medical centers, most recently with a focus to bring MVP online. This will expand the opportunity for Veterans in rural areas or those that do not have an MVP enrollment site to participate in the program.

To get more information on the program or host an event with MVP, contact MVPcommunications@va.gov or call the MVP Information Center at 866-441-6075. Check here to find an enrollment facility nearby: www.research.va.gov/mvp. ♦



VA's Gerofit Program Helps Aging Veterans Combat Health Issues



Aging Veterans are exercising to fight chronic disease and relieve pain. Gerofit, an established, evidence-based exercise and health program for Veterans, 65+ years of age, improves physical function, mobility, quality of life, and survival.

Eligible Veterans can participate at 13 VA Healthcare Systems or via real-time instructor Gerofit telehealth classes at a nearby rural CBOC. Learn how this [supervised exercise program](https://www.va.gov/geriatrics/gerofit/gerofit_Home.asp) (https://www.va.gov/geriatrics/gerofit/gerofit_Home.asp) helps older, rural Veterans get fit while having fun. ♦

VA Medical Centers and YMCA Team Up for Rural Veterans

By **Lelia Jackson**, Director, Office of Community Engagement, Veterans Health Administration Office

Kristi Ruben, a recreation therapist with the Cheyenne Veterans Affairs (VA) Medical Center Mental Health Department, knew she was watching something special when a young, heavily tattooed Veteran became a regular in the seniors' Veteran pickleball league.

“I just think of him breaking down those barriers; him reaching out and the older Veterans accepting him. That was really cool to see how they developed a comradery,” Ruben said.

Pickleball is a low-impact hybrid of tennis and badminton. It is one of the programs offered through collaboration between the Cheyenne VA Medical Center and the Cheyenne Family YMCA that offers fitness, arts and education classes to Veterans.

Partnerships with local YMCAs create opportunities for rural VA facilities like the Cheyenne to offer recreation and other services to Veterans in their communities. Ruben, for example, takes Veterans in the residential substance abuse and post-traumatic stress disorder programs to yoga classes, weightlifting and pickleball.

The Cheyenne Family YMCA offers an adaptive sports program for Veterans and weekly small group classes that focus on positive lifestyle changes and setting goals. According to Ruben, the YMCA staff decides what to teach based on what interests the participants. In addition, Veterans and their families have free access the Cheyenne Family YMCA every Tuesday and Thursday.

Community partnerships between local VA Medical Centers and local YMCAs vary depending on the needs of Veterans in the local community. Some partnerships focus on financial assistance programs that provide free YMCA memberships, reduced or no-cost initiation fees, and scholarship programs for Veterans and their families. Other partnerships provide Veteran-specific fitness programming, like the one in Cheyenne.

In 2015, the YMCA and VA expanded their current relationship with a renewed and more comprehensive formal partnership. The current national memorandum of agreement includes a Menu of Services, which a variety of ways the partnership can serve Veterans. This national partnership is coordinated through the VA's Office of Community Engagement (OCE). OCE serves as a resource and catalyst for public and private entities who want to partner with VA to benefit Veterans, their families, caregivers and survivors.

“The national partnership allows VA Medical Centers and YMCAs to partner through the creation of local agreements that address the needs of the communities in which the VA health care facilities and YMCAs are located,” said Lauren Korshak, Exercise Physiologist and Health System Specialist with OCE.

“We are so grateful that this is a resource we can offer Veterans to support their whole health, the mind and the body. For us, the YMCA is much more of a community center than a gym,” Ruben said. ♦



Veterans playing pickleball in Cheyenne, WY.

National Veterans Golden Age Games Online Registration is Open

By Andrew M. Welch, MHA FACHE, Director, New Mexico VA Health Care System

The National Veterans Golden Age Games (NVGAG) embarks on its 32nd year of competition for our nation's senior Veterans, August 3-8, 2018, in Albuquerque, New Mexico. The NVGAG is the only multi-event sports competition designed to improve the quality of life for older Veterans, including those with a wide range of abilities and disabilities.

