



## POLICY BRIEF

# Veterans' Health Care in Rural Virginia

December, 2011

## INTRODUCTION

The Commonwealth of Virginia is home to an estimated 748,345<sup>1</sup> military veterans, ranging in age from centenarian, pre-World War II veterans, to teenage veterans recently returning from Operation Iraqi Freedom and Operation Enduring Freedom (Afghanistan). These veterans are faced with wide-ranging and complex health needs, which are further complicated if they live in rural regions of the Commonwealth.

Research and study undertaken by the Virginia Rural Health Association (VRHA) and the Virginia Wounded Warrior Program (VWWP) identify major veteran health care issues such as the inclusiveness and accessibility of health care, coordination of health care services, the availability of health care services in a veteran's community, and the cultural competency of health care providers serving veterans. A primary challenge facing Virginia's program and policy leaders is how to leverage state, federal, and local resources to meet the health care needs of all Virginia veterans.

## Context and Relevance of Rural Veterans' Health

Individuals residing in rural regions have traditionally been underserved by health care services: rural barriers to healthcare vary by region and locality, but generally result from the long distances to health care facilities, lack of health insurance, lack of specialized care, and an inadequate number of health care providers. As a result, rural populations tend to be in poorer health, resulting in higher rates of chronic health conditions. The health status of rural veterans is often influenced by complications associated with service related conditions such as Post Traumatic Stress Disorder (PTSD), depression, and traumatic brain injury (TBI).

Nearly 250,000 veterans from all conflict eras reside in rural Virginia communities. A 2010 study commissioned by the Virginia Wounded Warrior Program (VWWP) finds that these rural Virginia veterans have higher rates of reported depression, TBI, and PTSD than do veterans in general. Virginia rural veterans also have higher rates of chronic health conditions such as diabetes and hypertension.

### Rural Virginia:

*Includes the 87 counties with an average population density of less than 500 people per square mile and are designated as either rural or mixed rural; nearly all of the state except Northern Virginia, Hampton Roads, and the Richmond area. (Based on the Isserman Rurality Index)*

### Key Healthcare Issues for Veterans:

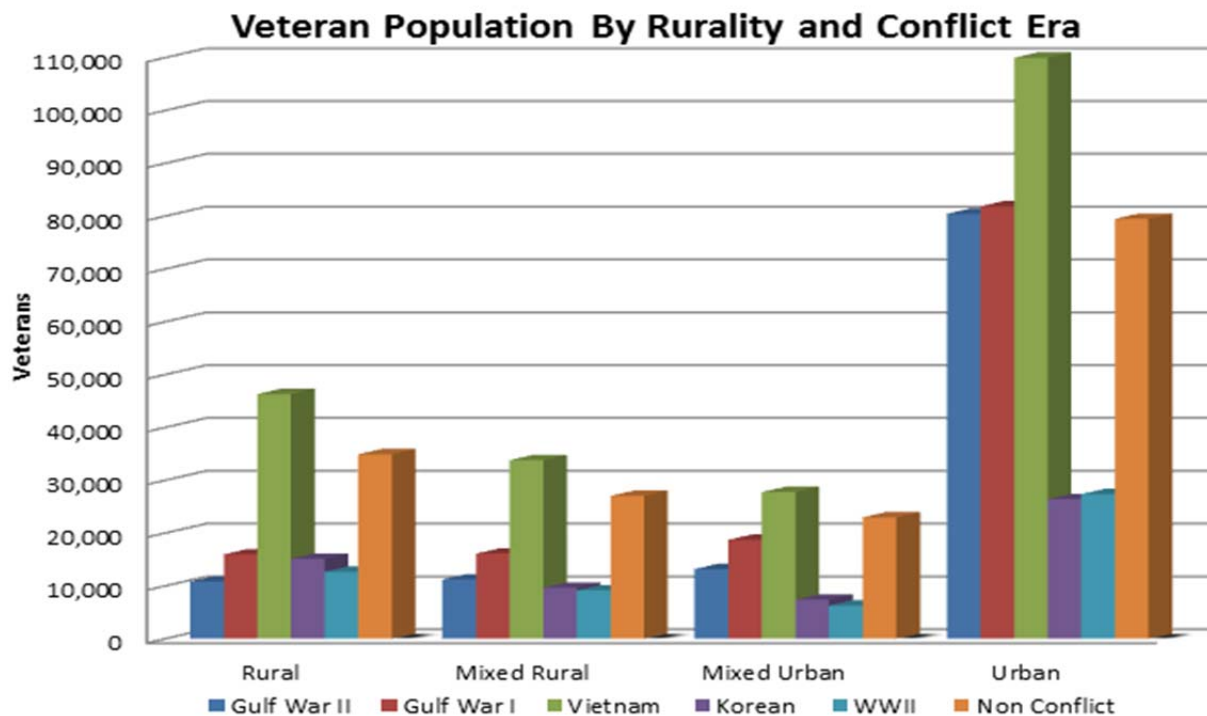
- *Care Inclusiveness and Access*
- *Care Coordination*
- *Care in the Community*
- *Care Competence of Providers*

