



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Office of Rural Health (ORH)



STRATEGIC PLAN REFRESH

Fiscal Years 2012-2014

"Using Innovation and Technology to Improve Access and Quality"



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

Mary Beth Skupien, PhD, MS, RN
ORH Director

Sheila M. Warren, MPH, RN, CPHQ
ORH Deputy Director

VHA Office of Policy and Planning Office of Rural Health (ORH)

Fiscal Years 2012-2014 ORH Strategic Plan Refresh

Introduction

The VHA Office of Rural Health (ORH) was created in March 2007 to enhance access and quality of health care to nearly 3.4 million Veterans (41% of total enrolled Veterans) residing in rural and highly rural areas of the country. We know that these Veterans are increasingly made up of soldiers returning from Operation Enduring Freedom and Operation Iraqi Freedom and that 15% of them have at least one service connected disability.

Prior studies indicate that Veterans who live in rural settings have greater healthcare needs than their urban counterparts. Specifically, rural Veterans have lower health-related quality-of-life scores and experience a higher prevalence of physical illness compared to urban Veterans. While prevalence of most mental health disorders is lower for rural compared to urban Veterans, rural Veterans with mental health disorders are sicker as measured by lower health-related quality-of-life compared with urban Veterans. These differences in health-related quality-of-life scores, which equate to lower self-rated health status, among rural dwelling Veterans, are substantial, clinically meaningful and associated with increased demand for healthcare services. Despite greater health care needs, rural veterans are less likely to access health services for both physical and mental illness, either through the VA or the private sector. In particular, rural Veterans have lower access to care for chronic conditions such as hypertension and post-traumatic stress disorder.

To ensure that ORH programs and initiatives are meeting the health care needs of rural Veterans, ORH developed a profile of rural Veterans using several different sources. First, ORH conducted a geographical needs assessment to determine VA facility gaps in rural areas and then, a clinical needs assessment to better understand unmet clinical needs. ORH leadership has participated in numerous town hall meetings and listening sessions to better understand the perspective of rural Veterans on accessing VA health care and has met with the Veterans Rural Health Advisory Committee (VRHAC) 10 times to discuss their recommendations on how to improve the ORH program. This information, together with the Secretary's priorities on improving care for homeless Veterans, reducing the back log of claims, and improving access to care provided the framework for the refresh of the ORH 2012 strategic plan.

In FY11, ORH formed a committee of internal and external stakeholders to refresh the ORH strategic plan for FY12 through FY14. The committee had members representing the following groups: the Veterans Rural Health Advisory Committee (VRHAC), VISN rural consultants (VRCs), the Veterans Rural Health Resource Centers (VRHRC), ORH Central Office, Medical

Center Directors, the Office of Telehealth Services (OTS), the Office of Mental Health Services (OMHS), the Office of Geriatrics and Extended Care (GEC), State VA Offices, the Office of Health Informatics, the Office of Academic Affiliations (OAA), the Employee Education System (EES) and the Healthcare Retention and Recruitment Office (HRRO). Six workgroups were created from the committee to refresh the initiatives and action items associated with the strategic goals of ORH. The draft compilation of all recommendations was disseminated to a broad spectrum of VA field and program offices including all VISN directors, and VISN planners.

Each of the six ORH strategic goals have been updated with broadly agreed upon initiatives and associated action items that provide a path forward for ORH to continue to succeed in its mission. Many initiatives involve continuing to support existing collaborations, rural clinics, programs and projects that are clearly impacting rural Veterans. New initiatives have emerged to address the urgent need to recruit and retain health care providers to rural areas; determine gaps in telehealth services and infrastructure; evaluate new promising telehealth technologies; collaborate with VA research; expand partnerships with other private and public rural entities and expand specialty care services to rural areas.

Geographical Needs Assessment

A geographical needs assessment for each VISN was conducted by analysts from the Eastern Region – Veterans Rural Health Resource Center to identify potential geographic access gaps in primary, acute, and tertiary care in rural areas of the Veterans Health Administration. A *met need* is a service within a specific target population; in this case, Veterans outside of prescribed travel times to levels of care that is currently being addressed through existing resources that are available and accessible. An *unmet need* is a service within a specific target population that is not currently being addressed through existing services and activities because no services are currently available or available services are inaccessible. The access assessment focused on areas outside of 30 minutes travel time to VHA primary care, 90 minutes to VHA acute care, and 240 minutes (4 hours) to VHA tertiary care in FY10. In areas outside of VHA travel time bands, community resources were examined. More specifically, it was investigated (1) whether there are any Federally Qualified Health Centers, Community Health Centers, or community hospitals where partnerships might be forged to provide health care services to VHA enrollees in these areas; and (2) whether there are any Military Treatment Facilities or Indian Health System facilities in these areas that might be candidates for Federal sharing arrangements.

For the drive time to a tertiary facility analysis, all VISNs met the VHA FY10 access standard, with 92.4% of all enrollees within 240 minutes travel time. For the 90 minute drive time analysis, only two VISNs (19 and 23) did not meet the FY10 access standard to secondary care; however 79% of all enrollees meet the access standard to secondary care. For the 30 minute drive time analysis, 9 VISNs (6, 7, 9, 11, 15, 16, 19, 20, and 23) did not meet the VHA FY10

access standard to primary care. However, 77% of enrollees are within the VA standard for travel time to VHA primary care services.

Clinical Needs Assessment

VISN Rural Consultants (VRC) conducted clinical needs assessments for rural Veterans in each of the 21 VISNs. The goal of the clinical needs assessments was to identify the challenges and barriers for rural Veterans receiving healthcare at the VA. The data for the clinical needs assessments were collected in a variety of ways, including: Veteran comment cards collected from Veterans using rural community-based outpatient (CBOCs) clinics; rural Veteran focus groups; CBOC clinical staff focus groups; in-person interviews with rural Veterans; in-person informal surveys of rural Veterans, and in-person interviews of CBOC clinical staff. Many of the data collection tools that were used in the clinical needs assessments were adapted from examples that Veterans Rural Health Resource Center –Central Region (VHRC-CR) provided. The data collected was then compiled by each VRC and reported as part of the VISN’s overall rural health needs assessment.

Individual responses (n= 547) from all VISNs were compiled into a report. As compared to urban Veterans, rural Veterans are older; however there are a disproportionate number of younger Veterans and women Veterans from recent conflicts returning to rural areas. There appears to be a decline in the demand for inpatient services from rural Veterans, but an increase in demand for outpatient services. The most important barriers to care continue to be transportation to VA facilities, distance to VA facilities, a lack of telehealth services in rural VA facilities, a lack of specialty care and urgent care at rural VA facilities, inadequate knowledge of VA eligibility, benefits and services, and difficulties in recruitment and retention of health care providers.

VRHAC FY11 Recommendations

In the VRHAC’s FY11 Annual Report, the committee focused on rural provider workforce issues and rural Veteran outreach. They recommended that VHA-ORH work in collaboration with Health and Human Services Health Resources Service Administration-Office of Rural Health Policy (HRSA-ORHP) to assess the rural health provider needs of the VHA in its outreach and CBOC clinics in rural areas as well as any other programs or facilities located in rural and highly rural areas that provide direct services to Veterans; and the impact of such needs on the Health Professional Shortage Areas (HPSA) designations for primary care and mental health in these rural areas. The Committee would like to see efforts made to collaborate and partner with existing rural health providers in sharing limited workforce resources through contracting or other means. Given that the VHA and HRSA fund services in these areas and provide training resources for health care providers, a joint effort to study the policies and resources available for these critically underserved rural areas could lead to increased access to

quality rural health providers for both the of rural and highly rural Veterans and to broaden their understanding of VA benefits and programs.

Town Hall Meetings/Listening Sessions with Rural Veterans

In FY11, a variety of events including town hall meetings, listening sessions, outreach events and round table discussions with Veterans have been held in many areas of the country to increase VA/ORH awareness and understanding of Veteran needs and issues. The ORH Director and staff have participated in town hall events and listening sessions in Montana, Texas, South Dakota and Florida and one is planned in Maine on October 13th, 2011. The ORH Veterans Rural Health Resource Centers (VRHRCs) have conducted outreach events and have held numerous Veteran focus groups in Utah, California, Nevada, Iowa and Illinois and more are planned.

ORH FY12 Portfolio

ORH recently concluded its proposal review cycle for FY12 funding. Members of the ORH review committee were instructed to take into account results from the clinical needs assessment, the geographic needs assessment, town hall meetings, and the Secretary's priorities, as well as project quality and access measures when reviewing each individual proposal. Approximately 41% of ORH FY12 funding will continue to support the CBOCs and outreach clinics recently established in rural areas, as well as transportation systems that deliver rural Veterans to VHA facilities. Nearly 14% of ORH funding will support the delivery of primary care in the homes of rural Veterans through the home-based primary care (HBPC) program. In order to continue and expand telehealth services in rural areas, 13.3% of ORH funding will support telehealth programs in CBOCs and outreach clinics. The remainder of ORH funding will support mental health initiatives, specialty care, rural Veteran outreach, women Veterans' programs, and Project Access Received Closer to Home (ARCH) - a pilot program intended to improve access for eligible Veterans by connecting them to non-VA health care providers in their communities.

ORH Strategic Plan Refresh

Fiscal Years 2012-2014

A. Goal One: Improve access and quality of health care delivery for rural and highly rural Veterans.

Initiative 1.1: Understand obstacles/barriers/disparities and issues that impact the access and quality of health care delivery in rural and highly rural areas.

Understanding and identifying how barriers to care affect access to and the delivery of quality health care are critical for the establishment of programs that directly impact the specific needs of rural and highly rural Veterans. ORH supports efforts to study these issues in order to improve evidence-based rural and highly rural Veteran health care. This initiative may lead to the modification of existing rural health care delivery efforts and identify new areas for expansion and development of clinical services to rural and highly rural Veterans based on the actions delineated below.

Action 1.1.1: Continue to support the identification, evaluation and measurement of **access and quality** obstacles/barriers/disparities in health care delivery for rural and highly rural Veterans. This effort includes examining policies and procedures that affect both VA and non-VA access issues.

Action 1.1.2: Support the dissemination of the information gathered in above efforts to ORH partners, VHA leadership, and other stakeholders.

Initiative 1.2: Promote innovative solutions to identified barriers to access and quality health care.

These efforts support the establishment and expansion of clinical programs to improve access and quality related to health care delivery for rural and highly rural Veterans. Included in these efforts are implementation and sustainment strategies for new and innovative clinical pilots. Special attention in the development and evaluation of new and innovative clinical pilots should focus on telehealth, mental health; special populations such as Native, women, and homeless Veterans, home based solutions, transportation strategies, and collaborative efforts between the VA and non-VA entities.

Action 1.2.1: Continue to support the development and implementation of ***new and innovative pilot programs*** that address the identified barriers to access and quality of health care delivery for rural and highly rural Veterans.

Action 1.2.2: Continue to support the development and implementation of ***ongoing evaluation strategies*** that specifically target new and innovative clinical pilots. The evaluations will include recommending sustainment, expansion and/ or exportation of new and innovative clinical pilots.

Action 1.2.3: Support the ***dissemination, adoption, and education*** efforts concerning successful pilot programs and best practices for rural and highly rural Veterans to other VISNs.

B. Goal Two: Optimize the use of available and emerging health information technologies (Health IT) to improve access to care to Veterans residing in rural and highly rural areas.

Initiative 2.1: - Identification of gaps in tele-communications infrastructure, telehealth services, equipment in rural and highly rural communities.

The rural health program supports VA's transformation to an integrated delivery system that emphasizes a full continuum of care in a patient-centered environment by providing care that will specifically address the needs of rural and highly rural Veterans in part through the use of telehealth technology. Clinical need assessments conducted by ORH indicate that there are telecommunications infrastructure gaps, and uneven distribution of telehealth services, personnel training and equipment.

Action 2.1.1: Support/participate in a baseline assessment of tele-communications (broadband) infrastructure in rural areas in collaboration with U.S. Federal Communications Commission, U.S. Department of Health and Human Services, Health Resources and Services Administration and Indian Health Services, and the National Rural Health Association and State Offices of Rural Health, as appropriate in order to ensure full telehealth capabilities at all VHA rural facilities.

Action 2.1.2: Document and monitor existing and emerging external telehealth network infrastructure resources and collaborate where feasible.

Action 2.1.3: In collaboration with OTS, inventory rural CBOC and outreach clinics regarding telehealth use, services, training, equipment and infrastructure needs.

Initiative 2.2: - Work with private and public counterparts to leverage new and existing technologies addressing priority areas of care for rural and highly rural Veterans.