New Mexico VA Health Care System is preparing the 2018 weeklong opportunity for eligible Veterans to engage in rehabilitative sport and recreation competition. Eligible Veterans must be 55 years of age or older as of December 31, 2018, and eligible for VA health care. There are eight age categories: 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89 and 90+. The games offer ambulatory, visually impaired and wheelchair divisions.

Please spread the word among your networks to Veterans who are eligible to participate in the NVGAG, as well as to identify clinicians capable of facilitating a team of novice athletes from your respective medical center. This is a great avenue for clinical and community outreach to senior Veterans across the country. The ICARE core values include a "Commitment" to fulfilling our organizational mission of honoring America's Veterans by providing exceptional health care that improves their health and well-being. The NVGAG embrace a "Fitness for Life" motto.

Online registration for the 2018 Games runs from April 2 through May 2, 2018. For more information or if you have questions regarding the National Veterans Golden Age Games, visit the website at www.veteransgoldenagegames.va.gov, or contact the NVGAG Office directly at the NVGAG National Office. We look forward to hosting the "Games of Enchantment" August 3-8, 2018!



Andrew M. Welch, MHA, FACHE
Director
New Mexico VA Health Care System ♦



REGISTRATION OPENS
APRIL 2, 2018 – MAY 2, 2018

NATIONAL VETERANS GOLDEN AGE GAMES

August 3-8, 2018
Albuquerque, NM

COMPETITIONS INCLUDE:

- AIR RIFLE
- BADMINTON
- BASKETBALL
- BLIND DISC GOLF
- BOCCIA
- BOWLING
- CYCLING
- FIELD
- GOLF
- HORSESHOES
- NINE BALL
- PICKLEBALL
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Vietnam Veteran Stays on Track with My HealtheVet

By Alan Greilsamer & Treva Lutes, Communication Specialists, Office of Connected Care, Veterans Health Administration



Rudy Shokal, a U.S. Army Vietnam Veteran, uses My HealtheVet's features to help him stay on top of his health care.

Rudy Shokal, a U.S. Army Vietnam Veteran, uses My HealtheVet's features to help him stay on top of his health care. Shokal logs on to his premium My HealtheVet account several times during the week to access Secure Messaging, prescription refills, online appointment scheduling and his personal health record.

"It's convenient having all my health care information in one place," Shokal said. "I can handle all of my health care tasks within 20 minutes without having to leave the site."

Convenient health care is critical to Veterans who live at a significant distance from their local VA medical facilities. This is especially true for Shokal, who lives in the scenic Snake River Canyon, located nearly 100 miles away from the closest VA medical center in Boise, Idaho.

"In the winter time, when there's a foot of snow, I don't want to get out and go driving. I'm older and my reflexes are not what they used to be 20 years ago," Shokal said. "It's much easier to access my information and care team on My HealtheVet."

The ability to save time on commuting to and from VA medical facilities allows him to spend more time enjoying his many hobbies, like gardening and photography.

Veterans find many of My HealtheVet's online tools to be user friendly, regardless of their level of technical experience. According to Shokal, Veterans don't need to be "tech savvy" to use My HealtheVet.

Shokal considers My HealtheVet's prescription refill his most valuable tool as it eliminates the need for him to recite the often difficult to read, fine print labels on medication bottles to an automated pharmacy recording. He uses prescription refill to easily get his VA prescriptions. In the event he finds he doesn't have any more refills, Shokal simply sends a message to notify his provider through Secure Messaging.

"I don't have to deal with calling into the phone system and trying to get a hold of someone, when I just need my prescription restarted," Shokal said.

In addition to asking questions about prescriptions, Veterans may also use the Secure Messaging feature to ask their health care teams a spectrum of non-emergency questions related to general health concerns, results of lab tests, or information on upcoming immunizations.

Although care teams have 72 hours to respond to Veteran patients, Shokal says he usually receives a response within only a couple of hours, and sometimes almost immediately.

In line with VA's initiative to transform health care to be patient-driven, proactive, personalized and Veteran-focused, My HealtheVet assists Veterans to become more involved in their health. Shokal reports that My HealtheVet has allowed him to keep on track of his progress and helped him take a proactive role in his health.

"I really enjoy using My HealtheVet," Shokal said. "It enables me to take an active role with my health care team."