### Virginia Partners Serving Veterans:

- *General Assembly*
- *Department of Veteran Services*
- *Virginia Wounded Warrior Program*
- *Virginia Department of Health*
- *Community Service Boards*
- *Virginia Rural Health Association*
- *VA Network*
- *University Partners*

Veterans in rural communities fall in larger proportion between the ages of 35 and 64 and, in substantial number, served in the Korean, Vietnam, and Gulf wars.<sup>2</sup>

Gulf War veterans - - particularly those who served in the post 2001 conflicts - - have high rates of PTSD (13%) and TBI (26%). Gulf War veterans also report high rates of barriers to health care access (30%). Vietnam veterans report higher rates of depression (37%), PTSD (16%) and high rates of self-reported substance abuse. Vietnam and Korean veterans report high rates of chronic disease such as diabetes and cardiovascular disease.<sup>3</sup>



### Key Program and Policy Issues

Key concerns that have emerged through research and engagement with Virginia veterans and their advocates include: 1) the inclusiveness and awareness of care for veterans and their families, 2) care coordination among service providers, 3) access to more community-based services, and 4) the need for increased awareness and cultural competence among veteran health care providers.

**Care Inclusiveness and Access<sup>4</sup>**- Veterans and their families have difficulty accessing health care services for themselves and their dependents. Often veteran related programs offer varying criteria for who may qualify for services as well as who is defined as a veteran. Virginia veterans and advocates have called for a broad and inclusive definition of “veteran” and veteran dependents. Often veterans are unaware that they qualify for available services. Increased outreach and information to veterans and their family members may increase utilization of available services and result in improved quality of life for the veteran and his or her family.

The Virginia Wounded Warrior Program (VWWP), established in 2008 to serve the emerging needs of returning veterans, has a broad and inclusive approach to serving veterans and their families, in providing services related to PTSD and TBI, as well as connecting veterans to medical care and other supportive services in their communities. However for rural veterans, access to primary and specialty health care services remains limited by geography, insurance coverage, VA health care coverage and the availability of specialty services. National studies indicate that uninsured veterans with limited access to VA health services are typically under the age of 50 and are working but have lower incomes than their non-veteran peers. These trends hold for Virginia's rural and young veterans (age 18 - 54) who likewise have lower rates of insurance coverage and fewer established relationships with health care providers.<sup>5</sup>

Although the VA has increased access to health care through Community Based Outpatient Clinics (CBOCs), telehealth, and an expanded range of services to meet the growing needs of veterans, there are still many service gaps created by the varying levels of eligibility and benefits. These gaps are particularly critical for National Guard and Reserve veterans and recently discharged service members who have not yet established a disability determination related to service related injury or illness.<sup>6</sup>

**Care Coordination**<sup>7</sup> - A major challenge identified during the VRHA 2010 annual meeting and in the VWWP 2010 needs assessment is the coordination of veteran health care within a fragmented health care system. The coordination issue is twofold - initially when service members' transition from active duty to inactive service or retirement, and subsequently once they are reestablished in the community. This challenge is exacerbated in rural areas where access to VA facilities is limited, and increasing numbers of young veterans do not have private health insurance to cover the gaps in service related benefits.