ORH continues to partner with stakeholders to identify and improve technology adoption in an effort to expand services to Veterans living in rural and highly rural areas.

Action 2.2.1: Identify priority areas of care in rural and highly rural areas that could be significantly impacted by instituting new telehealth services.

Action 2.2.2: Continue to identify through collaboration with private and public counterparts new and innovative telehealth technologies that could be adopted to address rural Veterans health care needs.

Initiative 2.3: Streamline access to new and existing technological platforms.

In order to be successful in applying new technological platforms, it is vital to partner with appropriate VA and non-VA partners. As many as seven out of 10 Veterans receive some portion of their health care from private sector providers, often utilizing both the VHA and private sector systems. As a result, there is a need for being able to streamline sharing relevant medical information between various systems.

Action 2.3.1: Create a multi-disciplinary committee which includes ORH, VA Office of Information Technology, VA Office for Informatics and Analytics, Office of Telehealth Services and other program offices as appropriate to focus on leveraging Health IT solutions.

Action 2.3.2: Support health information exchange efforts (Virtual Lifetime Electronic Record) in rural areas with state and local partners.

Initiative 2.4: Support existing and new telehealth initiatives.

Expansion of telehealth programs within VA has been a significant national effort. ORH has provided funds to support telehealth programs such as tele-retinal, tele-dermatology, tele-mental health, tele-pharmacy, tele-polytrauma, and tele-radiology in remote areas of the country. The Office of Telehealth Services (OTS) is a strong partner with ORH, working to expand existing telehealth programs and pilot new and innovative telehealth programs in the field. ORH has also funded telehealth projects through the Veterans Rural Health Resource Centers. Efforts include the tele-rehabilitation program in the Eastern Region that provides rehabilitation assessments and interventions in rural areas via video conferencing, and the mobile tele-retinal imaging pilot project that provides retinal imaging services in a convenient and cost-effective manner for rural Veterans served by CBOCs.

Action 2.4.1: Continue to work with VHA OTS to expand the availability of telemedicine services at VA facilities that serve rural and highly rural Veterans.

Action 2.4.2: Continue to support and evaluate demonstration projects of new models of care (especially specialty care) using telemedicine technologies.

C. Goal Three: Maximize utilization of existing and emerging studies and analyses to improve care delivered to rural and highly rural Veterans.

Initiative 3.1: Expand access to and use of VA studies and data.

ORH supports existing processes and initiates new processes to provide easier access to VA studies and data so that internal and external stakeholders can best take advantage of information for new analysis and program development.

Action 3.1.1: Continue to promote the use of the Rural Health Briefing Book and Rural Health Profile containing rural Veteran enrollee and utilization data.

Action 3.1.2: Continue to monitor and report quarterly on a national set of core performance measures that quantify access and quality of care delivered to rural and highly rural Veterans.

Action 3.1.3: Continue to disseminate information gathered from ORH-sponsored pilot projects, studies and programs to external stakeholders through the new ORH website, electronic newsletter, fact sheets, social media, conferences, publications and email alerts. The ORH materials are distributed electronically to contacts maintained in an access database. In addition, ORH staff will publish in peer-reviewed journals and will establish a presence at national rural health care and research meetings.

Action 3.1.4: Review and utilize best practices of communication with rural Veterans (e.g., radio, town hall, local clergy, community organizations) to disseminate information regarding ORH program developments and impacts.

Initiative 3.2: Collaborate with VA Research and Development.

Action 3.2.1: Form an ad hoc committee consisting of personnel from ORH and the VHA Office of Research and Development (ORD) that meets periodically for information exchanges. These exchanges will inform the development of important research questions regarding the health disparities and clinical needs among rural Veterans, as well as health service delivery and cost-effectiveness issues in rural areas.

Action 3.2.2: Continue to partner with VA Health Services Research and Development (HSR&D) researchers for Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) applications

D. Goal Four: Improve availability of education and training for VA and non-VA service providers to rural and highly rural Veterans.

Initiative 4.1: Expand the use of distance learning technologies and other modalities for rural education program delivery to provide targeted training to address specific needs of rural providers.

ORH supports expanded use of distance education for VA and non-VA providers. ORH supports the continued use and expansion of satellite broadcast methods for reaching broad audiences. Additionally, ORH will provide targeted training opportunities and venues that will be selected to ensure maximum reach and utility to address specific needs as identified in the needs assessments. In addition, ORH will explore additional methods such as web-streaming to promote maximum flexibility in providing access to training for rural and highly rural providers.

Action 4.1.1: The VHA Employee Education System (EES) will conduct a rural health training/education needs assessment to help inform ORH on future education/training needs in rural health.

Action 4.1.2: In collaboration with the VHA Ethics Office and EES, ORH will develop an educational video entitled “Rural Health Ethics”.

Action 4.1.3: Develop new distance learning rural health training/educational modules based on needs assessment.

Action 4.1.4: In collaboration with OTS, ORH will expand telemedicine training to rural CBOC and outreach clinic personnel. In collaboration with the PACT Office, ORH will expand Patient Aligned Care Teams (PACT) training to CBOC and outreach clinic personnel.

Action 4.1.5: Continue expansion of the use of distance technology in order to provide education to staff at CBOCs.

Initiative 4.2: Develop new education resources for health-care professionals.

ORH will expand available training for rural health providers. ORH will work to better integrate the topic of rural and highly rural Veterans into rural providers' education and training and bring to their attention the challenges and opportunities in rural and highly rural communities.

Action 4.2.1: Continue and expand the Rural Health Training Program (RHTP). The RHTP is directed at medical students, nurse practitioners, and other allied health professionals. OAA will collaborate as needed regarding affiliation relationships and policies governing trainees in accredited programs.

Action 4.2.2: ORH will collaborate with OAA in developing a new VA Training Initiative directed at rural VA interdisciplinary teams, such as those at rural CBOCS, hub sites for rural telehealth services, or HBPC teams caring for rural Veterans.

Action 4.2.3: Develop and implement an education program on diagnostic procedures that will require physicians to complete pre-readings and knowledge assessments, view instructional videos, practice using procedure-specific simulation equipment, and undergo a full skill assessment using current practice standards and evidence based criteria under the evaluation of an appropriate medical peer. Provide a training model that could be applied at all VAMCs serving rural populations.

Action 4.2.4: Participate in the 'HRSA Telehealth Resource Center Grant Program: CFDA 93.211, Northeast Telehealth Resource Center.

E. Goal Five: Enhance existing and implement new strategies to improve collaborations and increase service options for rural and highly rural Veterans.

VA's collaborative efforts to improve access and quality of services available to rural and highly rural Veterans can take place through public-public and public-private partnerships. Internally VA program offices represent the primary platforms for collaboration and expansion of existing supportive initiatives for ORH.

Initiative 5.1: Continue existing and begin new collaborations with VA program offices.

Action 5.1.1: Maintain existing collaborations with the Office of Geriatrics and Extended Care, the Office of Mental Health, the Homeless Office, and the Women Veterans Health Strategic Health Care Group, by closely monitoring the performance of existing collaborative projects and by expanding/maintaining successful programs if funding allows.

Action 5.1.2: Conduct an assessment of rural outreach efforts and identify efforts that could be jointly coordinated with local facility's My HealthVet Coordinator to allow for immediate in-person authentication during an outreach event.

Action 5.1.3: Identify and engage other VA program offices for possible collaborations.

Initiative 5.2: Continue to partner with various entities within the rural health community to establish or build upon existing outreach networks for rural Veterans.

ORH will take advantage of existing expertise and talent within the rural health community and build upon existing rural health networks to improve access and care for rural and highly rural Veterans through institutional collaborations. Potential collaborators include State Offices of Rural Health, HRSA Office of Rural Health Policy, HRSA Network Development and Outreach grantees, rural health programs sponsored by academic institutions, rural health researchers, and others.

Action 5.2.1: Inventory and assess effectiveness of current ORH –funded outreach activities using criteria developed by ORH leadership.

Action 5.2.2: Participate as a member of the VA National Veterans Outreach (NVO) Office outreach workgroups to provide representation for ORH, the VRC's, and VRHRC's; and to share information about the outreach needs of rural Veterans and ORH-supported outreach initiatives.

Action 5.2.3: Utilize the new (FY12) NVO Outreach Database and Outreach guide in order to identify VA outreach program and partners currently conducting outreach (such as OEF/OIF outreach), Yellow Ribbon events, etc.) in rural areas and collaborate (where possible and appropriate); to guide the planning and implementation of ORH – sponsored outreach initiatives, and to evaluate and analyze the effectiveness of outreach efforts.

Action 5.2.4: Identify additional rural areas of the country to target in rural Veteran outreach efforts to ensure that all rural Veterans have been contacted regarding their benefits and new local services.

Action 5.2.5: Identify State and local organizations in rural communities for outreach partnerships and collaborate where feasible.

Action 5.2.6: Facilitate partnerships between rural CBOCs and outreach clinic personnel with community health entities by helping to streamline process for contracting.

Action 5.2.7: To improve communications between ORH and its partners, further develop outreach contacts database including individuals from State Offices of Rural Health, HRSA Office of Rural Health Policy, and rural health researchers.

Initiative 5.3: Expand and develop public-public collaborations.

ORH will seek to expand public-public partnerships with agencies such as State Departments of Veterans Affairs, Department of Defense, HRSA, IHS, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Medicare and Medicaid Services (CMS), and others. Given the role of these organizations in providing access to health care services and health care coverage, ORH will seek to expand initiatives to address issues of co-managed care, information sharing and provider training, and related issues.

Action 5.3.1: Establish ongoing liaison with Strategic Action groups relevant to rural issues that are part of the DOD/VA Integrated Mental Health Strategy (IMHS). The IMHS centers on a coordinated public health model to improve the access, quality, effectiveness, and efficiency of mental health

services. Recipients of these services include active duty service members, National Guard and Reserve Component members, Veterans, and their families.

Action 5.3.2: Establish and formalize relationship with the Substance Abuse and Mental Health Services Administration (SAMHSA) for information sharing and provider training.

Action 5.3.3: Establish relationship with US Department of Agriculture (USDA) cooperative extension for outreach to rural Veteran caregivers.

Action 5.3.4: Participate in the newly established White House Rural Council.

Initiative 5.4: Institutionalize public-private collaborations.

ORH will support ongoing collaborations with private sector health care providers to specifically address the needs of rural and highly rural Veterans. ORH will solicit input from private sector stakeholders on best practices and approaches.

Action Item 5.4.1: Collaborate with the National Rural Health Association (NRHA) to assist in the planning of their annual meeting; including organization of workshops, speakers and topics of interest.

Action Item 5.4.2: Organize regional virtual meetings with private sector providers and ORH staff to gain insight from private sector providers on health care needs of rural Veterans.

F. Goal Six: Develop innovative methods to identify, recruit and retain health care professionals and requisite expertise in rural and highly rural communities.

Another barrier to accessing services facing rural Veterans is the lack of health care providers available in rural communities. ORH will undertake several initiatives to ensure the development and deployment of highly trained professionals to meet the current and emerging health care needs of rural Veterans.

Initiative 6.1: Develop programs to increase health professionals' awareness of rural practice.

The Student Educational Employment Program (SEEP) provides Federal employment opportunities to those who are enrolled or accepted for enrollment as degree seeking students taking at least half-time academic, technical, or vocational course load in an accredited high school, technical, vocational, 2- or 4-year college or university, graduate or professional school. The VA Learning Opportunities Residency (VALOR) nursing program provides opportunities for outstanding students to develop competencies in clinical nursing while at an approved VA health care facility. Increasing the use of the SEEP and VALOR programs in rural VA facilities will subsequently increase the awareness of VA educational/employment opportunities among college and university students.

HRRO's VHA Marketing and Advertising section has proposed a comprehensive rural health marketing campaign, including the creation of web sites, pages, and banner ads specifically designed

for individuals considering rural VA employment opportunities. A rural VA recruitment advertisement and tabletop has been distributed to and displayed at numerous national recruitment events, including the 2011 NRHA Conference. Other suggestions include the promotion of rural opportunities on social networking sites, including Facebook and YouTube.

Action 6.1.1: Increase use of SEEP and VALOR programs in areas designated rural and highly rural. VHA HRRO, who is responsible for administering these programs, will earmark funding specifically for use in facilities designated rural and highly-rural. VHA Placement Services will also develop an award to be presented to VALOR students upon graduation.

Action 6.1.2: Increase presence at colleges and universities with close proximity to rural VA health care facilities. HRRO will develop awards/recognition programs for presentation to students committed to rural practice at commencement ceremonies; identify and attend events in rural communities and upcoming rural health conferences, including the National Rural Health Conference in May 2012.