To learn more about VA's My HealtheVet services and features, please visit: <https://www.myhealth.va.gov/>. ♦



Shokal enjoys using My HealtheVet and likes that the tool allows him more time for his own hobbies like gardening and photography. Photographed by Rudy Shokal, U.S. Army Veteran.

Meet Dr. Carolyn Turvey, Rural Health Innovator and New Veteran Rural Health Resource Center Clinical Director



Dr. Carolyn Turvey

Q: What is your education background (undergrad, graduate, fellowships, etc....)?

A: My educational background includes:

- Undergrad, University of Connecticut
- Ph.D., Clinical Psychology, Yale University
- Masters of Science, Harvard School of Public Health
- Masters, Healthcare Delivery Science, from Dartmouth

Q: What is your specialty, and what excites you about it?

A: I am a clinical psychologist, which I think prepared me well for patient-centered interventions. I have specific interests in telemedicine and patient portals as I think both contribute to patient engagement and improving patient access to, and experience of, care.

Q: What would you say to a medical student about a career at VA and working with Veterans?

A: If you are interested in innovation in the delivery of health services, there is no better place than VA. First, it is a health care system, whereas civilian health care is still just evolving in that direction. I am moved by the way that VA staff are truly committed to Veterans, and see this as a way to demonstrate appreciation for their service. Veterans often have complex medical needs, which require a holistic and thorough approach to care, and VA is ever-evolving to meet that challenge.

Q: Why is rural Veteran care important to you?

A: I like the challenge of developing new ways to overcome the barriers involved in rural Veteran care through telemedicine and eHealth, innovative multi-disciplinary models, and engagement of Veterans and their families in care.

Q: What does “Veteran-centric care” mean to you?

A: Veteran-centric means developing the goals of care and how that care is delivered based on Veterans’ values and preferences, not the preferences of providers or the larger health care system as a whole.

Q: What do you like about research?

A: Research keeps me honest about the impact of my work and the size of that impact. I do not necessarily like it when my ideas are not supported by my research, but it ensures that what I do is truly helpful.

Q: What project are you most proud of in your career, and why?

A: My proudest accomplishments are around teaching Veterans to use My Health eVet. I think patient portals have enormous potential and can facilitate care and promote health outcomes when used correctly.

Q: If you could get folks to do one thing to improve their health and well-being, what would it be, and why?

A: I would get them to spend more time outdoors – not necessarily exercising vigorously, just being outdoors. I think it helps for well-being but also usually leads to greater physical activity.

Q: How would you define your leadership approach at the Veterans Rural Health Resource Center?

A: My main approach is a population health model where the target population is rural Veterans, whether they are enrolled in VHA or not. I aim to implement multiple levels of interventions to improve the overall health and well-being of rural Veterans.

Q: What kernel of wisdom from a mentor meant the most to you?

A: We live in a world of limited resources – how you manage them determines a lot.

Q: What’s at the top of your book or play list?

A: One of my favorites is “Citizens of London” which is about three prominent Americans, Gil Winant, W. Averell Harriman, and Edward R. Murrow living in London during the Blitz. I actually first started “reading” it on one of my three-hour road trips for the Office of Rural Health. On my early road trips, I would get books on CD to listen to and this was one of them. I had to buy the actual book to finish it.

Q: What do you enjoy doing outside of the office?

A: I like to spend time with my husband and three daughters doing whatever. I love crafts such as knitting and weaving. I also enjoy bike riding and reading. ♦

Companies with Proven Veteran Hiring Records Recognized by Labor Department Program



In November 2017, The U.S. Department of Labor (DOL) announced the [HIRE Vets Medallion Program](http://www.dol.gov/vets/hirevets) (<http://www.dol.gov/vets/hirevets>) which will recognize qualifying large, medium and small employers at two levels, with a HIRE Vets Medallion Award, depending on the criteria they meet for their commitment to recruit, employ and retain America's military service Veterans.