The U.S Department of Defense (DOD) Transition Assistance Program (TAP) and the Virginia National Guard's Yellow Ribbon program are two programs that assist transitioning service members from active duty to civilian status to access benefits, education and employment services, and transitional behavioral health services. VWWP staff attend these programs to provide information to transitioning service members on how to enroll in VA compensation benefits as well as arranging for assistance with employment, housing, finances, transportation, and other supportive services. Although the supports offered through these programs help show the veteran how to become eligible for services, they do not systemically connect veterans to actual health care services during the transition period. Once the veteran is engaged in the VA system, there are VA initiatives in place to coordinate health care.

In addition to providing "military to community" transition assistance, the VWWP is developing into a comprehensive state program assisting with ongoing care coordination and case management. The program's impact has been particularly evident in rural Southwestern Virginia, where a federal grant has greatly expanded staff capacity for care coordination, case management, and outreach. Ongoing coordinated case management, also known as Patient Centered Medical Home (PCMH), has been piloted within the VA system and has been partially implemented through Patient Aligned Care Teams (PACT). However the PACT teams still function primarily within the VA system, and do not assist with

the coordination of care with none VA affiliated community providers. Major barriers to improving care coordination are identified as inflexibility of health care funding for veterans, and HIPAA barriers regarding the sharing of medical records among health care providers and systems.

**Care in the Community**<sup>8</sup>- Rural veterans and advocates have consistently called for decentralization of services to the community level. Specific recommendations include 1) increased community-based provision of primary and mental health services, 2) expansion of local TriCare providers, 3) improved awareness of veterans' specific issues, benefits and services among providers, and 4) enhanced transportation to health care services.

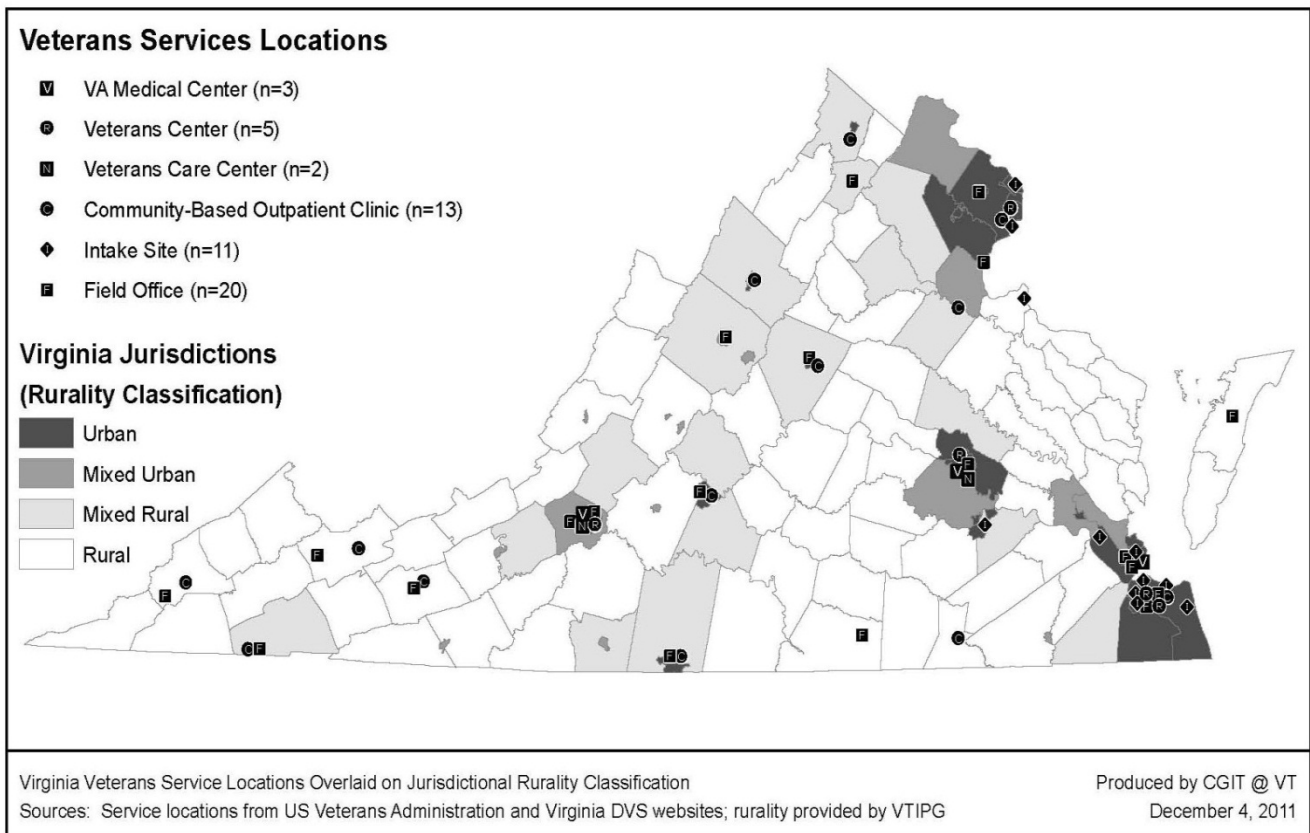
A study by the VA Office of Rural Health found distance to health care services as the most significant barrier for rural veterans seeking care.<sup>9</sup> The study further finds that rural veterans' access to centralized services at the VA and other large medical centers is compromised by service related disabilities for all veterans, and age related limits to mobility and travel associated with Vietnam, Korean and World War II veteran populations. These factors point to a tension between committing resources to providing community -based services – bringing services to the veterans – or enhancing transportation services to centralized health care services – bringing the veteran to the service.