Action 6.1.3: HRRO Marketing and Placement Services will develop rural community awareness campaign to be rolled out at rural locations identified by HRRO to help develop rural provider workforce. HRRO will extend marketing scope to include additional demographics groups (high school students, families) with a vested interest in rural practice.

Initiative 6.2: Support existing and new workforce recruitment and retention efforts.

Identifying pertinent baseline information related to rural recruitment and retention is critical in developing effective workforce strategies. VHA Placement Recruitment Consultants provided HRRO leadership qualitative information on top occupational priorities, challenges, and opportunities in rural and highly rural VA health care facilities. VHA Placement Recruitment Consultants identified physicians, mental health and telemedicine professionals as high demand rural occupations. Positions such as Clinical Psychologists and Physical Therapists are considered more difficult to place in the rural HBPC/PACT settings. The identification of the challenges and opportunities will considerably improve rural recruitment efforts.

Many of the current strategies intended to increase recruitment and retention in rural health care facilities are aimed primarily at colleges, universities and established practitioners. Research has indicated that individuals who originate from rural areas are more likely to consider rural practice and employment than those from urban areas. Therefore, a more comprehensive approach to recruitment is needed. By extending its marketing scope, VHA Placement Services will be able to recruit strategically for the placement in rural and highly rural VA facilities. Targeting individuals with embedded interest in rural practice will improve both recruitment and retention efforts within rural VA facilities. However, recruitment strategies have to be developed in such a way to not destabilize or disrupt existing health provider resources in rural communities.

Significant collaborative opportunities also exist between VHA Placement Services and other local, state, and federal entities specializing in rural health needs and issues. Such opportunities include joint research efforts with colleges and universities, and collaborative opportunities with local and state offices of rural health. Establishing relationships with entities specializing in addressing rural health

issues will significantly increase the awareness of potential collaborative research and placement opportunities with the VA.

Action 6.2.1: ORH will foster ongoing dialogue between VHA Placement Recruitment Consultants in HRRO and VISN Rural Consultants (VRCs) and HR and form a workgroup to identify top occupational priorities, challenges and opportunities for recruitment and retention at rural and highly rural VA health care facilities in order to develop a rural health workforce strategy.

Action 6.2.2: ORH will conduct a joint national rural health workforce study with Health Resources Service Administration –Office of Rural Health Policy (HRSA-ORHP) to examine shared workforce strategies and specific needs in order to gain evidence of existing ad hoc models and support needed for joint contracting of providers.

Action 6.2.3: ORH will evaluate regional and state models of rural provider retention strategies program.

Action 6.2.4: HRRO will establish relationships with community and state offices of rural health, rural program offices of colleges and universities. OAA will assist as needed in vetting accredited programs or schools and in establishing affiliation relationships.

Appendix A

Table of Action Items, Person(s) Responsible, Quarterly Milestones

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Table of Action Items, Person(s) Responsible, Quarterly Milestones

Initiatives	Action Items	FY 2012 Milestones 1st Quarter (Oct-Dec)	FY 2012 Milestones 2nd Quarter (Jan-Mar)	FY 2012 Milestones 3rd Quarter (Apr-Jun)	FY 2012 Milestones 4th Quarter (Jul-Sep)	Person or Organization Responsible	Action Item POC
Strategic Goal One: Improve access and quality of health care delivery for rural and highly rural Veterans.							
Initiative 1.1: Understand obstacles / barriers/ disparities and issues that impact the access and quality of health care delivery in rural and highly rural areas.	Action 1.1.1: Continue to support the identification, evaluation and measurement of access obstacles / barriers /disparities in health care delivery for rural and highly rural Veterans. This effort includes examining policies and procedures that affect both VA and non-VA access and quality issues.	Establish an Access/Quality Workgroup (Leads: Veteran Rural Health Resource Centers (VRHRCs) Deputy Directors, and VISN rural consultants (VRC)). Workgroup will evaluate the Office of Rural Health (ORH) Annual Report(s) to identify how obstacles/barriers/disparities have been addressed by ORH portfolio projects. Identify Best Practices.	Access/Quality workgroup will examine existing policies and procedures that affect VA and non VA access/quality issues. Workgroup will report findings to ORH/VACO.	Access/Quality workgroup will address the gaps identified in the evaluation to inform and guide the Action items for initiative 1.2, and to set the priorities/strategies for FY 13 ORH portfolio.	Access/Quality workgroup will provide FY proposal review assistance to ensure that access and quality are addressed in FY13 ORH portfolio.	VRHRC Deputy Directors, ORH VACO	Mary Charlton
		Disseminate a management brief based on Q1 Action 1.1.1 to ORH partners, VHA leadership and other stakeholders.	Disseminate a management brief based on Q2 Action 1.1.1 to ORH partners, VHA leadership and other stakeholders.	Disseminate a management brief based on Q3 Action 1.1.1 to ORH partners, VHA leadership and other stakeholders.	Disseminate a management brief based on Q4 Action 1.1.1 to ORH partners, VHA leadership and other stakeholders.	VRHRC staff, ORH Communications	Nancy Maher Kristen Wing
		VRHRC staff will create a proposal development toolkit, including a proposal writing training workshop.	Introduce the proposal development toolkit and conduct the proposal writing workshop at the ORH Biannual Meeting.	Disseminate call for FY13 ORH portfolio concept papers. Review Concept Papers and invite approved concepts to submit a full proposal (May).	Review FY13 portfolio submissions. Provide assistance for conditionally approved proposal submissions in order to meet evaluative criteria, including criteria for innovation, sustainment, and expansion.	ORH VACO AL West Mary Charlton	AL West
Initiative 1.2: Promote innovative solutions to identified barriers to access and quality health care.	Action 1.2.1: Continue to support the development and implementation of new and innovative pilot programs that address the identified barriers to access and quality of health care delivery for rural and highly rural Veterans.	Develop evaluative criteria to facilitate the determination of and the degree to which an ORH-funded pilot program/ demonstration project achieves success or failure.	Refine the developed evaluative criteria.	Submit the developed evaluative criteria to the ORH Proposal Review Committee for review.	Release revised evaluative criteria to ORH Proposal Review Committee to aid in deliberations.	ORH VACO AL West Mary Charlton	AL West Sheila Warren
		Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Develop tracking for various content and participation support from VRCs and VRHRCs.	Post proposal Development Toolkit and Proposal Writing training materials to ORH Knowledge Management System (KMS) and disseminate link to VRCs, VRHRCs, and VHA program offices. Disseminate non VA stakeholder ideas to VRCs, VRHRCs, and VHA program offices. Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	Post call for FY13 Portfolio Concept Papers to ORH KMS and ORH intranet site. Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	VRHRC staff ORH Communications
Initiative 1.2.3: Support the dissemination, adoption, and education efforts concerning successful pilot programs and best practices for rural and highly rural Veterans.	Action 1.2.2: Continue to support the development and implementation of ongoing evaluation strategies that specifically target new and innovative clinical pilots. The evaluations will include recommending sustainment, expansion and/ or exportation of new and innovative clinical pilots.	Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Develop tracking for various content and participation support from VRCs and VRHRCs.	Refine the developed evaluative criteria.	Submit the developed evaluative criteria to the ORH Proposal Review Committee for review.	Release revised evaluative criteria to ORH Proposal Review Committee to aid in deliberations.	ORH VACO AL West Mary Charlton	AL West Sheila Warren
		Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Develop tracking for various content and participation support from VRCs and VRHRCs.	Post proposal Development Toolkit and Proposal Writing training materials to ORH Knowledge Management System (KMS) and disseminate link to VRCs, VRHRCs, and VHA program offices. Disseminate non VA stakeholder ideas to VRCs, VRHRCs, and VHA program offices. Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	Post call for FY13 Portfolio Concept Papers to ORH KMS and ORH intranet site. Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	Support the ORH Communications lead with content for and participation in education, dissemination, and exportation efforts. Track content and participation support from VRCs and VRHRCs.	VRHRC staff ORH Communications

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Table of Action Items, Person(s) Responsible, Quarterly Milestones

Initiatives	Action Items	FY 2012 Milestones 1st Quarter (Oct-Dec)	FY 2012 Milestones 2nd Quarter (Jan-Mar)	FY 2012 Milestones 3rd Quarter (Apr-Jun)	FY 2012 Milestones 4th Quarter (Jul-Sep)	Person or Organization Responsible	Action Item POC	
Strategic Goal Two: Optimize the use of available and emerging health information technologies (Health IT) to improve access to care to Veterans residing in rural and highly rural areas.								
Initiative 2.1 - Identification of gaps in telecommunications infrastructure, telehealth services, equipment in rural and highly rural communities.	Action 2.1.1: Support/participate in a baseline assessment of tele-communications infrastructure in rural areas in collaboration with U.S. Federal Communications Commission, U.S. Department of Health and Human Services, Health Resources and Services Administration and Indian Health Services, and the National Rural Health Association and State Offices of Rural Health, as appropriate in order to ensure full telehealth capabilities at all VHA rural facilities.	Identify participating offices and data sources for compilation of a baseline report of tele communications infrastructure in rural America	Obtain GIS mapping services for baseline assessment data	Perform GIS mapping of nation wide tele communications infrastructure and resultant gaps	Present report to ORH of findings	Nancy Dailey	Nancy Dailey	
	Action 2.1.2: Document and monitor existing and emerging external telehealth network infrastructure resources and collaborate where feasible.	Assess existing telehealth network resources, including those created by state and federal rural bandwidth expansion programs.	Assess existing state and local non-VHA telemedicine programs in rural areas.	Create white paper on the state of current telehealth network infrastructure and opportunities for collaboration with non-VHA entities	Present findings to VHA leadership	Tom Klobucar	Tom Klobucar	
	Action 2.1.3: - Inventory rural Community-Based Outpatient Clinics (CBOCs) and outreach clinics as well as telehealth use, services, training, equipment and infrastructure needs.	Determine number and current disposition of rural CBOCs and Outreach Clinics. Create master list of clinics to be inventoried.	Determine feasibility of tracking telehealth use in CBOCs and Outreach Clinics using extant data sources. Define range of specialty care services delivered or capable of being delivered using telemedicine technologies.	Assess infrastructure and equipment needs after implementation of OTS telehealth expansion and T21 initiatives in rural areas.	Assess telemedicine training need in rural CBOCs and outreach clinics and work with OTS to ensure availability of training resources to rural CBOC and outreach clinic personnel.		Tom Klobucar	Tom Klobucar
	Initiative 2.2 - Work with private and public counterparts to leverage new and existing technologies addressing priority areas of care for rural and highly rural Veterans.	Action 2.2.1: Identify priority areas of care in rural and highly rural areas that could be significantly impacted by instituting new telehealth services.	Assess potential impact of VHA/DoD initiative OSEHRA, the Open Source Electronic Health Record Agent on rural Veterans	Conduct review of available information from VHA and non-VHA sources to identify new telehealth models of care	Using extant VHA data sources, assess differences in urban and rural veterans' health services needs	Investigate needs assessment information from 3Q FY 2012 and the ability of open source records exchanges and new telehealth models to impact those needs.	Tom Klobucar	Tom Klobucar
Initiative 2.3: Streamline access to new and existing technological platforms.	Action 2.2.2: Continue to identify through collaboration with private and public counterparts new and innovative technologies that could be adopted to address rural Veterans health care needs.	Develop a template to allow the documentation of new technologies which can be used in rural healthcare	Pilot the template which was developed to allow the documentation of new technologies which can be used in rural healthcare	Submit the developed template as a report of technologies for possible use in clinical pilots	Update and resubmit the developed template as a report of technologies for possible use in clinical pilots	Byron Bair	Byron Bair	
	Action 2.3.1: Create a multi-disciplinary committee which includes ORH, VA Office of Information and Technology, VHA Office of Health Information, Office of Telehealth Services and other program offices as appropriate to focus on leveraging Health IT solutions to improve access to care for rural Veterans.	Develop draft charter for committee; identify appropriate lead from each VA program office to invite to committee	Hold a kick off meeting to introduce committee members and review charter. Finalize charter.	Develop subgroups to accomplish tasks.	Present final committee report to ORH and VHA leadership.		Tom Klobucar Katie Dziak	Katie Dziak
	Action 2.3.2: Expand health information exchange efforts (Virtual Lifetime Electronic Record) with state and local partners.	Will collaborate with national IT program director / Tim Cromwell and state of Utah Office of Veteran Affairs director Terry Schow on updates on national pilot programs and report.	Will collaborate with national IT program director / Tim Cromwell and state of Utah Office of Veteran Affairs director Terry Schow on updates on national pilot programs and report.	Will collaborate with national IT program director / Tim Cromwell and state of Utah Office of Veteran Affairs director Terry Schow on updates on national pilot programs and report.	Will collaborate with national IT program director / Tim Cromwell and state of Utah Office of Veteran Affairs director Terry Schow on updates on national pilot programs and report.		Byron Bair	Byron Bair
	Initiative 2.4: Support existing and new telehealth initiatives.	Action 2.4.1: Continue to work with VHA Office of Telehealth Services (OTS) to ensure the availability of telemedicine equipment at VA facilities and corresponding outreach clinics that serve rural and highly rural Veterans.	ORH leadership meets quarterly with OTS leadership to discuss telehealth needs and initiatives in rural areas.	ORH leadership meets quarterly with OTS leadership to discuss telehealth needs and initiatives in rural areas.	ORH leadership meets quarterly with OTS leadership to discuss telehealth needs and initiatives in rural areas.	ORH leadership meets quarterly with OTS leadership to discuss telehealth needs and initiatives in rural areas.	Mary Beth Skuplien Sheila Warren	Mary Beth Skuplien
	Action 2.4.2: Continue to support and evaluate demonstration projects of new models of care using telemedicine modalities.	ORH is funding 102 studies evaluating models of care delivery using telemedicine modalities in FY12.	ORH program analysts will oversee expenditures and report on project milestones and performance on a quarterly basis.	ORH program analysts will oversee expenditures and report on project milestones and performance on a quarterly basis.	ORH program analysts will oversee expenditures and report on project milestones and performance on a quarterly basis.	ORH VACO, VRC, and VRHRCs	Katie Dziak Sheila Warren	