As noted by U.S. Secretary of Labor, Alexander Acosta, "Through their military service, America's Veterans have leadership skills, technical expertise and proven problem-solving capabilities. These are attributes that any employer would want on their team." The Honoring Investments in Recruiting and Employing (HIRE) American Military Veterans Act (HIRE Vets Act), which President Trump signed in May, established the program. (See WIR August 21, 2017 - <https://directemployers.org/2017/08/21/ofccp-week-review-august-21-2017/>.)

In 2018, the Department will conduct a limited HIRE Vets Medallion Program Demonstration (<https://www.dol.gov/newsroom/releases/vets/>

[vets20180118](https://www.dol.gov/newsroom/releases/vets/vets20180118)) for the first 300 applications from employers across all categories (large, medium and small). Any employer with at least one employee on staff is eligible to apply. Those recognized in the 2018 Program Demonstration will also be eligible to apply for the 2019 HIRE Vets Medallion Program.

Job creators of any size may register for an account at www.hirevets.gov, and applications for the HIRE Vets Medallion Award will open in January 2019.

If you know employers who may have an interest in applying for the HIRE Vets Medallion Program, or to learn more about it, visit www.hirevets.gov or follow @VETS_DOL on Twitter. ♦



Register Now for Simulation Training Courses in 2018



A variety of simulation training courses at the U.S. Department of Veterans Affairs' SimLEARN National Simulation Center and in Palo Alto, California, are now available. The scheduled classes go well into 2018. A full list of courses is available via [MyEES](https://myees.lrn.va.gov/SimLEARN/Class%20Registration/Course%20Catalog.aspx). (<https://myees.lrn.va.gov/SimLEARN/Class%20Registration/Course%20Catalog.aspx>).

A list of courses available over the next quarter of fiscal year 2018 is available via [SimLEARN](https://www.simlearn.va.gov/SIMLEARN/docs/lib/2nd_Quarter_FY_18_Offerings.pdf) in PDF. (https://www.simlearn.va.gov/SIMLEARN/docs/lib/2nd_Quarter_FY_18_Offerings.pdf). ♦

Forever GI Bill Helps Veterans with Education Benefits

By VA Office of Media Relations, Department of Veterans Affairs



Higher education comes with a heavy price tag, but U.S. Department of Veterans Affairs' (VA) education benefits help to alleviate the financial burden for many Veterans. This is great news for Eric, a Marine Corps Veteran. "I can focus completely on my studies rather than worrying about coming up with the money to pay off loans," he explained.

The Harry W. Colmery Veterans Educational Assistance Act, also known as the "Forever GI Bill," brings significant changes to Veterans' education benefits over the coming years. This legislation enhances or expands education benefits to a greater population of Veterans, Servicemembers, family members and survivors. [Explore.VA.gov](https://www.explore.va.gov) provides detailed information on VA education benefits as well as guidance on how to apply.

How do these changes impact Veterans? This new legislation:

- Allows eligible Veterans to restore VA education benefits that were lost due to a school closure or disapproval
- Eliminates the 15-year time limit for those who left active duty on or after January 1, 2013
- Provides up to nine months of additional Post-9/11 GI Bill benefits to eligible individuals enrolled in a science, technology, engineering and mathematics (STEM) field of study
- Allows Veterans who had eligibility under the Reserve Educational Assistance Program (REAP) and lost it due to the sunset of the program to have that service credited toward the Post-9/11 GI Bill Program

For more information on all the changes, visit the [Forever GI Bill page](https://www.benefits.va.gov/GIBILL/ForeverGIBill.asp) (<https://www.benefits.va.gov/GIBILL/ForeverGIBill.asp>) on VA's Education & Training website.

Beyond academic pursuits, Veterans can use their benefits to start careers, buy homes, stay healthy and more. Using [Explore.VA.gov](https://www.explore.va.gov/) (<https://www.explore.va.gov/>), Veterans can easily access information on, or apply for, benefits. Sign up to receive e-mails, view videos of Veterans telling their stories, and learn about upcoming social media events where Veterans can ask questions and receive answers from national VA experts.

