

THE RURAL CONNECTION

VA Office of Rural Health ♦ Winter 2023



Message from the Executive Director of the VA Office of Rural Health

PETER KABOLI, M.D., M.S., ACTING ORH EXECUTIVE DIRECTOR

As the weather continues to get colder and 2022 comes to a close, I would like to pause and reflect on this year's triumphs for the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH). ORH's mission to increase rural Veterans' access to care and services that support their health and well-being has been the guidepost for our efforts this year.

ORH has been able to connect with rural stakeholders in a multitude of ways including National Rural Health Day (NRHD), which allows us to reflect on the challenges facing rural Veterans, as well as innovative solutions such as Mobile Prosthetic and Orthotic Care (MoPOC).

Read more in Mobile Prosthetic and Orthotic Care (MoPOC) Wins Prestigious Under Secretary for Health Robert L. Jesse Team Award on page 5.

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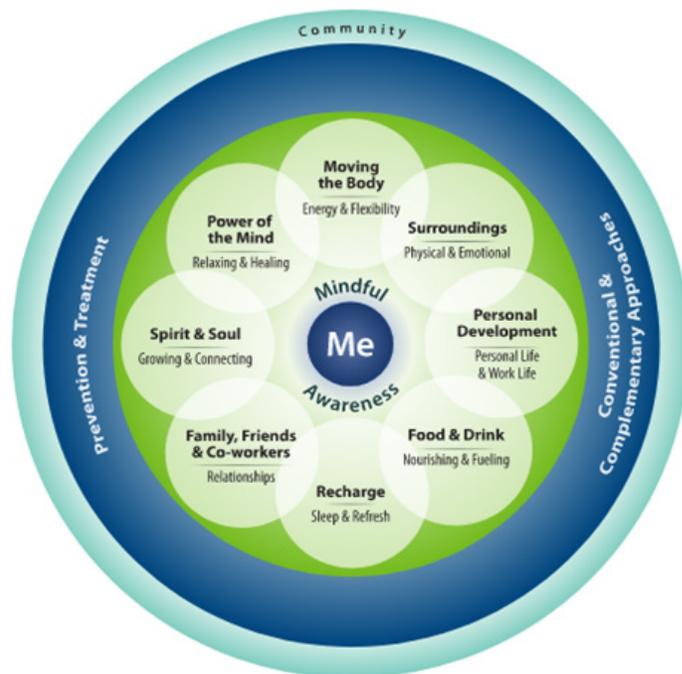
Message from the VA Office of Rural Health's Executive Director
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The gift of vision can be affected by things such as diabetes, glaucoma, and macular degeneration, if not identified and treated. Expansion of VA Eye Care through TECS connects Veterans to vital services.

Read more in Expansion of VA Eye Care Through Technology-based Eye Care Services on page 3.

With cold weather moving in and the holidays just around the corner, now is the time to schedule your flu shot. Veterans can receive a no-cost flu vaccination at their local VA clinic or community care network location.

Read more in No Cost Flu Shots for Veterans on page 7.



Shining a Spotlight on Whole Health for National Rural Health Day

BY **BETH SCHWARTZ**, VA OFFICE OF RURAL HEALTH

On November 17th, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) observed [National Rural Health Day \(NRHD\)](#) to celebrate the power of rural America. NRHD showcases the efforts of rural health care providers and highlights the unique health care challenges in rural areas.

When rural Veterans seek care, they are often met with provider shortages, distance barriers, and limited broadband coverage.

These challenges can make it difficult for rural Veterans to attend even routine doctor's appointments, leaving preventative care to the wayside.

To provide Veterans with the most comprehensive care, VA utilizes a [Whole Health](#) approach. This personalized method looks beyond physical health to focus on different aspects of a Veteran's life.

Whole Health helps Veterans incorporate lifestyle changes aimed at improving overall health and wellness through methods such as stress reduction, nutrition, health coaching, and mindfulness.

Veterans who use Whole Health services report having better stress management, success with weight loss, and improved mental health.