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<p>Strategic Goal Three: Maximize utilization of existing and emerging studies and analyses to improve care delivered to rural and highly rural Veterans</p> <p>Initiative 3.1: Expand Access to and Use of VA studies and data</p>	<p>Action 3.1.1: Continue to promote the use of the Rural Health Briefing Book and Rural Health Profile containing rural Veteran enrollments and utilization data.</p>	<p>Provide quarterly training opportunities for VRCs and Program Office personnel. Orient new VRC staff as applicable. Include in ORH leadership presentations as applicable.</p>	<p>Provide quarterly training opportunities for VRCs and Program Office personnel. Orient new VRC staff as applicable. Include in ORH leadership presentations as applicable.</p>	<p>Provide quarterly training opportunities for VRCs and Program Office personnel. Orient new VRC staff as applicable. Include in ORH leadership presentations as applicable.</p>	<p>Provide quarterly training opportunities for VRCs and Program Office personnel. Orient new VRC staff as applicable. Include in ORH leadership presentations as applicable.</p>	Katie Dziak	Katie Dziak	
	<p>Action 3.1.2: Continue to monitor and report quarterly on a national set of core performance measures that quantify access and quality of care delivered to rural and highly rural Veterans.</p>	<p>Finalize VSSC web based system. Provide training to VRCs on how to utilize web based system. Continue discussions with Office of Information and Technology (OI&T) to develop web-based system. Provide quarterly report summary to ORH leadership.</p>	<p>Begin OI&T web database development.</p>	<p>Provide quarterly training opportunities for VRCs and Program Office personnel. Orient new VRC staff as applicable. Include in ORH leadership presentations as applicable.</p>	<p>Orient any new staff to VSSC web-based system. Provide quarterly report summary to ORH leadership. Finalize OI&T web database development. Prepare to launch for FY 13 projects.</p>	<p>Orient any new staff to VSSC web-based system. Provide quarterly report summary to ORH leadership. Finalize OI&T web database development. Prepare to launch for FY 13 projects.</p>	Sheila Warren Katie Dziak	Sheila Warren
	<p>Action 3.1.3: Continue to disseminate information gathered from ORH-sponsored pilot projects, studies and programs to external stakeholders through the new ORH website, electronic newsletter, fact sheets, social media, conferences, publications and email alerts. The ORH materials are distributed electronically to contacts maintained in an access database. In addition, ORH staff will publish in peer-reviewed journals and will establish a presence at national rural health care and research meetings.</p>	<p>Create and disseminate 3 ORH fact sheets for monthly distribution. Create and disseminate a quarterly ORH newsletter. Send email alerts to stakeholders regarding new ORH publications as needed. Continue to update ORH website.</p>	<p>Create and disseminate 3 ORH fact sheets for monthly distribution. Create and disseminate a quarterly ORH newsletter. Send email alerts to stakeholders regarding new ORH publications as needed. Continue to update ORH website.</p>	<p>Create and disseminate 3 ORH fact sheets for monthly distribution. Create and disseminate a quarterly ORH newsletter. Send email alerts to stakeholders regarding new ORH publications as needed. Continue to update ORH website.</p>	<p>Create and disseminate 3 ORH fact sheets for monthly distribution. Create and disseminate a quarterly ORH newsletter. Send email alerts to stakeholders regarding new ORH publications as needed. Continue to update ORH website.</p>	<p>Create and disseminate 3 ORH fact sheets for monthly distribution. Create and disseminate a quarterly ORH newsletter. Send email alerts to stakeholders regarding new ORH publications as needed. Continue to update ORH website.</p>	ORH communications	Nancy Maher Kristen Wing
	<p>Action 3.1.4: Review and utilize best practices of communication with rural Veterans (e.g., radio, town hall, local clergy, community organizations) to disseminate information regarding ORH program developments and impacts.</p>	<p>Review literature for best practices for health communication with older generations of Veterans</p>	<p>Develop a white paper on topic and disseminate to rural health teams and partners.</p>	<p>Have a meeting at the National VA Health Services Research and Development meeting (Feb. 2012) including the key stakeholders in VA rural health research. Determine what should be done over the next two quarters and report back to ORH.</p>	<p>Continue to disseminate materials to partners.</p>	<p>Continue to disseminate materials to partners, evaluate impact</p>	ORH communications	Nancy Maher Kristen Wing
<p>Initiative 3.2: Collaborate with VA Research and Development</p>	<p>Action 3.2.1: Form an ad hoc committee consisting of personnel from ORH and the VHA Offices of Research and Development (ORD) that meet periodically for information exchanges. These exchanges will inform the development of important research questions regarding the health disparities and clinical needs among rural Veterans, as well as health service delivery and cost-effectiveness issues in rural areas.</p>	<p>Have a conference call with ORD leadership and rural health investigators to review priorities in rural health. Specifically, review the State of the Art Conference Recommendations for Research on Access to care. Develop a plan for the coming year.</p>	<p>Have a meeting at the National VA Health Services Research and Development meeting (Feb. 2012) including the key stakeholders in VA rural health research. Determine what should be done over the next two quarters and report back to ORH.</p>	<p>Dependent on report.</p>	<p>Dependent on report.</p>	Nancy Maher Serena Chu Alan West Peter Kaboli	Peter Kaboli	
	<p>Action 3.2.2: Continue to partner with VA Health Services Research and Development (HSR&D) researchers for Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) applications</p>	<p>Meet with VA HSR & D investigators as requested to discuss ORH partnership in CREATE applications.</p>	<p>Meet with VA HSR & D investigators as requested to discuss ORH partnership in CREATE applications.</p>	<p>Meet with VA HSR & D investigators as requested to discuss ORH partnership in CREATE applications.</p>	<p>Meet with VA HSR & D investigators as requested to discuss ORH partnership in CREATE applications.</p>	<p>Meet with VA HSR & D investigators as requested to discuss ORH partnership in CREATE applications.</p>	ORH	Nancy Maher

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Strategic Goal Four: Improve availability of education and training for VA and non-VA service providers to rural and highly rural Veterans.							
Initiative 4.1: Expand the use of distance learning technologies and other modalities for rural education program delivery to provide targeted training to address specific needs of rural providers.	Action 4.1.1: The VHA Employee Education System (EES) will conduct a rural health training/education needs assessment to help inform ORH on education/training gaps in rural health.	Identify EES staff that can assist in completing this analysis.	Develop an action plan with timelines for completing this analysis.	Implement the action plan and conduct the front end analysis.	Finalize the front end analysis and communicate the results with ORH.	EES Serena Chu	Serena Chu
	Action 4.1.2: In collaboration with EES, ORH will develop 'Rural Health Ethics'.	Continue to develop the content for the Ethics video and secure all the faculty that will be involved in the production of this video.	Finalize the content and slides for the Ethics video. Secure faculty and planning committee information so the program can be accredited.	Film this broadcast in Salt Lake City. Broadcast will be repeatedly aired on EES' site.		EES Kristen Wing	Kristen Wing
	Action 4.1.3: Develop new distance learning rural health training/educational modules based on needs assessment.	Discuss potential ORH projects with EES and develop an action plan for accomplishing these projects	Begin production of EES projects, which will include a mixture of conference support, broadcast programs, and education/marketing videos.	Continue production of EES projects, which will include a mixture of conference support, broadcast programs, and education/marketing videos.	Complete the production of all EES projects.	Serena Chu Paul Hoffman	Serena Chu
	Action 4.1.4: In collaboration with OTS, ORH will expand telemedicine training to rural CBOC and outreach clinic personnel. In collaboration with the PACT Office, ORH will expand Patient Aligned Care Teams (PACT) training to CBOC and outreach clinic personnel.	Rural Health Professions (RHP) Institute will partner with VRHRC. Develop modules for Telemedicine (TM) training.	Finalize modules for TM training. Select locations for TM training. Promote training availability and schedule dates.	Implement TM training at CBOCs.	Collect program/module feedback.	Paul Hoffman RHP	Paul Hoffman
	Action 4.1.5: Continue expansion of the use of distance technology in order to provide education to staff at CBOCs.	Clinical Video-Telehealth (CVT)-Neurology Follow-up Care for Veterans with Progressive Multiple Sclerosis, Living in Rural Areas' Workgroup in Baltimore to establish nationwide sites. Expand DME to 1 CBOC in VSN 8. Establish North Florida's tele-rehabilitation model at the White River Junction VA, including standardized clinics, processes and measurement systems.	Tele-Neuro will finalize list of patients at each site, verify profiles, schedule and conduct first TM visits at each site. Expand DME to 1 CBOC in VSN 8. Expand Florida's tele-rehabilitation model to include specialized focus areas such as TBI, HBPC, and post surgical patients.	Continue to conduct Tele-Neuro visits at each site. Review the Tele-Neuro Pt and Provider evaluations. Expand DME to 1 CBOC in VSN 8. Initiate treatment of Veterans with the specialized focus and begin tracking outcomes.	Conduct follow-up workshop for 'Clinical Video-Telehealth (CVT)-Neurology Follow-up Care for Veterans with Progressive Multiple Sclerosis, Living in Rural Areas'. Collaborate with GIS team to map patients at each site nationwide. Expand DME to 1 CBOC in VSN 8. Continue treatment of specialized focus areas and tracking of outcomes. Include trending data and expansion of numbers of patients served.	Paul Hoffman Sonya Stalling Jason Zullo	Paul Hoffman