Visit [Explore.VA.gov](https://www.explore.va.gov/) (<https://www.explore.va.gov/>) to get started. ♦

Concierge for Care Program Connects with Recently Separated Service Members

By VA Office of Media Relations, Department of Veterans Affairs



U.S. Department of Veterans Affairs' (VA) announced the launch of [Concierge for Care](https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4015) (<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4015>), a health care enrollment initiative that helps former Servicemembers (shortly after they separate from the military) connect with VA services and programs.

'We want to connect with Veterans before they know they need us.'

As part of Concierge for Care, VA staff personally contact recently separated Servicemembers to answer questions, process their health-care enrollment applications over the phone, and help schedule eligible Veterans' first VA medical appointment if needed.

Each week, the team receives a list of Servicemembers who separated from the U.S. Department of Defense. The goal is to make contact with them within a month of discharge.

Certain Veterans who served in a theater of combat operations are eligible to enroll and receive cost-free health care for medical conditions related to their military service during the five-year period after discharge.

Information about VA health care and the application process can be found at <https://www.vets.gov/health-care/apply/>. ♦

Improving Patient Flow—In and Out of Hospitals and Beyond

By VHA Office of Organizational Excellence



In 2003, the Institute for Healthcare Improvement and other health care quality organizations began to look at the connection between the movement of health care patients through a medical center—more commonly known as patient flow—and the quality of care and patient safety standards within the health care system.

Recognition of this correlation led the U.S. Department of Veterans Affairs' Office of Systems Redesign and Improvement to host the 2017 Inpatient Flow Academy. A group of 30 field employees from Veteran Affairs Medical Centers (VAMC) and Veteran Integrated Service Networks (VISN) nationwide participated in the program to deepen their patient flow skills in inpatient areas, emergency departments and operating rooms.

The Academy is an eight-month long program that has three face-to-face sessions. Throughout the program, participants focus on operation management, critical path methods, Queuing Theory and teamwork. They also complete course projects—known as inter-session projects—that are developed between the in-person sessions. These projects allow participants to actively use what they learn by implementing their ideas at medical sites.

The first in-person learning session took place in Tucson, Arizona,

- The meeting focused on a variety of hands-on exercises and activities, including one that showed participants what an average night at a VAMC emergency department is like.
- The program also focused on the fundamentals of process analysis and design; a telephone-care case study which furthered participants' Queuing Theory knowledge; a deeper dive into variability; and the assignment of the participants' course projects.

The second in-person learning session took place in Orlando, Florida

- The meeting began with an introduction to accelerated learning methodology. Each in-person meeting consisted of three days in which participants dived deeply into methodology that will allow them to excel at implementing better patient flow at their facilities.
- Attendees learned how to identify potential concerns or processes that may prevent hospital and facility administrators from accomplishing facility goals.
- Participants focused on how to recognize the resources available to VA employees, including Integrated Flow Management and Emergency Medicine Management tools.
- The session wrapped up with a presentation that helped Academy participants build their communication skills, which will aid them to lead the implementation of the methodologies and projects at their facilities.

The third and final session of the Academy was held in New Orleans.

- Participants focused on finalizing the lessons learned and discovering ways to implement them at their facilities. The lessons focused on helping participants make the financial case for the implementation of their projects and how to show facility leadership the expected return on investment.
- Participants had designated time to exchange ideas and receive feedback from colleagues whose projects were rooted in similar service areas.

The Office of Systems Redesign and Improvement recently selected a new class for the FY18 Inpatient Flow Academy. This year's class first met in St. Petersburg, Florida in March., The next two sessions will be in June and September. Once employees complete the Academy, they will be able to introduce team-based inpatient flow improvement projects to their facilities with the support of facility leadership. ♦

A VA Tool that Helps Coordinate Care with Community Providers

By **Sabrina Jacobs** and **Alice Li**, VHIE Communications, Office of Health Informatics (10A7)

Clinicians, do you know that the U.S. Department of Veterans Affairs' (VA) has a tool that improves both your workflow and the Veteran experience at the same time? It does – Veterans Health Information Exchange (VHIE).

As VA staff, you can view a Veteran's community medical record in real-time without waiting for hand carried, faxed or mailed copies of Veterans' records through VHIE. With VHIE, Veterans can also share their electronic health record with community care partners, quickly and conveniently.

