

VETERANS HEALTH ADMINISTRATION OFFICE OF RURAL HEALTH ANNUAL REPORT

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VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health



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Acting Executive Director's Letter

As someone who has dedicated more than two decades to rural health-focused research and clinical work, I have seen the direct impact of the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) on rural communities. My tenure with ORH and its partners has equipped me with a clear understanding of the challenges millions of rural Veterans face.

ORH utilizes a multi-faceted approach to help alleviate the obstacles that affect this Veteran population. This ensures that our efforts address various barriers, such as workforce, transportation, and social determinants of health.

In 2022, ORH led efforts to improve Veterans' access to care in rural communities through cutting-edge programs and inter-agency

and community partnerships. Our work centers around identifying solutions for the most pressing issues in rural America, which often require innovative approaches to care.

ORH and our five Veterans Rural Health Resource Centers remain focused on identifying ways to ensure Veterans have access to the care they need, no matter where they live.

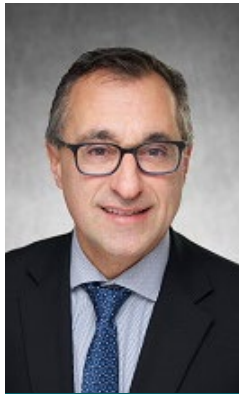
It's an honor to work alongside this team as we progress toward our shared priority – helping Veterans **thrive** in the rural communities they call home.

Dr. Peter Kaboli

Acting Executive Director, Office of Rural Health



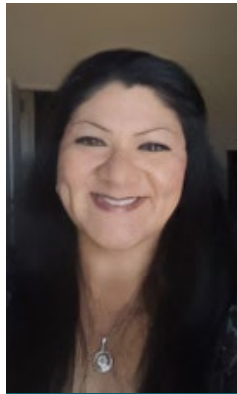
Office of Rural Health Welcomes New Talent



Dr. Peter Kaboli



Maura Timm



Nikki Sanchez

In 2022, the Office of Rural Health (ORH) welcomed a new Acting Executive Director and two Health Systems Specialists.

Dr. Peter Kaboli, MD, MS, joined ORH as Acting Executive Director in June 2022. Dr. Kaboli oversees ORH's project portfolio to increase access to health care for hundreds of thousands of rural Veterans nationwide. Before he was named Acting Executive Director, Dr. Kaboli served as the Chief of Medicine at the Iowa City VA Healthcare System and as Director at one of ORH's Veterans Rural Health Resource Centers. He brings a clinical and research background focusing on rural health, health care access, and workforce development. Dr. Kaboli was also a graduate of the VA Quality Scholars Fellowship at the University of Iowa/Iowa City VAMC and later rejoined the program as a Senior Scholar.





In addition to his role as Acting Executive Director, Dr. Kaboli serves as a Core Investigator with the Comprehensive Access and Delivery Research and Evaluation (CADRE) Center of Innovation, a Hospitalist at the Iowa City VA Healthcare System, and a Professor of Internal Medicine at the University of Iowa Carver College of Medicine. He earned his BS in Biology, MS in Epidemiology, and MD from the University of Iowa.

ORH expands central office staff

ORH also welcomed two Health Systems Specialists, Maura Timm and Nikki Sanchez, bringing over 40 years of combined experience at VA.

Maura Timm joined ORH after working at the VA Hudson Valley Healthcare System as an occupational therapist and rehabilitation supervisor for 18 years. Her clinical specialties include driver rehabilitation and trauma-sensitive yoga. Ms. Timm received her BS in Biology from Mount St. Mary College, and her MS in Occupational Therapy from Mercy College.

Nikki Sanchez's previous experience includes working as a clinical social worker and Medical Foster Home coordinator in New Mexico. Ms. Sanchez comes to ORH with more than 25 years of experience providing care to children, adults, and families in medical settings, including providing end-of-life care to rural patients and Veterans on Native American reservations. She received her B.S. in Family Social Science, and her M.S. in social work with a concentration in medical social work from the University of Minnesota.

Please join us in welcoming Dr. Kaboli, Ms. Timm, and Ms. Sanchez to the Office of Rural Health.

Enterprise-Wide Initiatives

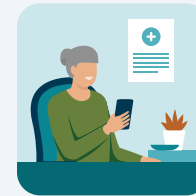
To increase access to care for the nearly 3 million rural Veterans who rely on VA for care, the Office of Rural Health supports a variety of Enterprise-Wide Initiatives (EWIs). EWIs expand successful programs to VA sites that serve rural Veterans nationwide.