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Initiative 4.2: Develop new education resources for health-care professionals	Action 4.2.1: Continue and expand the Rural Health Training Program (RHTP). The RHTP is directed at medical students, nurse practitioners, and other allied health professionals. OAA will collaborate as needed regarding affiliation relationships and policies governing trainees in accredited programs.	Finalize first rotation of ARNP, PT, and 3 medical students. Recruit next PT student at North Florida/South Georgia Veterans Health care system (NF/SGVHS). Expand the RHTP with a collaboration meeting with Dr. Lori Davis and Dr. Hugh Myrick for Public Psychiatry and Tele-Mental Health. Telepharmacy Project-Maine VA: Initiate and establish Telepharmacy Medication Reconciliation Clinics Project at VA Maine in accordance with OTS Conditions of Participation and local policy. Establish format in RESITRACK to record Pharmacy Resident experience. Certify Pharmacy Residents (2) as OTS-approved CVT providers. Orient Pharmacy Students (6th year) to project. Orient and train CBCC staff. Develop anonymous patient satisfaction survey. Initiate Pharmacy Resident Telepharmacy Medication Reconciliation clinic visits for CBCC patients December 2011.	Place PT student at NF/SGVHS. Establish relationship with other schools for ARNP and PT students. Telepharmacy Project-Maine VA: Continue Pharmacy Resident Telepharmacy Medication Reconciliation clinic visits for CBCC patients with ongoing review of processes of service delivery. Pharmacy students (6th year) observe clinic as advanced practice pharmacy CVT experience. Make adjustments to operation of Telepharmacy Medication Reconciliation Clinics, if needed.	Finalize rotation of PT and medical students. Telepharmacy Project-Maine VA: Develop a staff satisfaction survey and obtain necessary local approvals to administer. Continue Pharmacy Resident Telepharmacy Medication Reconciliation clinic visits for CBCC patients with ongoing review of processes of service delivery. Pharmacy students (6th year) observe clinic as advanced practice pharmacy CVT experience. Administer staff satisfaction survey. Summarize patient satisfaction survey information. Evaluate pilot and provide program recommendations	Review student and preceptor evaluation forms. Attend and distribute recruitment packets at student orientation day. Telepharmacy Project-Maine VA: Continue Pharmacy Resident Telepharmacy Medication Reconciliation clinic visits for CBCC patients with ongoing review of processes of service delivery. Pharmacy students (6th year) observe clinic as advanced practice pharmacy CVT experience. Administer staff satisfaction survey. Summarize patient satisfaction survey information. Evaluate pilot and provide program recommendations	Paul Hoffman Sonya Starling Penelope Markle	Paul Hoffman
		Continue meetings between ORH team and OAA team. Develop, review and approve Request for Proposals (RFP) Distribute RFP announcement.	Field will send in LOIs to ORH and OAA. Field will develop proposals. ORH and OAA will meet as needed.	Full proposals due. Proposals are reviewed by OAA review team. ORH and OAA will meet as needed.	Applicants are notified of review results. Program begins Fall of Academic Year 2012-2013.	ORH VACO OAA	Nancy Maher
		Acquire pre-intervention measures of patient wait times and delayed care, and counts of medical staff qualified to perform procedures. Purchase simulators and "train the trainers" to put them into use, then start training medical staff with them.	Continue training staff and collecting data.	Continue staff training, and begin follow-up data collection.	Complete data collection and analysis, and write final report.	AI West	AI West
Action 4.2.2: ORH will collaborate with Office of Academic Affiliations (OAA) in developing a new VA Training Initiative directed at rural VA interdisciplinary teams, such as those at rural CBOCS and Extension Clinics, hub sites for rural telehealth services, or HBPC teams caring for rural Veterans.	Action 4.2.3: Develop and implement an education program on diagnosing diagnostic procedures that will require physicians to complete pre-readings and knowledge assessments, view instructional videos, practice using procedure-specific simulation equipment, and undergo a full skill assessment using current practice standards and evidence based criteria under the evaluation of an appropriate medical peer. Provide a training model that could be applied at all VAMCs serving rural populations.	HRSA awarded grant funding for New England Telehealth Resource Center (NETRC) Project on 9/1/2011 HRSA Grant # G22RH22699	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	Sonya Starling Penelope Markle	Sonya Starling
		VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.	VRHRC-ER staff participation in Telehealth Advisory Committee meetings. Seek to develop and manage collaborative training projects with NETRC team.

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<p>Strategic Goal Five: Enhance existing and implement new strategies to improve collaborations and increase service options for rural and highly rural Veterans.</p>								
<p>Initiative 5.1: Continue existing and begin new collaborations with VA program offices.</p>	<p>Action 5.1.1: Maintain existing collaborations with the Office of Geriatrics and Extended Care, the Office of Mental Health Service, the VA Homeless Office, and the Women Veterans Health Strategic Health Care Group by closely monitoring the performance of existing collaborative projects and by expanding/maintaining successful programs if funding allows.</p>	<p>FY12 ORH funding of sustained Home Based Primary Care (HBPC) and E-RANGE projects will be disbursed. FY12 ORH funding of new projects directed by the Office of Women's Health will begin. ORH program analysts will monitor expenditures and report quarterly on performance measures.</p>	<p>ORH program analysts will monitor expenditures and report quarterly on performance measures.</p>	<p>ORH program analysts will monitor expenditures and report quarterly on performance measures.</p>	<p>ORH program analysts will monitor expenditures and report quarterly on performance measures.</p>	ORH VACO	Serena Chu Christina White	
	<p>Action 5.1.2: Conduct an assessment of rural outreach efforts and identify efforts that could be jointly coordinated with local facility's My Health Vet (MHV) Coordinator to allow for immediate in-person authentication during an outreach event</p>	<p>Contact VRHRCs and VRCs to begin building an inventory of scheduled Outreach events, disseminate list of MHV Coordinators to VRHRCs and VRCs.</p>	<p>Participate in a MHV Coordinator monthly Point-of-Contact (POC) call to inform the MHV Coordinators about Rural Health Outreach efforts.</p>	<p>Conduct webinar to educate VRHRCs and VRCs about the In-Person Authentication (IPA) Process and Secure Messaging.</p>	<p>Follow-up with VRHRCs and VRCs to identify remaining gaps in MHV partnerships.</p>	<p>Follow-up with VRHRCs and VRCs to identify remaining gaps in MHV partnerships.</p>	Kristen Wing	Kristen Wing
	<p>Action 5.1.3: Identify and engage other VA program offices that impact rural health for possible collaborations.</p>		<p>1. Participate in National Veterans Outreach Office workgroup conference calls. 2. Participate in monthly Physical Medicine and Rehabilitation Service Advisory Board conference calls. 3. Meet quarterly with the Office of Tribal Government Relations.</p>	<p>1. Participate in National Veterans Outreach Office workgroup conference calls. 2. Participate in monthly Physical Medicine and Rehabilitation Service Advisory Board conference calls. 3. Meet quarterly with the Office of Tribal Government Relations.</p>	<p>1. Participate in National Veterans Outreach Office workgroup conference calls. 2. Participate in monthly Physical Medicine and Rehabilitation Service Advisory Board conference calls. 3. Meet quarterly with the Office of Tribal Government Relations.</p>	<p>1. Participate in National Veterans Outreach Office workgroup conference calls. 2. Participate in monthly Physical Medicine and Rehabilitation Service Advisory Board conference calls. 3. Meet quarterly with the Office of Tribal Government Relations.</p>	ORH VACO	Serena Chu Nancy Maher Kristen Wing
<p>Initiative 5.2: Continue to partner with various entities within the rural health community to establish or build upon existing outreach networks for rural Veterans.</p>	<p>Action 5.2.1: Inventory and assess effectiveness of current ORH-funded outreach activities using criteria developed by ORH leadership.</p>	<p>Identify ORH criteria for determining effectiveness of outreach activities via thorough review of proposed program goals and deliverables. Develop data gathering tool and dashboard on ORH website for reporting. Test dashboard by identifying program leads and educating them on the report/purpose, collect and compile a list of entities that are presenting working with VA in rural locations to support outreach to Veterans within their community.</p>	<p>Begin populating the dashboard monthly with metrics. Begin documentation of inventory of partners. Initiate workgroup to identify best practices and begin documentation of same. VRHRC-WR will host the ORH meeting, theme of which is collaborations with rural communities. Education provided to all VRCs and others attending this conference.</p>	<p>Initiate meeting with VRCs to define their outreach activity action plans within their VISN. Document action plans and timeline for initiation.</p>	<p>Support the VRCs and VISNs with their action plans for rural outreach with community partners, using best practices documented and Outreach Toolkit developed by WR.</p>	Nancy Dailey	Nancy Dailey	
	<p>Action 5.2.2: Participate as a member of the National Veterans Outreach (NVO) Office outreach workgroups to provide representation for ORH, the VRC's, and VRHRC's; and to share information about the outreach needs of rural Veterans and ORH-supported outreach initiatives.</p>	<p>Participate in Outreach Workgroup conference calls.</p>	<p>Participate in Outreach Workgroup conference calls.</p>	<p>Participate in Outreach Workgroup conference calls.</p>	<p>Participate in Outreach Workgroup conference calls.</p>	<p>Participate in Outreach Workgroup conference calls.</p>	Kristen Wing	Kristen Wing
	<p>Action 5.2.3: Utilize the new (FY12) NVO Outreach Database and Outreach guide in order to identify VA outreach program and partners currently conducting outreach (such as OEF/OIF outreach), Yellow Ribbon events, etc.) in rural areas and collaborate (where possible and appropriate), to guide the planning and implementation of ORH-sponsored outreach initiatives, and to evaluate and analyze the effectiveness of outreach efforts.</p>	<p>When database is released, conduct a webinar to introduce VRHRCs and VRCs to the NVO Outreach Database and support its implementation</p>	<p>Analyze use of NVO Outreach Database by VRHRCs/VRCs, verify that outreach events identified in Action Item 2.2.3 have been entered, identify planned outreach events in rural areas and share information with VRHRCs/VRCs</p>	<p>Identify planned outreach events in rural areas and share information with VRHRCs/VRCs</p>	<p>Identify planned outreach events in rural areas and share information with VRHRCs/VRCs</p>	Kristen Wing	Kristen Wing	

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Table of Action Items, Person(s) Responsible, Quarterly Milestones

Initiatives	Action Items	FY 2012 Milestones 1st Quarter (Oct-Dec)	FY 2012 Milestones 2nd Quarter (Jan-Mar)	FY 2012 Milestones 3rd Quarter (Apr-Jun)	FY 2012 Milestones 4th Quarter (Jul-Sep)	Person or Organization Responsible	Action Item POC	
Initiative 5.3: Expand and develop public collaborations.	Action 5.2.4: Identify additional rural areas of the country to target in rural Veteran outreach efforts to ensure that all rural Veterans have been contacted regarding their benefits and new local services.	Identify 6 new sites for testing of rural collaboration tool kit	Report lessons learned and emerging strategies for further exportation of rural collaboration tool kit.	Report lessons learned and emerging strategies for further exportation of rural collaboration tool kit	Final report on lessons learned and emerging strategies from exportation of rural collaboration tool kit and define next steps for national exportation	Nancy Dailey	Nancy Dailey	
	Action 5.2.5: Identify State and local organizations in rural communities for outreach partnerships and collaborate where feasible.	Use tool kit to help VA sites identify key rural partners for outreach, partnership and collaborative efforts by VA stations	Report lessons learned from using the tool kit to identify rural partners for outreach, partnerships, and collaborative efforts	Report lessons learned from using the tool kit to identify rural partners for outreach, partnerships, and collaborative efforts	Provide a final report on lessons learned from using the tool kit to identify rural partners for outreach, partnerships, and collaborative efforts	Byron Bair Nancy Dailey	Nancy Dailey	
	Action 5.2.6: Facilitate partnerships between rural CBOCs (and outreach clinic personnel) with community health entities by helping to streamline process for contracting.	Monitor contracting processes in identified sites and report lessons learned	Monitor contracting processes in identified sites and report lessons learned	Monitor contracting processes in identified sites and report lessons learned	Final report on monitor contracting processes in identified sites	Byron Bair Nancy Dailey	Nancy Dailey	
	Action 5.2.7: To improve communications between ORH and its partners, further develop outreach contacts database including individuals from State Offices of Rural Health, Health Research Service Administration (HRSA) Office of Rural Health Policy, and rural health researchers.	Review ORH Contacts Database for existing outreach partners, identify gaps in collaborations, research additional contacts and add their information to Contacts Database	Disseminate a list of planned VA outreach events to outreach contacts, inquire about opportunities to collaborate on outreach with contacts.	Disseminate a list of planned VA outreach events to outreach contacts, inquire about opportunities to collaborate on outreach with contacts.	Disseminate a list of planned VA outreach events to outreach contacts, inquire about opportunities to collaborate on outreach with contacts.	ORH communications	Kristen Wing	
	Action 5.3.1: Establish ongoing liaison with Strategic Action groups relevant to rural issues that are part of the DOD/VA Integrated Mental Health Strategy (IMHS). The IMHS centers on a coordinated public health model to improve the access, quality, effectiveness, and efficiency of mental health services. Recipients of these services include active duty service members, National Guard and Reserve Component members, Veterans, and their families.	Update from IMHS in first quarter. Discuss ongoing partnerships in this area. Meet with Karen Malenbrache and staff to discuss VADOD priorities and ORH involvement in the process.	Monitor progress and action steps after initial meeting quarterly.	Monitor progress and action steps after initial meeting quarterly.	Monitor progress and action steps after initial meeting quarterly.	Mary Beth Skupien Sheila Warren	Mary Beth Skupien	
	Action 5.3.2: Establish and formalize relationship with the Substance Abuse and Mental Health Services Administration (SAMHSA) for information sharing and provider training.	Determine contact at SAMHSA and meet with individual in first quarter FY12. Develop partner strategy for provider training.	Meet on quarterly basis if required.	Meet on quarterly basis if required.	Meet on quarterly basis if required.	Evaluate if action plan has been met and determine new activities for FY13.	Mary Beth Skupien Sheila Warren	Mary Beth Skupien
	Action 5.3.3: Establish relationship with US Department of Agriculture (USDA) cooperative extension for outreach to rural Veteran caregivers.	USDA representative notified of representative for the VRRHAC. ORH Director will be working closely with he and his counterparts on rural issues/concerns and opportunities.	Meet on quarterly basis if required.	Meet on quarterly basis if required.	Meet on quarterly basis if required.	Evaluate if action plan has been met and determine new activities for FY13.	Mary Beth Skupien Sheila Warren	Mary Beth Skupien
Initiative 5.4: Institutionalize public-private collaborations.	Action 5.3.4: Participate in the newly established White House Rural Council that will culminate in a Rural Summit in Washington, DC.	Active member of the President's Workgroup Quality of Life month. Follow up action plans will be monitored	Meet on a monthly basis as required	Meet on a monthly basis as required	Meet on a monthly basis and evaluate the VA ORH ORH plan of action for the WH Rural Council activities. Remain active on this council.	Mary Beth Skupien Sheila Warren	Mary Beth Skupien	
	Action Item 5.4.1: Collaborate with the National Rural Health Association (NRHA) to assist in the planning of their annual meeting including organization of workshops, speakers and topics of interest.	Attend planning meeting	Implement planning agenda	Attend national meeting	Provide final report and next steps		Nancy Dailey	Nancy Dailey
	Action Item 5.4.2: Organize regional virtual meetings with private sector providers and ORH staff to gain insight on health care needs of rural Veterans.	Continuing virtual meetings with Humana and Cary Medical Center on a monthly basis to gain insight from private sector providers on health care needs of rural Veterans	Continue meeting monthly with Humana and Cary Medical Center.	Continue meeting monthly with Humana and Cary Medical Center.	Meet virtually on a monthly basis and evaluate if action plan has been met and determine new activities for FY13.	Collette Alvarez	Collette Alvarez	