In honor of National Rural Health Day, ORH released a [video](#) focused on Whole Health initiatives tailored to address the unique obstacles rural Veterans face. These programs include:

- ♦ **Telephone Lifestyle Coaching**, which pairs rural Veterans with health coaches for telephone appointments. Coaches help Veterans identify opportunities to change health behaviors and set realistic goals to improve their overall health and well-being.
- ♦ **TeleYoga**, which provides rural Veterans with virtual access to yoga, a mind-body activity that has been shown to improve chronic pain, mental health, and quality of life.
- ♦ **Rural Veteran Wellness and Community Engagement Initiative**, which supports Veterans through reintegration by connecting them with volunteer opportunities. These activities are proven to help Veterans strengthen interpersonal connections, renew their sense of purpose, and improve overall quality of life.

These Whole Health initiatives are designed to put rural Veterans in control of their care by focusing on self-care, skill building, and support.

Visit www.ruralhealth.va.gov to learn more about ORH.

Visit <https://www.va.gov/WHOLEHEALTH/> to learn more about VA Whole Health. ♦

Expansion of VA Eye Care Through Technology-based Eye Care Services

BY **ANNEY JOSEPH, OD, FAAO** AND **THOMAS KEITH, OD, MS, FAAO**, ATLANTA VA MEDICAL CENTER

The gift of vision is often taken for granted. Diseases such as diabetes, glaucoma, and macular degeneration can rob us of this gift if not identified and treated. Early detection is key and can be achieved through screening programs such as Technology-based Eye Care Services (TECS).

The TECS program at the U.S. Department of Veterans Affairs (VA) is the brainchild of Dr. April Maa, an ophthalmologist at the Atlanta VA Medical Center and Emory University. With funding support and ongoing administrative guidance from the VA Office of Rural Health (ORH), TECS began operations in 2015 and is based on VA's well-established Diabetic TeleRetinal Screening Program infrastructure. The goals of TECS are to screen Veterans for high-risk eye diseases at their local VA site and improve access to care, especially for rural Veterans. During a TECS exam, patients work with a certified ophthalmic technician who:

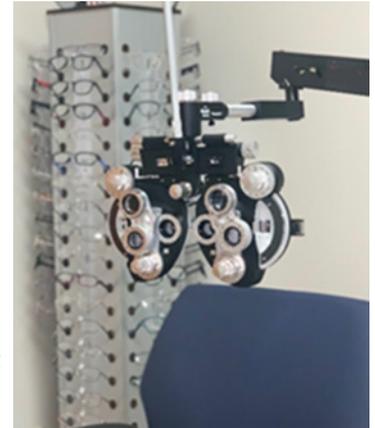
- ♦ checks vision
- ♦ performs refraction (i.e., finds the power of glasses needed)
- ♦ checks eye pressure and
- ♦ takes photos of the eyes



TECS vision screening room set-up

This information is forwarded to a reading provider (e.g., licensed ophthalmologist or optometrist) who:

- ♦ analyzes the data
- ♦ interprets the photographs
- ♦ diagnoses any conditions and
- ♦ develops a treatment plan, including prescribing glasses



Just as with the technician, the provider follows a strict protocol for follow-up care, including in-person examinations as needed.

Eyeglass dispensary

Due to the program's initial success, TECS is now active at 62 VA sites across the country. In fiscal year 2022, the program served over 34,000 Veterans and helped many of them prevent blindness.

TECS has also expanded to provide virtual glaucoma and macular eye care.

TECS recently teamed up with VA clinics across the country to offer low vision evaluations to rural Veterans via telehealth. A person with low vision struggles to see well, even with glasses. They may have difficulty with day-to-day activities such as reading or suffer from vision problems due to sunlight and glare.

Under the guidance of Dr. Carolyn Ihrig – an optometrist at the Buffalo VA Medical Center who has led the national expansion of low vision telehealth services – ORH helped TECS partner with rural VA facilities to provide low vision rehabilitation services. The TECS low vision pilot began in 2021 and continues to expand to additional VA medical centers. Veterans are referred by their eye doctor or Visual Impairment Services Team (VIST) coordinator.

