

Michigan Center for Rural Health

IREACH – Rural Veterans



I-REACH
Improving Veterans Access
to Healthcare



*Improving Rural Enrollment,
Access, and Health in Rural
Veterans*

(I-REACH Rural Veterans)

Jim Yates

Program Manager

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What I-REACH Does

- ❖ Promotes “Asking the Question” “**Have You Served?**”
 - Screening during intake.
- ❖ Assists facilities and providers in joining the VA Community Care Network, through Optum.
- ❖ Coordinates the U.P. Together With Veterans Program.
- ❖ Promotes other agency programs.



I-REACH
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Veterans Care in the Community, Today's Objectives

1. Importance of screening for military service
2. Advantages of being in the VA Community Care Network, including Urgent Care services
3. Learn about the Request For Services process including:
 - a. Prescription procedures and payment processes
 - b. VA billing procedures including Medicare/ Medicaid & Medicare Supplemental services
4. Partnering with your local VA Medical Center



Veterans Care in the Community, Panelists

- ❖ Dr. Carolyn Turvey, Clinical Director of the Office of Rural Health Veterans Rural Health Resource
- ❖ RN Susan Ingram, Nursing Supervisor/Care Manager, BCMH Physician Group
- ❖ Dr. John Shealey, CEO, Iron Mountain VA Healthcare System



Veteran Population & Access to Benefits

United States

20.7
Million Veterans

18.9
Million
Males



1.8
Million
Females



Veterans that do not receive
VA benefits or services.

10.2
million

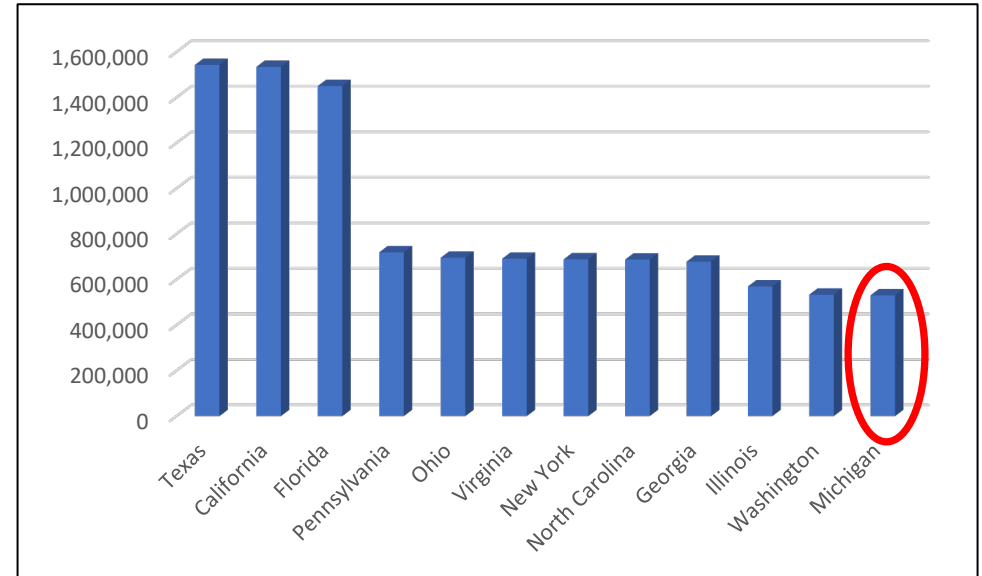
9.7
million

Veterans that use at least one
VA benefit or service.

Of these, about **6 million** Veterans
receive VA health care (about **30%**
of all U.S. Veterans).

Of the approximately 20 million Veterans in the U.S., less than 10 million receive one or more benefits or services from VA. Of these, approximately 6 million receive VA health care

State of Michigan



Michigan has one of the largest Veteran populations in the country, ranking 12th in 2021 with over 530,000 Veterans

Over 372,000 had not received treatment
at a VA facility in 2022 (71%)

“Have You Served?” Screening during intake

- ❖ **Less than 50% of Veterans are connected** to all their earned military benefits. Awareness and how to get started are largest barriers.
- ❖ Connection to benefits saves lives and improves quality of life; we need help identifying those who have served.
- ❖ A national movement, aligns with SAMHSA and VA programs (Governors Challenge), promoted by the American Academy of Nursing & many other health organizations.



How to Ask

- “Have you served?” versus “Are you a Veteran?” enables those who do not feel comfortable or don't identify as a Veteran to be recognized.
- Even better: “Have you, a family member, or member of your household ever served in the military?”



Ask the Question

“Have You Served?”