VA community partners see the benefit of electronic health information exchange and are advocates of the program. A few examples are:

- At Carolinas Healthcare Systems, an Emergency Room registrar sees the value of coordination with VA on patient care. As part of his daily routine, he encourages Veterans to “opt in” to the exchange and complete the required authorization forms.
- “Our pharmacists at St. Cloud Hospital have provided feedback that when the VHIE portal is open; it saves us a significant amount of time. Staff saves time by not having to fax request forms for medication lists or wait for fax returns. They are able to more accurately reconcile medication histories, since the VHIE link includes fill histories, as well as access to provider progress notes that contain very valuable information about changes to medication regimes.” -Lance McNab, PharmD, Clinical Coordinator, Inpatient Pharmacy Central Care Health at St. Cloud Hospital



This exchange of information can dramatically improve patient safety, especially during emergency situations, and improve coordination and continuity of care for Veterans who seek treatment in the community.

VA medical centers are encouraged to share and play a [VHIE video](https://youtu.be/lbovgj195JM) (https://youtu.be/lbovgj195JM) with Veterans to encourage them to share their electronic health record, and let them know they can visit the VHIE website at www.va.gov/vler to sign up and learn more. VA staff can also find more information on MyEES to learn how to implement VHIE at their medical centers by visiting the VHIE Community of Practice page at <https://myees.lm.va.gov/COPs/Veteran%20Health%20Information%20Exchange/SitePages/default.aspx>. ♦

Access to Care Helps Veterans Get Patient Wait Times, Compare Facilities and More



Rural Veterans, and all Veterans, can now easily access patient wait time and quality of care data by visiting <http://www.accesstocare.va.gov/>.

Through the “Access to Care” site, Veterans can get answers to important questions prior to visiting a VA medical center (VAMC), including information about their providers in the “Our Providers section,” appointment wait times, satisfaction with care at that VAMC, and how care at each facility compares with other health care facilities in the area. To learn more, take a tour of the site at <https://www.youtube.com/watch?v=7hWPdH9uzaM>. ♦

Federal and Non-profit Collaboration Seeks to Address National Rural Health Care Challenges

By **Emily Oehler**, Office of Rural Health, Department of Veterans Affairs

Candid conversation, research findings and lessons learned grounded the Rural Veterans Health Initiative Meeting in March in Washington, D.C. The participants' discussions focused on the intersection of federal and community care, and how their integration can better support the health and well-being of rural Veterans. From policy and telehealth to workforce recruitment and reimbursement, the topics of the meeting centered on both access to and utilization of care and services.

"The collaboration between public and private sector groups is the ideal way to address gaps in care, increase access to care and make lasting improvements in rural Veterans' health," commented attendee Thomas Klobucar, PhD, Acting Executive Director of U.S. Department of Veterans Affairs' (VA) Office of Rural Health. "Rural Veterans rely on both VA and the community for their health care needs, so it's incumbent upon us to figure out how to integrate our research, resources and delivery in a way that works best for rural Veterans."



Attendees in discussion at the Rural Veterans Health Initiative Meeting in Washington, D.C.

Over the two-day meeting, consensus built around several topics that included:

- The need to explore shared services, in terms of both facilities and workforce
- The need to focus on care coordination, with community providers asking about patients' uniformed service to help connect them to local VA services
- The need to identify new recruitment approaches for medical professionals
- The need to understand and address policy that hinders care delivery between agencies and the community

Participants also provided updates on agency efforts, new rural health care grants, legislative updates such as CARE, VA health care modernization efforts, and current rural Veteran demographics.

Hosted by the National Rural Health Association, the meeting included attendees from:

- U.S. Department of Health and Human Services' Federal Office Rural Health Policy and Office of Advancement of Telehealth
- U.S. Department of Veterans Affairs' Office of Rural Health, Office of Strategic Planning and Analysis, Office of Health Equity, and Chairman of Secretary's Veterans Rural Health Advisory Committee
- South Carolina Office of Rural Health
- Maine Rural Health Research Center
- University of Alabama School of Social Work
- Florida Association of Community Health Centers
- University of North Dakota Department of Family Health
- Rural Policy Research Institute ♦



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VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

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