When Veterans arrive, a technician connects them with an optometrist through a video telehealth portal. The optometrist asks about their day-to-day activities to understand their visual needs and any difficulties they are having. They establish goals and, with the assistance of the technician, utilize various devices such as illuminated magnifiers, monocular telescopes, talking clocks, and color tinted fit overs on the patient.

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Expansion of VA Eye Care Through Technology-based Eye Care Services (continued from page 3)

The optometrist determines which devices to prescribe and emphasizes the importance of follow-up eye care. Low vision evaluations are also a good opportunity to encourage Veterans to utilize VA mental health services, as depression is common in patients with visual impairment.

The goal of these TECS programs is to serve Veterans closer to their homes, thereby reducing the cost and time to travel for eye care. Improved access to care means that more than 95% of Veterans can obtain an eye care screening within 30 days of requesting an appointment.¹

TECS supports Veterans by providing screenings for serious eye conditions that could cause permanent vision damage and even blindness. For rural Veterans, these screenings help to reduce care disparities and promote health equity.

References:

1. Maa AY, Medert CM, Lu X, et al. Diagnostic Accuracy of Technology-based Eye Care Services: The Technology-based Eye Care Services Compare Trial Part I. *Ophthalmology*. 2020 Jan;127(1):38-44. ♦

ORH Projects Seek to Prevent Veterans' Injury and Suicide by Firearm

This story is the third in a series of articles highlighting Office of Rural Health research programs. These innovative local projects address rural Veterans' health care and access issues.

Firearm-related injuries are one of the leading causes of preventable death in the United States, ranking behind only drug overdoses and falls in number of lives lost. Between 2011 and 2020, there were more than 356,000 firearm-related deaths among U.S. adults.

Veterans are at an increased risk of firearm-related fatal and nonfatal injury – including suicide and other forms of self-harm – compared to non-Veterans, with an even higher risk of firearm injuries for rural Veterans than their urban counterparts. Additionally, rates of both firearm-related deaths and VA-treated firearm injuries among rural and urban Veterans have been increasing.

Risk for suicide death and firearm injury is significantly higher for all members of a household when firearms are present in the home, and military caregivers who experience burdens related to caregiving may be at elevated risk of suicide. In one survey, one-quarter of military caregivers reported past suicidal thoughts or attempts.

Two Office of Rural Health (ORH) research and innovation programs aim to better understand and develop solutions for firearm-related injury and suicide among rural Veterans and their military caregivers.

Currently heading into its fourth year, the Prevention of Firearm Injuries Among Rural Veterans in the U.S. project examines the full range of Veterans' firearm injury experiences, along with sociocultural contributors and potential solutions to these injuries among rural Veterans. The program is supported by ORH's Veterans Rural Health Resource Center (VRHRC) in Portland, Oregon and led by Dr. Kathleen Carlson.

Program researchers have analyzed quantitative data on the rural impacts of firearm injuries and deaths nationwide. They have also conducted qualitative interviews with providers and firearm-owning Veterans at the South Central and Rocky Mountain Veterans Integrated Service Networks (VISNs), which treat the highest proportions of Veterans with firearm injuries and deaths. Further, they are developing online audio- and video-recorded modules in which Veterans describe the circumstances and outcomes of their firearm injuries; caregivers also describe the experience of witnessing firearm injuries and outcomes among their loved ones.

Planned activities for fiscal year 2023 include:

- ♦ **Dissemination of quantitative data findings** via the creation of a digital "chartbook" with data on Veteran firearm injuries over time at the regional and national level. The chartbook will be created as a publicly available interactive dashboard (along with downloadable PDF files) including maps, tables, graphs, and text.
- ♦ **Dissemination of qualitative interview data** through local VA and professional conferences, scientific manuscripts, and via an online prototype of audio- and video-recordings of Veteran interviews using Database of Individual Patients' Experiences (DIPEX) methodology.
- ♦ **Finalization of an injury prevention toolkit** which will include digestible, user-ready materials, resource details, and specific guidance for staff and providers to implement at their rural VA sites.