Appendix A
Table of Action Items, Person(s) Responsible, Quarterly Milestones

Initiatives	Action Items	FY 2012 Milestones 1st Quarter (Oct-Dec)	FY 2012 Milestones 2nd Quarter (Jan-Mar)	FY 2012 Milestones 3rd Quarter (Apr-Jun)	FY 2012 Milestones 4th Quarter (Jul-Sep)	Person or Organization Responsible	Action Item POC
Strategic Goal 6: Develop innovative methods to identify, recruit and retain medical professionals and requisite expertise in rural and highly rural communities.							
Initiative 6.1: Develop programs to increase health professionals' awareness of rural practice	Action 6.1.1: Increase use of the Student Educational Enrollment Plan (SEEP) and VA Learning Opportunities Residency (VALOR) programs in areas designated rural and highly rural. VHA Healthcare Recruitment and Retention Office (HRRO), who is responsible for administering these programs, will earmark funding specifically for use in facilities designated rural and highly-rural. VHA Placement Services will also develop an award to be presented to VALOR students upon graduation.	Baseline data for historical and current funding allocated to SEEP and VALOR programs in rural areas identified.	Approve additional VALOR/SEEP student opportunities in rural and highly rural facilities.	Presentation of VALOR award to rural student cohort.	Continue monitoring of VALOR/SEEP hiring quantities.	HRRO	Anthony Achampong
	Action 6.1.2: Increase presence at colleges and universities with close proximity to rural VA health care facilities. HRRO will develop awards/recognition programs for presentation to students committed to rural practice at commencement ceremonies; identify and attend events in rural communities and upcoming rural health conferences, including the National Rural Health Conference in May 2012.	Identification of targeted colleges and universities underway. Brand awareness action plan for open house under development. Will be forwarded to marketing and advertising. HRRO representatives attending 3RNet Annual conference in September, 2011.	Development of media plan complete. plan implemented in targeted areas. VHA Healthcare Placement Services participates in Open House events in rural VA facilities.	HRRO representatives will attend NRHA annual meeting in Denver, Colorado; awards/recognition programs implemented.	Continued appearance at rural Open House events, rural community events, and rural college and university career fairs.	HRRO	Anthony Achampong
	Action 6.1.3: HRRO Marketing and Placement Services will develop rural community awareness campaign to be rolled out rural locations identified by HRRO to help develop rural provider workforce. HRRO will extend marketing scope to include additional demographics, group (high school students, families) with a vested interest in rural practice.	Revise the end board to push traffic to a soon to be created Web page or email of VAcareers@va.gov that highlights rural provider careers in VA. Target radio stations and TV stations within 100 mile vicinity of Black Hills South Dakota and Fort Meade ND with marketing materials encouraging the use of PSAs highlighting rural provider careers in VA. Identify additional 28 rural communities to target. Further refine media campaign.	Continue development and increase presence of targeted marketing materials encouraging individuals to consider practice in rural communities identified in Quarter 1. Disseminate TV/Radio public service announcements to rural communities.	Continue development and increase presence of targeted marketing materials encouraging individuals to consider practice in rural communities identified in Quarter 1. Disseminate TV/Radio public service announcements to rural communities.	Continue development and increase presence of targeted marketing materials encouraging individuals to consider practice in rural communities identified in Quarter 1. Disseminate TV/Radio public service announcements to rural communities.	HRRO	Anthony Achampong
Initiative 6.2: Support existing and new workforce recruitment and retention efforts.	Action 6.2.1: ORH will foster ongoing dialogue between VHA Placement Recruitment Consultants in HRRO and VISN Rural Consultants (VRCs) and HR and form a workgroup to identify top occupational priorities, challenges and opportunities for recruitment and retention at rural and highly rural VA health care facilities in order to develop a rural health workforce strategy.	Form a workgroup consisting of VHA National Recruiters, HR and VISN rural consultants. Conduct monthly conference calls.	Develop a plan of action for conducting a rural health provider needs assessment. Conduct monthly conference calls.	Conduct assessment. Conduct monthly conference calls.	Finalize report.	HRRO VRCs Anthony Achampong	Anthony Achampong
	Action 6.2.2: Conduct a joint national rural health workforce study with Health Resources Service Administration –Office of Rural Health Policy (HRSA-ORHP) to examine shared workforce strategies and specific needs in order to gain evidence of existing ad hoc models and support needed for joint contracting of providers.	Discuss with HRSA the possibility of this joint study in the first quarter. Develop a plan of action if feasible and agreeable by joint parties.	Develop a plan of action and follow up quarterly. Involve the appropriate parties.	Develop a plan of action and follow up quarterly.	Evaluate progress and report findings and follow up as necessary.	HRRO VRCs Anthony Achampong	Mary Beth Skupien
Action 6.2.3: Evaluate regional and state models of rural retention strategies.	Work with local and national experts to develop an inventory of rural retention strategies.	Analyze the outcomes of each of these models and determine if they were successful.	Evaluate the feasibility for use of each model by the VHA.	Summarize best practices and formulate recommendations for rural retention strategies in the VHA in a white paper.	HRRO VRCs Anthony Achampong	Central Region - VRHRC	Mary Charlton

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Initiatives	Action Items	FY 2012 Milestones 1st Quarter (Oct-Dec)	FY 2012 Milestones 2nd Quarter (Jan-Mar)	FY 2012 Milestones 3rd Quarter (Apr-Jun)	FY 2012 Milestones 4th Quarter (Jul-Sep)	Person or Organization Responsible	Action Item POC
	Action 6.2.4: HRRO will establish community and state offices of rural health, rural program offices of colleges and universities. OAA will assist as needed in vetting accredited programs or schools and in establishing affiliation relationships.	HRRO will meet with 3RNet to discuss future collaboration. Representatives from HRRO will attend 3RNet Annual Conference in Fall of 2011 to network with other organizations and agencies committed to improving rural recruitment and retention.	TBD	TBD	TBD	HRRO	Anthony Achampong

Appendix B

FY 12 Veterans Rural Health Resource Center (VRHRC) Projects

Western Region (WR)

- 1. Does co-management of veterans' health through VA and non-VA care improve outcomes?** This study will be the first to document the extent to which Veterans use VA care in combination with Medicare and VA contract care, for both rural and urban Veterans. It will also be the first study to compare VAMC and CBOC utilization between rural and urban patients. Finally, this study will evaluate the effect of dual use (VA and non VA care) on patient health outcomes.
- 2. Model Development, Population Comparison and Programmatic Information for Native Veterans.** Year two of a 2 year study that will: 1) Model factors affecting service utilization and healthcare trends among Native populations including, but not limited to, the impact of traumatic brain injury, age/period of service, and gender; 2) Document methodological issues in procedures and definitions for utilizing the VA Medical SAS Datasets for Native-focused analyses; 3) Create GIS maps of the Native veteran population characteristics, service options and co-morbidities; 4) Collect, systematize, and disseminate Native-specific VA programmatic information provided by each VISN.
- 3. ORH Collaborative Training Model for Community Agencies** – This is an initiative to provide training to community agencies operating in rural areas with the aim of helping them to understand the services and benefits available to Veterans.
- 4. Rural Native Veteran Telehealth Collaborative Education and Consultation Services** – This is year two of a 3 year project to establish a collaborative National Native Telehealth Training and Consultative Service to aid in the dissemination and replication tele-mental health clinics targeted at rural Native veterans.
- 5. Rural Native Veterans Promising Programs Initiative** - This project will develop and evaluate a process for implementing promising programs that are responsive to specific cultural and health challenges of rural Native Veterans.
- 6. Rural Veteran Outreach Program** – This training program involves multiple community leaders in a rural community and facilitating the initiation and solidification of collaborative relationships between the community at large and the local VAs in supporting their Veterans. The goal is to VA's presence in rural communities by enlisting existing community agencies and leaders, as well as informal leaders, to outreach to Veterans.
- 7. Rural Women Veterans Demographic and Service Needs** -This project is dedicated to understanding population demographics, healthcare utilization, and perceived service gaps from the perspective of the rural female Veteran. This study will be focused on the use of outpatient care by women Veterans.
- 8. Strengthening Existing VA Community Partnerships in Rural Areas** - This project aims to systematically build community partnerships that form through natural operational processes into formal VA/rural community partnerships and to help VA staff engaged in these natural partnerships to reframe their role to include the concept of being a champion in forming these partnerships.
- 9. Using Community Hotlines for Rural Needs Assessment** - This project will be conducted in collaboration with staff from the National Caregiver Hotline, located at the Canandaigua VA Medical Center in Canandaigua, NY. The project has the several objectives: 1). Estimate the frequency that rural caregivers utilize the caregiver hotline and identify their reasons for calling; 2). Compare urban and rural

caregivers in terms of caregiving needs as recorded by the caregiver hotline, 3). Examine local follow-up to caregiver queries to determine outcomes and identify barriers to addressing rural caregivers' needs.

10. **Using Rural Veterans' Perspectives on Access Issues and Satisfaction with VA Healthcare to Improve VA Patient Care** - The objective of this project is to summarize Veteran input on their healthcare access issues and healthcare experiences and to distribute that information to: 1). Appropriate VA staff in VISNs and patient services, 2). Rural community healthcare specialists, and 3). Professionals interested in rural health.
11. **Collaboration between the National State Office of Veterans Affairs and ORH for outreach to non enrolled Veterans** – The purpose of this project is to facilitate development of a relational data base that can be used to help rural veterans obtain VA benefits within the state where they live.

Central Region (CR)

12. **Tele-mental Health Care of OEF/OIF /OND Veterans at Western Illinois University- Macomb Campus** – Year two of a 2 year project to assess and address the mental health needs of OEF/OIF student veterans attending a rural University.
13. **Virtual Team Based Care for Rural Veterans with HIV: A Model for the Generalist-Specialist Interface in the Rural Patient-Centered Medical Home** – Year two of a 2 year project to pilot the development and evaluation of “virtual HIV care teams” capable of providing accessible, high quality, comprehensive care for rural veterans with HIV.
14. **The Implementation and Process Evaluation of a Home-Based Stroke Tele-Rehabilitation (SteleR) Program** – This project will systematically evaluate the implementation fidelity and other factors of a home-based stroke tele-rehabilitation program (SteleR) into clinical care at the Roudebush and Iowa City VAMCs.
15. **Mobile Teleretinal Imaging for Rural Veterans Served by Community Based Outpatient Clinics** – The ORH funded Mobile Teleretinal Imaging Project (MTRIP) at the Iowa City VAMC is up and running, and in the course of 6 weeks has screened 119 patients (a rate of nearly 1000 Veterans per year) at CBOCs serving rural veterans. In year two of a 2 year project, the program will be evaluated in terms of patient satisfaction, cost savings and cost avoidance as well as a return on investment analysis.
16. **Pilot Intervention to Improve Annual Colorectal Cancer Screening Rates Among Average Risk Veterans and in Veterans with Diabetes** – This project will determine the feasibility and effectiveness of incorporating a colorectal cancer education and screening intervention into a diabetes case management program in order to significantly increase the rate of screening in this at-risk population.
17. **Tailored Tobacco Quitline for Rural Veterans** - The project is designed to help increase access to tobacco cessation services among rural veterans and to develop more effective treatment services that better address comorbid issues commonly experienced by rural smokers. The objectives are: 1). Study the feasibility of an individually-tailored telephone intervention for rural smokers, 2). Examine the impact of the intervention on tobacco use outcomes, and 3). Evaluate the effect of the intervention on issues commonly experienced by rural smokers including depressive symptoms, alcohol use, and weight gain.
18. **Adapting Quality Improvement Tools for Patient Self Management by Rural Veterans**- The purpose of this project is to develop and evaluate patient centered tools to facilitate symptom recognition and patient-provider communication among rural veterans to support timely treatment adjustment and avoid unnecessary travel to clinic visits and/or hospitalizations.