ORH currently supports more than 35 Enterprise-Wide Initiatives, including:

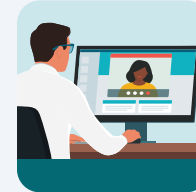
- ▶ **Telehealth Clinical Resource Hubs** provide primary, mental health, medical specialty, rehabilitation and extended care, and surgery services to Veterans in underserved areas.
- ▶ **The National Telecritical Care Program** connects VA facilities that do not have intensivists on staff with VA intensivists nationwide via telehealth. This approach increases access to Telecritical Care services and specialty inpatient care for rural Veterans.
- ▶ **Telerehabilitation Services** expands an integrated network of specialists specifically trained in delivering physical and rehabilitative therapy to rural Veterans using telehealth technology.

For more information and a list of ORH's current Enterprise-Wide Initiatives, please visit the [ORH website](#).

In FY22:



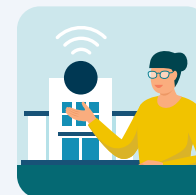
1.3 million+ Veterans are estimated to be impacted by ORH's Enterprise-Wise Initiatives.



35+ Enterprise-Wide Initiatives in coordination with VHA program office partners.



\$267.6 million in funding for Enterprise-Wide Initiatives and Rural Promising Practices.



100% of VA health care systems offer ORH Enterprise-Wide Initiatives.

Rural Promising Practices

The Office of Rural Health (ORH) continues to support innovative projects, such as Rural Promising Practices (RPPs), to help improve rural Veterans' health outcomes.

After programs are nominated by the Veterans Rural Health Resource Centers (VRHRCs), they are evaluated by ORH. The most impactful of these field-tested projects are designated Rural Promising Practices and implemented at VA care sites nationwide.

These initiatives explore new ways to provide care in rural communities. RPPs offer clinical and operational knowledge sharing that drives long-term improvements in rural health care delivery.

The Rural Promising Practice portfolio includes telehealth, workforce development, and community care programs. Current ORH Rural Promising Practices include:



Home-Based Pulmonary Rehabilitation (HBPR):

Nearly 25% of Veterans are impacted by Chronic Obstructive Pulmonary Disease (COPD), with an increased prevalence in rural Veterans. COPD can cause difficulty breathing and exercising, as well as limitations in physical activity.

Pulmonary rehabilitation is proven to decrease the risk of hospitalization for COPD and improve overall quality of life. However, less than 2% of eligible Veterans receive pulmonary rehabilitation care.

[ORH's Home-Based Pulmonary Rehabilitation program](#) connects Veterans with pulmonary rehabilitation providers via video and/or phone appointments. Providers develop a treatment plan tailored to each Veteran's unique needs.



Advanced Comprehensive Diabetes Care (ACDC):

According to the Veterans Health Administration (VHA), diabetes is the leading cause of renal failure, amputation, and blindness. It's also one of the most expensive conditions for Veterans who receive VA care.

Rural Veterans often face challenges accessing diabetes education and management, including long travel times and a lack of specialty care providers in their area. ORH's Advanced Comprehensive Diabetes Care program leverages telehealth to bring diabetes specialty care to Veterans at home. The core components of ACDC include:

- ▶ Telemonitoring
- ▶ Module-based self-management support
- ▶ Medication management

Veterans connect with a VHA home telehealth nurse via phone for biweekly appointments. The nurse collaborates with a clinical pharmacy specialist to tailor the Veteran's medication management to their individualized health care plan.

Veterans with refractory type 2 diabetes in the program improved their hemoglobin A1C levels, compared to standard care, reducing type 2 diabetes costs and complications.

For more information about Home-Based Pulmonary Rehabilitation, Advanced Comprehensive Diabetes Care, and other ORH Rural Promising Practices, please visit the [ORH website](#).



Special Rural Populations

American Indian Alaska Native Veterans

The United States is home to nearly 145,000 American Indian and Alaska Native Veterans. On average, these Veterans have a life expectancy that is five and a half years shorter than the general population. Additionally, American Indian and Alaska Native Veterans are more likely to experience social and economic difficulties that may impact their health.

In 2022, the Veterans Health Administration (VHA) established the Office of Tribal Health (OTH) to help manage health care services for American Indian and Alaska Native Veterans. OTH actively engages with Veterans as their team travels throughout Indian Country to learn more about the health care needs of tribal communities nationwide.

In 2003, VHA and the Indian Health Service (IHS) drafted a memorandum of understanding (MOU) aimed at improving access to care and health outcomes for American Indian and Alaska Native Veterans. The MOU is centered on four mutual goals – access, patients, information technology, and resource sharing. The Office of Tribal Health was developed to focus on improving health care outcomes for tribal Veterans with the goals and objectives outlined in the VHA-IHS MOU in mind.