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ORH Projects Seek to Prevent Veterans' Injury and Suicide by Firearm (continued from page 4)

Additionally, ORH's VRHRC in Portland, Oregon supports the Preventing Firearm Suicides Among Rural Veterans by Engaging Military Caregivers Program, led by Dr. Gala True at the Southeast Louisiana Veterans Health Care System in New Orleans. In rural areas, firearms are involved in up to 85% of Veteran suicides. Military caregivers may be 'credible messengers' for promoting secure firearm storage practices in the home to prevent suicide and unintentional firearm injury and death. This program improves the ability of VA and community service providers to engage rural caregivers and Veterans in secure firearm storage messaging and practices.

In its first year, this suicide prevention program assessed current practices, resources, and knowledge gaps about firearm safety through qualitative interviews with VA staff and rural caregivers. The program engaged caregivers enrolled at rural sites through focus groups to establish common goals, language, and knowledge regarding firearm risk and safe storage options. Findings were then shared with VA and community partners.

Planned activities for the 2023 fiscal year include:

- ♦ **Extending research to non-VA caregivers** by learning about the experiences and views of rural caregivers not enrolled in VA's caregiver support program.
- ♦ **Exploring non-VA community resources** to address firearm safety among rural caregivers available through national caregiver-focused organizations.
- ♦ **Developing a caregiver-centered intervention** to deliver firearm safety messaging and counseling to rural caregivers.

If you or a Veteran you know is in crisis, please

- ♦ Dial 988 then Press 1,
- ♦ text 838255,
- ♦ or visit [VeteransCrisisLine.net](https://www.veteranscrisisline.net).

For more information about ORH programs, please visit <https://www.ruralhealth.va.gov/aboutus/programs.asp>.



Mobile Prosthetic and Orthotic Care (MoPOC) Wins Prestigious Under Secretary for Health Robert L. Jesse Team Award

BY MARY ELDER, VA OFFICE OF RURAL HEALTH



In-person MoPOC visit

The U.S. Department of Veterans Affairs (VA) Mobile Prosthetic and Orthotic Care (MoPOC) team was recently presented with the [Under Secretary for Health Robert L. Jesse Team Award](#). The MoPOC program offers state of the art, accessible prosthetic and orthotic services for rural-based Veterans who may be unable to travel to VA facilities.

This award is presented by the Jesse Family Foundation to VA employees who have demonstrated excellence and enabled the discovery and spread of health care innovation that exceeds expectations, restores hope, and builds trust. Winners were selected by a committee composed of leadership from across the Veterans Health Administration (VHA).

MoPOC was born when Eli Kaufman, a research prosthetist at the [Center for Limb Loss and MoBility \(CLiMB\)](#) at the VA Puget Sound Health Care System, and his colleagues observed prosthetic limbs sitting on shelves for months because Veterans couldn't get to their appointments.

Kaufman and his team worked with the [VHA Innovation Ecosystem Fellowship Program](#) to develop the rapidly expanding MoPOC program. The fellowship program provided the MoPOC team with support through networks of innovators, leaders, and Veterans.

Kaufman worked with the fellowship program on vehicle acquisition, an essential part of the MoPOC team's mission. The team put together a fleet of custom-modified cargo vans equipped with a purpose-built prosthetics workshop aimed at helping Veterans who are experiencing health or travel limitations. Over the course of the pilot program, MoPOC has saved Veterans over 4,500 miles of travel. *(continued on page 6)*

Mobile Prosthetic and Orthotic Care (MoPOC) Wins Prestigious Under Secretary for Health Robert L. Jesse Team Award (continued from page 5)

MoPOC serves patients closer to home with the services they need most. Veterans who received services from MoPOC reported increased satisfaction with care and increased trust in VA. Veterans also experienced reduced costs and reported an average of 48% savings compared to other care options in their community.

In the future, MoPOC will expand nationwide through a partnership between the VA Office of Rural Health (ORH) and VA Prosthetics & Sensory Aids Services (PSAS), with additional support from the Innovation Experience Fellowship Program. MoPOC's future remains bright as the program continues to ensure Veterans have access to prosthetic care across the country, bringing much needed care to rural communities and providing greater access to prosthetic care for all Veterans. ♦

Motivated by her recent training with the [VA Geriatric Scholars Program](#), a national workforce development program funded by the VA Office of Rural Health and VA Office of Geriatrics and Extended Care, she launched a quality improvement project to help older Veterans reap the benefits of VVC.