19. **Evaluating the Introduction of the First Official VA Blog: Vantage Point and Implications for the Rural Health Community** - This project is part of a larger collaborative effort in FY12 to address the issue of access as it relates to rural Veteran outreach and post-deployment transition.
20. **Mixed Methods Evaluation of Case Management and Home Telehealth (CM/HT) Programs for Rural Veterans** -This project will study the effectiveness of interactive voice response (IVR) technology compared with the older, landline dependent home tele-monitoring equipment. It will also evaluate the content of the communication between case managers and their rural Veterans. Many of those who conducted evaluations of Case Management/Home Telehealth interventions, while finding the interventions effective, call for closer evaluation of the frequency and content of communication between case manager and patient.
21. **Targeted Outreach to Rural Veterans: Qualitative Message Testing Using Marketing Techniques** - This project will allow for the synthesis of existing data with a specific focus on issues related to rural Veteran access to VA services and care, followed by a collaborative effort to develop VA outreach messages directed at specific populations (e.g., Veteran-students on a rural university campus, rural women Veterans, rural OEF/OIF Reserve and National Guard (R/NG) service members, and rural Veterans who are not students, women, or R/NG). The project will include testing messages through a process of qualitative marketing practices.
22. **Primary Investigation of Patterns of Dual Healthcare System Use in Rural Veterans** - The objective of this project is to characterize Veterans (both rural and non-rural) who are dual users—i.e., who choose to access both VA and non-VA healthcare services—and their perceptions of dual use in terms of satisfaction, care coordination, and their role in facilitating information exchange.

Eastern Region (ER)

23. **Clinical Video Telehealth (CVT)-Neurology for Follow-Up Care of Veterans with Progressive Multiple Sclerosis Living in Rural Areas** - VRHRC-ER staff and the Multiple Sclerosis Center of Excellence-East (MSCoE-East) are collaborating on a multi-site demonstration project to exhibit the effectiveness of Clinical Video Telehealth (CVT) for the neurological follow-up of rural Veterans who are disabled by the symptoms of progressive Multiple Sclerosis.
24. **CVT- Rehabilitation (PT/RT) for long term stabilization/ improvement in function for Patients with Multiple Sclerosis living in rural areas** - This study is being undertaken to determine the benefit of long-term exercise participation with initially begun as a therapeutic rehabilitation program, directed by a licensed physical therapist, and then progressed to a wellness program, directed by a certified / licensed recreational therapist. The uniqueness of this study is that the rehabilitation program and wellness program will be provided through distance technology, i.e., tele-video units, with transmission from clinic to individuals' homes.
25. **CVT-Rural Caregiver Assistance Program** - A rehabilitation clinical professional (nurse or physical therapist) will provide caregiver assistance including: (1) problem-solving skills development; (2) resource education; and (3) supportive problem solving via videophone technology to a caregiver of a rural Veteran in a demonstration project designed to improve caregiver self –efficacy and reduce strain and burden.
26. **Delivery of Primary Care to Veterans with Spinal Cord Injury (SCI/D) by CVT to home or Community-based outpatient clinic (CBOC): Expanding Telehealth Services to SCI Rural Veterans** – This one year demonstration will determine the feasibility of home telehealth and CVT- primary care delivered to the closest CBOC for the treatment of intercurrent acute illness and other urgent situations that occur in a disabled SCI/D population. This aspect of the study will be primarily descriptive (qualitative)

and will allow us to focus on the effectiveness of the delivery system for particular illnesses and situations in subsequent studies. We have specifically selected patients suffering from ALS, progressive MS and SCI who are at high risk for having these events.

27. **Rural Telehealth Veteran Independence Initiative** – This program will provide distance assessment and management for highly rural Veterans at risk for reduction in functional independence due to traumatic brain injury (TBI), high frequency/high complexity diagnoses, and home safety/fall risk.
28. **Public Psychiatry Fellowship Program** – This is a collaborative training program between the Tuscaloosa VAMC (TVAMC) and the University of Alabama School of Medicine (UASOM) Tuscaloosa Campus. The program includes two tracks: (1) Family Medicine and (2) Psychiatry, with clinical rotations and didactics for each located at the TVAMC (25% of time), a state public clinic, and the UASOM. The fellowship is a one year full-time training program for psychiatrists and family physicians who have completed an accredited psychiatric and family medicine residency program, respectively, and who plan to devote their careers to working with high risk populations in the public sector in a rural area. The project aim is to train physicians to be more competent in delivering mental health services in rural areas that rely on public funds. In addition, the project's objective is to recruit and retain high caliber physicians to serve as leaders in the provision of mental health services in the public sector of Rural Alabama, including the VA setting.
29. **Rural Health Training Program for Medical, Nursing and Associated Health Professions Students** - The sustainment of the 2010 Rural Health Training Program (RHTP) will be continued at North Florida/South Georgia Veterans Health System (NF/SGVHS) and expand to a National Training Program with collaboration and support from the Office of Academic Affiliations (OAA).
30. **Telepharmacy – Brown Bag Clinics for Rural Maine CBOCs** -The purpose of this project is to provide access for patients to pharmacy Brown Bag Medication Clinics via Clinical Video Telehealth (CVT) at the rural CBOCs in Rumford, Calais, Caribou and Lincoln.

Appendix C

FY2012 ORH-Sponsored VISN Projects

Appendix B
FY2012 ORH-Sponsored VISN Projects

VISN / PO	Category	Proposal name
1	Tele & Models of Care	ACT Chronic Pain Treatment/Bangor CBOC
2	Geriatrics	HBPC Western New York
2	Geriatrics	HBPC - Indian Health Service Collaboration -Mohawk
2	Geriatrics	HBPC at Rome, NY
2	Mental Health	Behavioral Health Care Line - Watertown
2	Mental Health	E-Range
2	Geriatrics	HBPC Pennsylvania Connection
2	Mental Health	Behavioral Health Care Line - Rome
2	Mental Health	Behavioral Health Care Line - Tompkins/Cortland
2	Specialty Care	Space and Staff for Physical Therapy at Ft. Drum
3	Tele & Models of Care	Riverhead CBOC - Expansion of 5 integrated programs
3	Geriatrics	HBPC/Harris/Monticello CBOC and Community Collaboration
4	Tele & Models of Care	Expansion of Home Telehealth
4	Access & Quality	Rural Mobile Clinic
4	Mental Health	E Range
4	Access & Quality	OEF/OIF Outreach Clinic
4	Training & Education	Virtual Collaboration
5	Tele & Models of Care	Rural Health Initiative - PT/OT to selected CBOCs
5	Women Veterans	Women's Health, Education and Training in Rural Areas, Mental Behavioral Health
5	Tele & Models of Care	Lifestyle Intervention for Veterans (LIVE)
5	Homelessness	Rural Homeless and Homeless Prevention Services Extension
5	Mental Health	MHICHM Range for Eastern Shore
5	Tele & Models of Care	Community Coaching
6	Collaboration & Outreach	Effective Rural Health Communications and Low Health Literacy Program
6	CBOC	Staunton, Wytheville and Lynchburg CBOC
6	CBOC	Rutherfordton CBOC
6	CBOC	Emporia CBOC
6	CBOC	Edenton/Elizabeth City CBOC (Albermarle CBOC)
6	CBOC	Greenbrier County CBOC
6	CBOC	Robeson County CBOC
6	Geriatrics	HBPC Expansion to Greenbriar
6	Geriatrics	HBPC Expansion to Robeson CBOC
6	Geriatrics	HBPC Franklin CBOC
6	Women Veterans	Women's Health Training: Providers and Nursing Staff Mini Residencies
6	Tele & Models of Care	Telemental Health to Rural Areas
7	Tele & Models of Care	New Project-Access & Quality (Statesboro)-VISN 7 509
7	CBOC	Blairsville CBOC
7	Mental Health	Rural Telemental Health Initiative
7	Collaboration & Outreach	Alabama Veterans Rural Health Initiative and Long Term Evaluation Assessing Rural Need
7	Access & Quality	Community Outreach Clinic Milledgeville, GA
7	Geriatrics	Jasper HBPC
7	Geriatrics	HBPC Selma Outreach Clinic and Athens CBOC

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FY2012 ORH-Sponsored VISN Projects

VISN / PO	Category	Proposal name
7	Tele & Models of Care	Enhancing Services for Rural Veterans- A novel approach using VA-PACE Partnership
7	Geriatrics	HBPC Conway SC
7	Geriatrics	Selma HBPC and Podiatry Clinic
7	Geriatrics	HBPC Milledgeville
7	Geriatrics	Oakwood HBPC Rural Health Team
7	Mental Health	Imp MH/BH - 508 SUD and PTSD
7	Geriatrics	Health Watch for Heroes
7	Tele & Models of Care	Tuscaloosa Rural Mobile Clinic
7	Tele & Models of Care	Telehealth Expansion
7	Mental Health	MICHM E-Range
7	Geriatrics	Orangeburg HBPC
7	Tele & Models of Care	Rural HT
8	Access & Quality	Waycross Outreach Clinic
8	CBOC	Palatka Rural CBOC
8	CBOC	Marianna CBOC
8	CBOC	St. Mary's CBOC
8	Tele & Models of Care	Rural Veterans Tele=Rehabilitation Initiative Phase III
8	Access & Quality	Taylor County Outreach Clinic
8	Geriatrics	HBPC CBOC and Community Collaboration
8	Access & Quality	Comerio Rural Clinic
8	Access & Quality	Utuaodo Rural Clinic
8	Access & Quality	Vieques Rural Clinic
8	Access & Quality	St. John Outreach Clinic
9	Training & Education	Rural Health Professions Institute
9	Geriatrics	HBPC Community Collaboration - Norton CBOC
9	Specialty Care	Rural CBOC Physical Therapy Clinics
9	Access & Quality	Gallipolis Rural Outreach Clinic
9	Mental Health	Community Based Mental Health Services for Veterans living in Rural Areas
9	Access & Quality	Rural Outreach Clinics
9	Specialty Care	Clarksville Teleretinal Screening and Image Reading
9	Specialty Care	Rural CBOC Radiology Services
9	Access & Quality	Rural Transportation Coordinator
9	Specialty Care	Rural CBOC Occupational Therapy Clinics
10	Geriatrics	VISN 10 HBPC and CCHT Expansion
10	Mental Health	CBOC Mental Health Service Expansion
10	Tele & Models of Care	Care Coordination Store and Forward Telehealth
10	Tele & Models of Care	Clinical Pharmacists Expansion
10	Specialty Care	Optometry and Podiatry in CBOCs
10	Tele & Models of Care	Video Consultation Services
10	Access & Quality	Wilmington Outreach Clinic
10	Access & Quality	Georgetown Outreach Clinic
10	Access & Quality	Cincinnati Mobile Unit Outreach
10	Women Veterans	Women Diagnostic Coordinator