In 1998 the VA initiated the development of a network of CBOCs to address the needs of the largely rural aging veteran population. Since 2003 the needs of returning Gulf War veterans have spurred the growth of the CBOC network to nearly 800 clinics nationally, 12 of which are in Virginia, to provide rural veterans primary care, mental health care, and some limited specialty care.

Additionally, the VA is implementing a pilot program, Project ARCH (Access Received Closer to Home) to provide health care services through contractual arrangements with non-VA care providers. Project ARCH is a 3-year pilot program to provide specific non-VA health care services to eligible veterans through contractual arrangements between the VA and the community provider. Project ARCH intends to improve access for eligible veterans by connecting them to health care services closer to their home. In Virginia a pilot site has been located in Farmville.<sup>10</sup>

The VA is also piloting the Virtual Lifetime Electronic Record (VLER) enabling the sharing of aspects of a veteran's health record between the VA, Department of Defense (DOD), and selected private providers the Nationwide Health Information Network. VLER creates a unified lifetime health record for service members and veterans with the goals of keeping health care providers informed, improve continuity and timeliness of care, and eliminate gaps in healthcare information. The veteran's participation in the program is on a voluntary basis. The Hampton VA Medical Center is the second location in the country to pilot VLER and has participated in VLER since fall 2010.<sup>11</sup>

The use of telemedicine technologies has been expanded by the VA for the provision of behavioral health and chronic disease case management for conditions such as pulmonary and cardiac needs, and diabetic care. Working with the Virginia Department of Health and the VA, the VWWP has also effectively expanded the provision of health and behavioral health services throughout Virginia, particularly in rural regions of the state.



**Care Competence**<sup>12</sup>- Veterans and advocates have further identified the need for increased awareness, training and policies to improve care competence among providers, particularly focusing on PTSD and TBI. A lack of awareness and understanding of the context of the veteran’s military service and experience that has led to related behavioral health issues is viewed as a short-coming of many state and federal systems including criminal justice, higher education and health care.

The concept of “cultural competence” in health care is not novel. A 2008 Study found that many service providers fail to recognize the significance of understanding military culture as key to diagnosing health problems and providing treatment to ensure meaningful recovery.<sup>13</sup> In response, the National Council, in partnership with the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration has developed a training manual to equip mental health and addictions professionals with tools by which they can fully engage this population.

At the state and local levels, the VWWP has supported the development of peer and family support programs for veterans and their families and training programs for service providers. These programs focus on the importance and substance of understanding and responding to veterans’ culture, beliefs and values. Also, through a grant from the Commonwealth Neurotrauma Initiative, VWWP has worked with the Virginia Partnership for People with Disabilities at VCU to provide basic training to service providers across the Commonwealth on understanding military culture, including military ranks, terminology, and issues of deployment and combat stress. Additionally VWWP has helped facilitate seven suicide prevention summits.