She collaborated with providers from the CVHCS Geriatric Evaluation Clinic, a specialty team that is dedicated to comprehensive assessments of older Veterans with multiple medical and functional problems with the goal of optimizing health and daily function.

Proactively helping Veterans prepare for their telehealth visit

The team identified that a major roadblock hindering the success of telehealth visits with VVC was problems with technology or connectivity.

The team decided they could solve these challenges proactively by gathering key information while engaging with the patient at two different points. First, to assess if it was feasible for the older Veteran to engage in a telehealth visit, then, to see if they were ready for that visit.

The information gathered determined specific needs the team could address. For instance, if the Veteran didn't have a video-capable device, they arranged for the delivery of an iPad. If the Veteran had a device but was new to VVC, the team coordinated a test call to practice.

100% of older Veterans' telehealth visits were successful

"It wasn't a matter of figuring out how to address the barriers, it was a matter of identifying the main barriers in the first place," said Dr. Alva. "Asking these focused questions allowed the team to quickly identify any potential problems and to address them prior to the appointment."

In just over two months, Veterans' use of telehealth jumped from 29% to 47%. Additionally, 100% of scheduled telehealth appointments were completed successfully compared to 56% at the start of the project.

"Working as a team was critical in being able to make these positive changes" said Dr. Alva. "That combined effort makes change possible."

VA telehealth model of care benefits patients and providers

Dr. Alva's neuropsychology and telehealth expertise unlocked new opportunities at VA.

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Making it Easier for Older Veterans to Jump on Board with VA Telehealth

BY MAUREEN JERRETT, VA GERIATRIC SCHOLARS PROGRAM

Jessica Alva was a neuropsychologist at the Central Virginia VA Health Care System (CVHCS) when her clinic quickly shifted to telehealth during the coronavirus pandemic. With this change she noticed a large discrepancy among older Veterans' use of [VA Video Connect](#) (VVC) compared to other age groups.

“Seventy-five percent of our older Veterans were unable to complete a telehealth visit due to a lack of equipment or low technology literacy.
-CVHCS Neuropsychologist Dr. Alva”



Making it Easier for Older Veterans to Jump on Board with VA Telehealth (continued from page 6)

She recently joined the Veterans' Cognitive Assessment and Management Program, or V-CAMP, at the VA Greater Los Angeles Healthcare System. The V-CAMP team employs telehealth to increase access to cognitive evaluation, medication consultation, and care management for older Veterans in rural communities where access to dementia specialists is limited.

"V-CAMP serves Veterans who live hundreds of miles away, Veterans who might not be able to travel to the main VA medical center for a face-to-face appointment," said Dr. Alva. She will remain in Virginia, now as a full-time remote neuropsychologist serving rural Veterans enrolled with the VA Greater Los Angeles Healthcare System—evidence of the flexibility the VA telehealth model of care offers to patients and providers. "It's a perfect fit," says Dr. Alva. ♦

The Tampa team created the One Consult clinic, which streamlines care provided in Physical Medicine and Rehabilitation (PM&R) and has noted an increase in the number of rural Veterans served.

The Madison, Wisconsin TREWI team adopted a hybrid model of virtual and in-person care during the pandemic. Their team, consisting of two physical therapists, a physical therapist assistant, and an occupational therapist, have made a significant impact on community care utilization. In total, the Madison TREWI team served over 1,500 Veterans in fiscal year 2022, with 20% of visits taking place remotely.

The Columbia, Missouri TREWI team saw successful results in their first year of funding. Their team of two providers collaborated with their local VA [MOVE! program](#) to connect with more than 720 Veterans, 85% of whom live in rural areas, during more than 1,300 visits. These Veterans reported a 95% satisfaction rate with the care they received. The Columbia team plans to offer this program at the Veterans Integrated Service Networks (VISN) level in the 2023 fiscal year.