Appendix B
FY2012 ORH-Sponsored VISN Projects

VISN / PO	Category	Proposal name
11	CBOC	Peru, Indiana CBOC
11	Collaboration & Outreach	Farm Initiative for Illinois
11	CBOC	Cadillac CBOC (Saginaw VAMC)
11	CBOC	Badaxe CBOC (Saginaw VAMC)
11	Access & Quality	RH Transportation Program
11	Tele & Models of Care	Improving Chronic Disease Management in Rural CBOC Clinics: The Care Partner Program
11	Access & Quality	Transportation
11	Tele & Models of Care	Telehealth
12	Tele & Models of Care	Telemedicine in the Northern and Central Markets
12	Geriatrics	HBPC
12	Geriatrics	HBPC -LaSalle CBOC
12	Specialty Care	Providing ophthalmological and ENT Services Locally at Oscar Johnson VAMC
12	Access & Quality	Outreach Clinic Manistique, Michigan
12	Mental Health	Improve Mental Health - Establish E-Range at Hancock CBOC
12	Mental Health	MICHM E- RANGE Manistique
12	CBOC	Expand Manteno CBOC
12	Specialty Care	Expand LaSalle CBOC
12	Access & Quality	Transportation
12	Specialty Care	Implementation of Audiology Services at Wisconsin Rapids Outpatient Clinic
12	CBOC	Sault Saint Marie CBOC Lease
12	CBOC	Hancock CBOC
15	Geriatrics	Marion VAMC HBPC Expansion
15	CBOC	Carbondale CBOC
15	CBOC	Harrisburg CBOC
15	Geriatrics	Wichita HBPC
15	CBOC	Washington/Sullivan CBOC
15	CBOC	Sedalia CBOC
15	Tele & Models of Care	Expansion of CCHT for patient centered alternatives to Institutional Care
15	Mental Health	MICHM Range
15	CBOC	Sikeston CBOC
15	Tele & Models of Care	Care Coordination Home Telehealth sustainment
15	Tele & Models of Care	CCHT Expansion Eastern Kansas
15	Access & Quality	John J. Pershing Sleep Study Lab
15	Tele & Models of Care	Marion VAMC Tele-Pharmacy
15	Mental Health	Collaborative Discharge Planning for Veterans Returning to Rural Areas
16	CBOC	VISN 16 Rural CBOC sustainment - Fort Polk
16	CBOC	VISN 16 Rural CBOC sustainment - Vinita
16	CBOC	VISN 16 Rural CBOC sustainment - Natchitoches
16	CBOC	VISN 16 Rural CBOC sustainment - Bogalusa
16	CBOC	VISN 16 Rural CBOC sustainment - Jay
16	CBOC	VISN 16 Rural CBOC sustainment - Franklin
16	CBOC	VISN 16 Rural CBOC sustainment - Russellville

Appendix B
FY2012 ORH-Sponsored VISN Projects

VISN / PO	Category	Proposal name
16	CBOC	VISN 16 Rural CBOC sustainment - Conway
16	CBOC	VISN 16 Rural CBOC sustainment - Ozark
16	Geriatrics	HBPC Expansion for Vinita and Hartshorne CBOC
16	Geriatrics	Rural Native American Veteran Outreach HBPC
16	Tele & Models of Care	Improving Cancer Care for Rural patients with Malignancy
16	Mental Health	MIRECC Clergy-Mental Health Partnership to Improve Care for Rural Veterans
16	Mental Health	MHICM E-RANGE Muskogee
16	Tele & Models of Care	Biloxi Rural Access and Home tele-health Expansion
16	Specialty Care	Improving Access to Sleep Medicine Care Using Telehealth
17	CBOC	Expansion and Enhancement of Medical Care provided in rural CBOCs - South New Braunfels
17	Mental Health	Tele-Psychiatry within Central Texas Veterans Health Care System Project Expansion
17	Specialty Care	Tele-Rehabilitation Clinic - Amputee and TBI Polytrauma
17	Specialty Care	VISN 17 Teleretinal Imaging Program Improvement Project
17	Mental Health	MHICM E-range
17	CBOC	Expansion and Enhancement of Medical Care provided in rural CBOCs - South Del Rio
17	CBOC	Expansion and Enhancement of Medical Care provided in rural CBOCs - South Beeville
17	CBOC	Expansion and Enhancement of Medical Care provided in rural CBOCs - South Uvalde
17	CBOC	Expansion and Enhancement of Medical Care provided in rural CBOCs - South Seguin
17	Specialty Care	North Texas Teleretinal Program
17	Specialty Care	Texas Valley Coastal Bend Teleretinal Imaging Program
17	Women Veterans	South Texas Mobile Mammography Unit
17	Tele & Models of Care	Rural Telehealth Support and Expansion
17	Mental Health	Central TX Telemental Health Expansion
17	Specialty Care	South Texas Teleretinal Program Expansion at Victoria and Kerrville
18	Homelessness	Homeless Grant and per diem Program for rural Veterans
18	Tele & Models of Care	Telehealth Expansion
18	Tele & Models of Care	Telemedicine Expansion
18	Geriatrics	Albuquerque VA HBPC/IHS Rural Health Sustainment
18	Tele & Models of Care	Telemedicine Expansion
18	Tele & Models of Care	Compensation and Pension
18	CBOC	Payson/Buckeye CBOC
18	CBOC	Show Low & Globe CBOC
18	Tele & Models of Care	Pharmacy Disease Management Services in CBOC
18	Mental Health	Enhance Mental health Services for Rural Veterans at the NAVAHCs CBOCs
18	Mental Health	Enhance Mental health services and PTSD outreach for rural Veterans on the Navajo/Hopi Nation
18	Access & Quality	Mobile Health Clinic
18	Mental Health	Mental Health Services at Hobbes, CBOC
18	CBOC	Hobbs CBOC lease
18	CBOC	Fort Stockton CBOC lease

Appendix B
FY2012 ORH-Sponsored VISN Projects

VISN / PO	Category	Proposal name
19	Access & Quality	Primary Care for Rural Vets (PCTOC)
19	Access & Quality	Primary Care for Rural Veterans: Telehealth Outreach Clinic Expansion Initiatives
19	Access & Quality	Mobile Telehealth Clinic
19	Tele & Models of Care	Primary Care Telehealth For Rural Veterans
19	Collaboration & Outreach	Cheyenne CCHT (Patient Education)
19	Access & Quality	Rawlins PCTOC
19	Access & Quality	Burlington Telehealth Outreach clinic
19	Specialty Care	General Telehealth Specialty Services
19	Mental Health	MHICM E-RANGE Cheyenne
19	Access & Quality	AMB: Salida Primary Care Telephone Outreach Clinic
19	Specialty Care	Prosthetic Treatment Center Mobile Lab
19	Access & Quality	Primary Care for Rural Vets (PCTOC)
19	Access & Quality	Primary Care Telehealth Outreach Clinics
19	Specialty Care	Tele-Pain Management
19	Specialty Care	Tele-Specialty – Sheridan VAMC
19	Specialty Care	Extended Education and Wellness Strategies for Veterans in Rural Communities (Tele-Move)
19	Specialty Care	Cheyenne Specialty (Telehealth)
19	Specialty Care	Enhancement of PTSD treatment in the transition from residential care to rural outpatient settings
19	Specialty Care	Tele-Endocrine
19	Collaboration & Outreach	Partnership and Enhancement of the Casper Based Mobile Veterans Center
19	Specialty Care	Cardiology outreach clinics in Cheyenne and Grand Jct VAMCs
19	Specialty Care	Tele-Dementia
19	Collaboration & Outreach	Mild Traumatic Brain Injury / Posttraumatic Stress Disorder Psychoeducation
19	Specialty Care	Tele-Dermatology
20	Tele & Models of Care	VISN 20 Rural Teledermatology Project
20	Geriatrics	Sustainment of Portland VAMC HBPC rural Health Grand Ronde, Newport, North Coast
20	CBOC	South Sound CBOC
20	Access & Quality	Rural Health Community Partnerships - Spokane
20	Access & Quality	Newport Outreach Clinic
20	CBOC	North Coast Community Based Outpatient Clinic
20	Access & Quality	Dalles Outreach Clinic
20	Geriatrics	HBPC Caldwell ID CBOC
20	Geriatrics	HBPC : Indian Health Service Collaboration Warm Springs Tribe
20	Collaboration & Outreach	Building Collaboration in Rural Alaska with Tribal Organizations for Increased access to care and services utilizing the VA Tribal Consultative Process
20	Geriatrics	Sustainment Grants Pass Satellite HBPC team
20	Tele & Models of Care	Rural Sleep program
20	Access & Quality	Primary Care Telehealth Outreach Clinics
20	Tele & Models of Care	Remote Telemedicine Amputee Clinic
20	Geriatrics	HBPC - Mtn Home Outreach Clinic
20	Geriatrics	HBPC - Boise
20	Mental Health	MHICM E-RANGE White City

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VISN / PO	Category	Proposal name
20	Access & Quality	Partnering with Primary Care Providers
20	Tele & Models of Care	Southern Oregon Rehabilitation Center & Clinic Telehealth Patient Consultants/Telehealth Subspecialty Clinic
20	Specialty Care	Contract Speech and Language Pathology Services
20	Tele & Models of Care	VA Southern Oregon Rehabilitation Center & Clinics Home Telehealth Care Manager
20	Specialty Care	Horses to Heroes
21	CBOC	Eureka CBOC transition to VA staffed model
21	Access & Quality	Pacific Western Insular Area Veteran Travel
21	CBOC	Lake County CBOC
21	CBOC	Expansion of Yuba City Outpatient Clinic
21	Geriatrics	HBPC Indian Health Service Collaboration
21	CBOC	Diamond View CBOC
21	Collaboration & Outreach	Thrive Expansion: THRIVE Everywhere/THRIVE OEF/OIF
21	Tele & Models of Care	NCHCS CCHT Expansion
21	Geriatrics	HBPC Eureka
21	Tele & Models of Care	Primary Care Telemedicine Outreach
21	Geriatrics	HBPC Expansion: CBOC and Community Collaboration
21	Access & Quality	Saipan Outreach Clinic/Rural Health Coordinator PIHSC
21	Geriatrics	HBPC to Guam
21	Access & Quality	Yreka Outreach Clinic
21	Access & Quality	Winnemucca Outreach Clinic
21	Mental Health	Community Based Mental Health Services for Veterans living in Rural Areas: Honolulu, HI
21	Collaboration & Outreach	The Health Resource Initiative for Veterans Everywhere -Online
21	Access & Quality	Central California Transportation Program
21	Collaboration & Outreach	Rural Health Initiatives Project Coordinator
21	Tele & Models of Care	San Francisco Telepharmacy Pathway
21	Tele & Models of Care	RN Care Coordination at Ukiah CBOC
21	Tele & Models of Care	Telehealth Care Coordination at Clearlake CBOC
21	Tele & Models of Care	PACT Clinical Pharmacist at Clearlake CBOC
21	Collaboration & Outreach	Identifying and Overcoming Barriers to Care for Rural Veterans
21	Collaboration & Outreach	Rural Health Initiative Project Coordinator
21	Access & Quality	Transportation to Yreka Outreach Clinic
21	Tele & Models of Care	Anticoagulation Pharmacist to Monitor Patients on Warfarin at the Ukiah CBOC
21	Specialty Care	Telehealth closing the Teledermatology loop at Clearlake CBOC
21	Specialty Care	Telehealth Closing the Teledermatology loop at Ukiah CBOC
21	Collaboration & Outreach	Enhancing Patient Health Education at Rural Sites
21	Specialty Care	Management of Nail Care in High and Moderate Risk Veterans at Clearlake CBOC
21	Specialty Care	Management of Nail Care in High and Moderate Risk Veterans at Ukiah CBOC
21	Specialty Care	Horses to Heroes
22	Access & Quality	Expansion ORH Strategic Plan
22	Access & Quality	Sustainment-ORH Strategic Plan
22	Tele & Models of Care	Designing Veteran Centric Care

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VISN / PO	Category	Proposal name
23	CBOC	Decorah, IA CBOC
23	CBOC	Sterling, IL CBOC
23	CBOC	Ottumwa, IA
23	Geriatrics	Rural Expansion of HBPC
23	Geriatrics	HBPC Expansion at Alexandria CBOC
23	Tele & Models of Care	Minneapolis Office of Rural Co management
23	Geriatrics	Wagner Streamlined Model HBPC
23	Geriatrics	HBPC Mille Lacs Band of Ojibwe
23	Tele & Models of Care	CCHT-SCI, TBI and Wound
1, 19, 20	Mental Health	Mental Health Rural Pilots
20/OHMS	Mental Health	Oregon Rural Mental Health Implementation
7 & 8	Training & Education	Rural Health Training Initiative
Chaplain Service	Collaboration & Outreach	Educating Rural Clergy to Recognize & Respond to Veterans Health Care Needs
GEC/19	Geriatrics	Providing Rural Veterans Access to Proactive Dementia Care
GEC/19	Tele & Models of Care	Veteran Centric Healthcare Model-Geriatrics and Extended Care
GEC/19	Geriatrics	Fighting immobility in rural Veterans with Exercise and Technology
GEC/22	Training & Education	Geriatric Scholars Program
GEC/8	Geriatrics	A Lifeline for Stroke Caregivers: Addressing Rural Health Disparities
OAA	Training & Education	Rural Health Training
	Tele & Models of Care	VHA National Teleradiology Program Rural Support and Expansion Proposal
1,6,15,18, 19	Access & Quality	Project ARCH