## Conclusions and Recommendations

Virginia enjoys a strong network of federal, state and local partners committed to meeting the health care needs of our veterans. Our state agencies and advocacy groups have led the development of new services and programs to assist our veterans. However, with the number of Virginia veterans returning from OIF and OEF continuing to rise and the aging of our overall veteran population, there are continued challenges ahead. Gaps and deficits in health care services are particularly significant for Virginia's rural veterans. Addressing these challenges and gaps in a time of fiscal stress can best be accomplished through close coordination between our state and federal agencies, as well as leveraging key existing resources.

To address the healthcare needs and gaps that have been outlined in this policy brief, the VRHA advocates for the following program and policy considerations.

- **Care Inclusiveness and Access**
  - Targeted outreach to the various classifications of veterans (discharged veterans, retired career military, National Guard and Reserves) regarding eligibility for services related to deployment and service related injury history.
- **Care Coordination**
  - Provision of funding for medical and behavioral health services during post deployment transition and VA benefit eligibility waiting periods.
  - Federal and state coordination of flexible benefits for provision of care by VWWP and community-based providers, and VA support of care coordination for VA and non-VA providers. Can be accomplished through expansion of project ARCH and the VA PACT team's ability to coordinate non-VA services in collaboration with the VWWP regional consortia in the community.
- **Care in the Community**
  - Continuation and expansion of project ARCH and PACT teams to provide health care services through contractual arrangements with non-VA care providers.
- **Care Competence of Providers**
  - Funding to increase service provider participation in training and professional development opportunities for building the cultural competence to effectively serve veterans.
  - Policy and program incentives to increase the number of providers with military background and experience.
- **General Program and Policy Recommendations**
  - Continued funding and policy support for the Department of Veterans' Services Virginia Wounded Warrior Program and its state and its community partners.
  - Support for employment training programs and employer incentives to employ rural veterans in jobs with health care benefits, and where veterans may work in health related fields as providers.

## Additional Information and References

***For electronic access to this policy brief and its supplements, please visit the Virginia Rural Health Association website at: [http://www.vrha.org/legislation\\_policy.php](http://www.vrha.org/legislation_policy.php)***

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<sup>1</sup> U.S. Census Bureau; generated by M.B. Dunkenberger; using American FactFinder; <<http://factfinder.census.gov>>; (15 November 2011).

<sup>2</sup> Virginia Wounded Warrior Program, Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia, August 2010.

<sup>3</sup> Ibid.

<sup>4</sup> For additional information on eligibility and health care benefits refer to Supplement I to this brief which is available at [http://www.vrha.org/legislation\\_policy.php](http://www.vrha.org/legislation_policy.php)

<sup>5</sup> Ibid.

<sup>6</sup> Bascetta, C.A., U.S. Government Accountability Office, DoD and VA Health Care: Challenges Encountered by Injured Service Members During Their Recovery, Testimony to the House Subcommittee on Oversight and Investigations on March 8, 2007.

<sup>7</sup> For additional information on care coordination refer to Supplement II to this brief which is available at [http://www.vrha.org/legislation\\_policy.php](http://www.vrha.org/legislation_policy.php)

<sup>8</sup> For additional information on care in the community refer to Supplement III to this brief which is available at [http://www.vrha.org/legislation\\_policy.php](http://www.vrha.org/legislation_policy.php)

<sup>9</sup> VA Office of Rural Health. (2011, November). ORH-Funded Study Finds Distance Most Important Barrier for Rural Veterans Seeking Care. (Fact Sheet Vol. 1, Issue 12). Retrieved from [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov).

<sup>10</sup> <http://www.ruralhealth.va.gov/arch/index.asp>

<sup>11</sup> Healthcare IT News. *Virtual Lifetime Electronic Record Pilot Expands to Include More Veterans*. Retrieved on December, 2011 from <http://healthcareitnews.com/news/use-it-helps-va-outperform-private-sector>

<sup>12</sup> For additional information on care competence refer to Supplement IV to this brief which is available at [http://www.vrha.org/legislation\\_policy.php](http://www.vrha.org/legislation_policy.php)

<sup>13</sup> National Council for Community Behavioral Healthcare ([www.theNationalCouncil.org](http://www.theNationalCouncil.org)) Vol. 3 July 2008 Veterans on the Road Home. Meeting Veterans' Behavioral Health Needs: Lessons for Community Providers