Other sites within the TREWI program are also gearing up for a successful year ahead. The Pittsburgh, Pennsylvania TREWI team provided group physical therapy for knee osteoarthritis, as well as pelvic and women's health using VA Video Connect (VVC) to Veterans in rural areas. The Salt Lake City, Utah TREWI team is setting their sights on serving rural Veterans in southern Idaho as well as southern and eastern Utah next year. ♦

TeleRehabilitation Enterprise-Wide Initiative (TREWI) Focus on Rural Veterans Provides More Than Just Therapy Treatment

BY **TIM ERICKSON, DPT, BRYAN GARRISON, KT, AND RAINE BRADSHAW, DPT AND PATTY YOUNG, MSPT, CP, TELEREHABILITATION ENTERPRISE-WIDE INITIATIVE (TREWI)**

Since March 2020, the coronavirus pandemic has left many people with feelings of isolation and a loss of personal connection. But for Veterans in rural areas, isolation often comes with the territory. Three teams within the U.S. Department of Veterans Affairs (VA) TeleRehabilitation Enterprise-Wide Initiative (TREWI) located in Tampa, Florida; Madison, Wisconsin; and Columbia, Missouri provided specialized care to rural Veterans during the pandemic and measured satisfaction while doing so.

In Tampa, the TREWI team focuses on remote care for Veterans living with chronic pain conditions through telerehabilitation services.

No-Cost Flu Shots for Veterans

BY **BETH SCHWARTZ, VA OFFICE OF RURAL HEALTH**

As cold and flu season approaches, the U.S. Department of Veterans Affairs (VA) encourages Veterans to visit their local VA clinic or community care network location for a no-cost flu vaccination.

All enrolled Veterans who have received care from a VA or in-network community provider in the last 24 months are eligible to receive a flu shot. If needed, Veterans can also safely get vaccinated for coronavirus at the same time—one visit, two vaccines.

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No-Cost Flu Shots for Veterans (continued from page 7)

Veterans can visit the [VA locator](#) and type in their zip code to locate a nearby VA facility or one of 70,000 in-network pharmacy or urgent care locations offering flu shots nationwide. Flu shots will remain available through April 30th, 2023.

[Click here](#) for more information on eligibility and finding a flu shot near you. ♦

New Rural Health Toolkit Promotes Equity Among Rural Populations

BY MARY ELDER, VA OFFICE OF RURAL HEALTH

The Rural Health Information Hub (RHihub) and NORC Walsh Center for Rural Health Analysis have released a [new toolkit](#) focusing on rural health equity. The toolkit explores the many factors that contribute to rural health inequity and highlights vital information needed to improve equal access to care for rural populations.

Health equity frameworks can help communities, health professionals, and others better understand how social, political, economic, and environmental factors affect health equity.

The toolkit is divided into seven different modules that cover the topic areas below and evidence-based approaches.

Each of these modules contain information that communities can apply to develop a rural health program, regardless of the specific health topic the program addresses.

- ♦ **Module 1, Introduction**—Overview of health equity in the U.S. and unique challenges faced by rural communities.
- ♦ **Module 2, Program Models**—Models to incorporate health equity into rural community health programs.
- ♦ **Module 3, Program Clearinghouse**—Examples of promising programs implemented in rural communities to advance health equity.
- ♦ **Module 4, Implementation**—Important issues to consider when implementing a rural program that addresses health equity.
- ♦ **Module 5, Evaluation**—Tools to support the evaluation of a rural program that addresses health equity.
- ♦ **Module 6, Funding & Sustainability**—Resources to help with planning for the sustainability of a rural program that addresses health equity.
- ♦ **Module 7, Dissemination**—Ideas and resources for disseminating findings from a rural program that addresses health equity.

The toolkit also links to [issue-specific toolkits](#) for more in-depth information that cover topics ranging from care coordination, health literacy, mental health, and much more.

Access the complete [Rural Community Health Toolkit](#) today and begin learning more about evidence-based approaches to further advance health equity in rural populations. ♦

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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Questions? Comments?

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