In 2020, VHA and IHS drafted an Operational Plan that serves as a roadmap to execute components of the MOU, such as program management and logistics, and metric capture and reporting. Several workgroups, each staffed by subject matter experts from VHA and IHS, meet regularly to support the MOU Operational Plan.

To ensure the MOU Operational Plan effectively supports the Veteran population it was designed to serve, VHA and IHS solicit stakeholder feedback on the plan's structure and content. VHA and IHS hold regular Tribal Consultation and Urban Confer sessions that provide members of the American Indian and Alaska Native community with the opportunity to provide feedback on the current version of the Operational Plan.

In FY22, ORH, The Office of Tribal Government Relations (OTGR), OTH, and IHS hosted multiple Tribal Consultation and Urban Confer sessions. The input from native Veterans and tribal stakeholders during these sessions was reviewed by VHA and IHS leadership, and incorporated into an updated Operational Plan.

Aging Rural Veterans

As Veterans age, they often require increasingly complex medical care. For nearly 2.5 million aging rural Veterans, access to geriatrics and other forms of specialty care is critical for their health and overall quality of life. But with just one specialist for every 3,000 residents, many rural areas lack the qualified personnel to keep up with demand.

To increase access to care for one of the largest Veteran populations, ORH and its partners support programs – such as GRECC Connect, Geriatric Scholars, and Gerofit – designed to meet the unique needs of aging rural Veterans.



GRECC Connect offers rural Veterans real-time virtual care from geriatricians. Participating VA providers receive access to a network of geriatric specialists who provide educational and clinical guidance via conferences, electronic consultations, virtual meetings, and clinical video telehealth. Since 2014, GRECC Connect has served more than 10,000 Veterans and saved them nearly 890,000 miles of travel.





Geriatric Scholars trains local VA clinicians to care for older rural Veterans. As they strengthen their geriatric knowledge, each participant initiates a quality improvement project at their local community based outpatient clinic (CBOC). Since 2008, more than 1,000 VA clinicians have completed the program; these providers have collectively served more than 680,000 Veterans.



Gerofit is more than virtual fitness classes. For many older Veterans, the health and wellness program is a lifeline. Veterans who participate in strength and aerobic exercise classes – ranging from Tai Chi to dancing and walking – see positive health outcomes, including improvements in:

- ▶ Physical health
- ▶ Mental health
- ▶ Overall well-being

Veterans who participated in Gerofit classes for at least six months had a 25% reduction in 10-year mortality rate.

Collectively, these ORH-funded programs help fill the gap in rural specialists, decrease time and money spent on travel to care, and improve older Veterans' health and quality of life. But, most importantly, they help aging rural Veterans access the care they need, when they need it.

To learn more about these programs, please [watch this video](#).

Veterans Rural Health Advisory Committee

The Veterans Rural Health Advisory Committee (VRHAC) convenes twice yearly to hear from experts about rural Veterans' challenges. In 2022, Committee members learned about provider and workforce shortages that impact rural communities and VA's recruitment and retention strategies to bridge the gap between rural Veterans and the care they need. Though Committee members are from many different backgrounds – from the private sector to academia to health care professionals – they share a common goal: increasing access to care for rural Veterans. Following each fall meeting, VRHAC members finalize several recommendations to present for the consideration of

the Secretary of the U.S. Department of Veterans Affairs. This year, the Committee provided the Secretary's office with six recommendations for improving VHA human resources, hiring, and recruitment and retention strategies.

In 2023, the Committee will travel to Anchorage, Alaska, to host the first in-person VRHAC meeting since 2019. The focus of the coming meeting is health care access for American Indian and Alaska Native Veterans.

Bringing Whole Health to Rural Communities

For decades, caring for Veterans meant focusing almost exclusively on their physical health. But VA recognizes that one aspect of a Veteran's life doesn't tell the whole story. Under VA's whole health approach to care, providers examine additional factors contributing to a Veteran's overall wellness, including their mental health, nutrition, environment, and more.

While many Veterans benefit from this more expansive approach to care, provider shortages and transportation challenges often limit rural Veterans' access to whole health services. To help millions of rural Veterans improve their health and quality of life, ORH supports various programs that bring whole health directly to their communities.

Telephone Lifestyle Coaching allows rural Veterans to connect with health coaches who guide them through complex lifestyle changes – all from their homes. Coaches are equipped to support Veterans

in various areas, including exercise, nutrition, tobacco or alcohol cessation, and stress management.

TeleYoga brings rural Veterans a convenient way to improve their mental and physical wellness. Virtual classes allow Veterans to attend multiple times per week as they manage chronic pain, stress, mental health, and more.

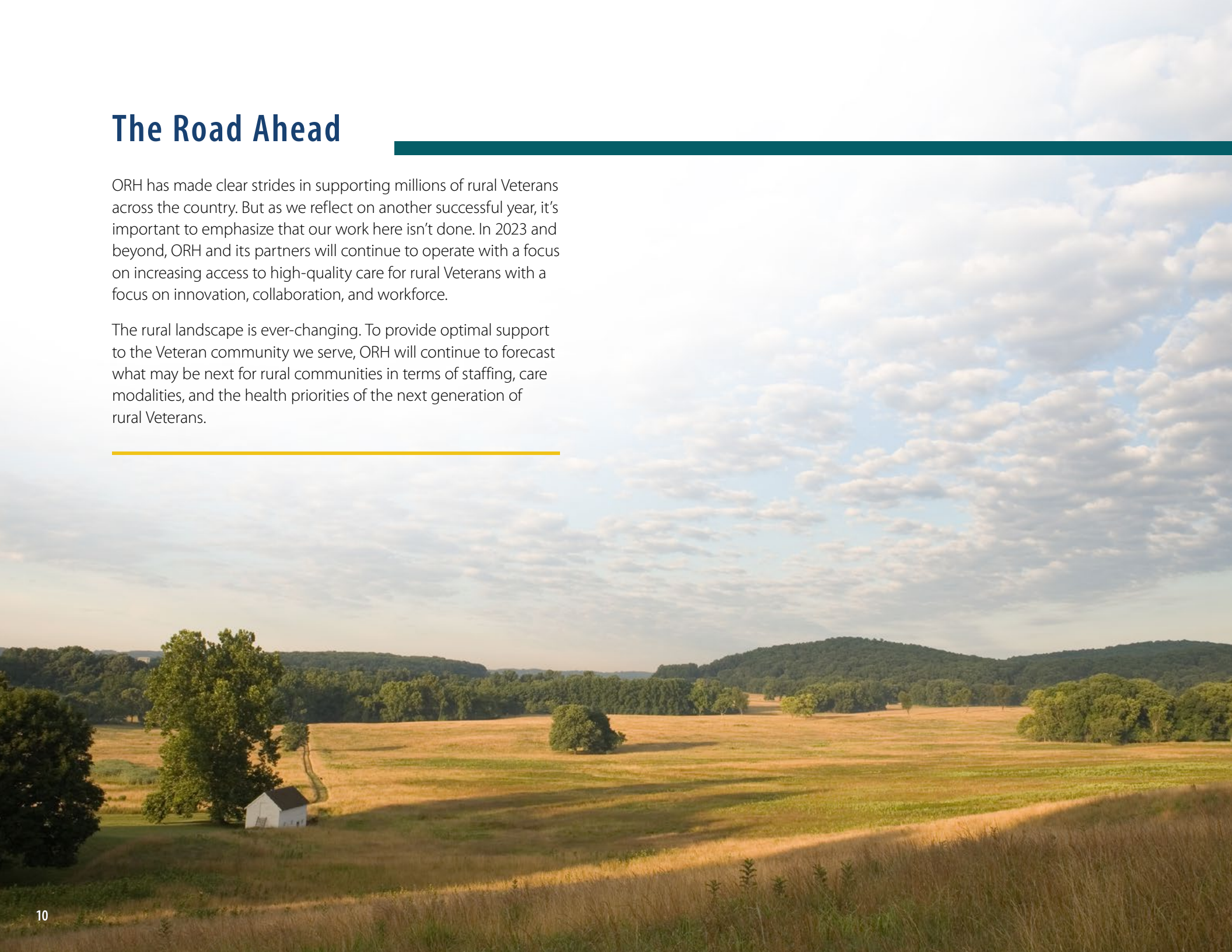
The Rural Veteran Wellness and Community Engagement Initiative eases the transition to civilian life by helping Veterans connect with their communities. Through community service, rural Veterans find ways to renew their sense of purpose after returning from active duty.

To learn more about ORH's whole health initiatives for rural Veterans, please read [Caring for the Whole Rural Veteran](#) or [watch this video](#).

The Road Ahead

ORH has made clear strides in supporting millions of rural Veterans across the country. But as we reflect on another successful year, it's important to emphasize that our work here isn't done. In 2023 and beyond, ORH and its partners will continue to operate with a focus on increasing access to high-quality care for rural Veterans with a focus on innovation, collaboration, and workforce.

The rural landscape is ever-changing. To provide optimal support to the Veteran community we serve, ORH will continue to forecast what may be next for rural communities in terms of staffing, care modalities, and the health priorities of the next generation of rural Veterans.



VA



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