It's the right thing to do



Connecting service members, Veterans, their families, and their caregivers with care services and well-being activities



VETERANS HEALTH ADMINISTRATION

Meeting Rural Veterans' Needs in their Communities: The VetCoor Care Coordination Program

► Presentation for: Michigan Rural Health Association Annual Conference
Presented by: Carolyn Turvey, Ph.D., Jane Moeckli, Ph.D., Bryant Howren, Ph.D.
Date of briefing: April 25th 2024



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

Replication and Extension: Onboarding and Coordinating Multiple Sites

- All HRSA Designated Safety Net Hospitals
- Coordinating with VHA strategic planners and facility directors to identify expansion targets
- Each site requires:
 - Community clinic care coordinator, 0.5 FTE, ~50K
 - VA project lead, 0.3 FTE
 - VA admin support, 0.25 FTE
 - VA data support, 0.15 FTE
- Multi-source referrals from medical record, community, self-referred, provider requests



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VETCOOR: Community of Practice

- Community coordinators meet bi-weekly and share best-practices for working with VA
 - Navigating the enrollment process
 - e.g., how to help Veterans with missing DD214's
 - VA Community Care
 - e.g., preventing misunderstandings around post-acute care authorizations
 - How to help Veterans who choose not to enroll in VA
 - e.g., community support for disengaged women Veterans

Van Buren Hospital and Crescent Community Hospital 2022-2023



220 Veterans served over 773 Encounters



73 were assisted with enrollment



54 were referred for medical care, of which
35 was VA Integrated Care



82 received some sort of care coordination,
VA, Community, Home Health



20 received intensive medication
management

Social Determinantes of Health

N=220



Assistance Received:

- 42 Food Insecurity
- 42 Rent or Housing Repair
- 31 Utility Finances
- 20 Medicaid Application
- 19 Locating Housing
- 16 Social Security Application
- 11 Legal Assistance
- 11 Transportation Assistance
- 9 Medical Debt Reduction
- 8 Vocational Assistance

Two Examples

Veteran Y unable to obtain Care in the Community at Van Buren Hospital so primary care provider established at Ottumwa CBOC. Facilitated appointment and transportation for primary care appointment at Ottumwa CBOC and appointment and transportation for appointment related to hearing aids which are no longer working.

Veteran A has only met with the community coordinator once, but the meeting went on for multiple hours and he has had ongoing email contact. He is already getting medical care through the VA, but he was paying for his dental work out of pocket. He is only making around \$20,000 while supporting a family of five. The coordinator helped him apply for Medicaid (to cover his dental expenses), food stamps, and discounted utilities. The coordinator referred him to Iowa Workforce Development's Veteran program, provided him with referrals to get free professional clothes for interviews.

How do *We as a Community* Respond to the Healthcare Provider Shortage?

Move beyond: Should a Veteran go to the community or to VHA based on geographic distance or wait times?

Move towards: How can we best leverage community and VA resources to meet Veterans' comprehensive health needs?

Where Are the Mental-Health Providers?

As more patients seek help, advocates scramble to expand providers' ranks

By Louise Radnofsky [Follow](#)

Feb. 16, 2015 11:00 pm ET

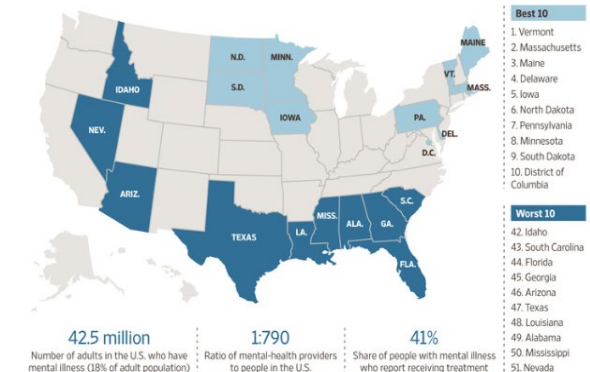
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Taking Care

How Mental Health America, a patient advocacy group, ranks the states on access to care, from best to worst. The ranking reflects measures including access to insurance, access to treatment, quality and cost of insurance and access to special education.



Source: Mental Health America

THE WALL STREET JOURNAL

Primary care doctor gap growing in nation

Newly insured face long appointment wait in some rural regions and poor inner cities

By Ann Sanner

COLUMBUS—Getting face time with the family doctor could soon become even harder.

A shortage of primary care physicians in some parts of the country is expected to worsen as millions of newly insured Americans gain coverage under the federal health-care law next year. Doctors could face a backlog, and patients could find it difficult to get quick appointments.

Attempts to address the provider gap have taken on increased urgency ahead of the law's full implementation Jan. 1, but many of the potential solutions face a backlash from influential groups or will take years to bear fruit.

Lobbying groups representing doctors have questioned the safety of some of the proposed changes, arguing they would encourage less collaboration among health professionals and



Dr. John Ucci talks with Violet Frisbie, of Chillicothe, during an exam at Family Healthcare Inc., in Chillicothe, Ohio. A shortage of primary care physicians in parts of the country is expected to worsen as millions of newly insured Americans gain coverage under the federal health-care law next year.

"There's going to be lines for the newly insured, because many physicians and nurses who trained in primary care would rather practice in specialty roles," says Dr. Eberl Goodman of the Dartmouth Institute for Health Policy and Clinical Practice.

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Baraga County Memorial Hospital

The VetCoor Care Coordination Program

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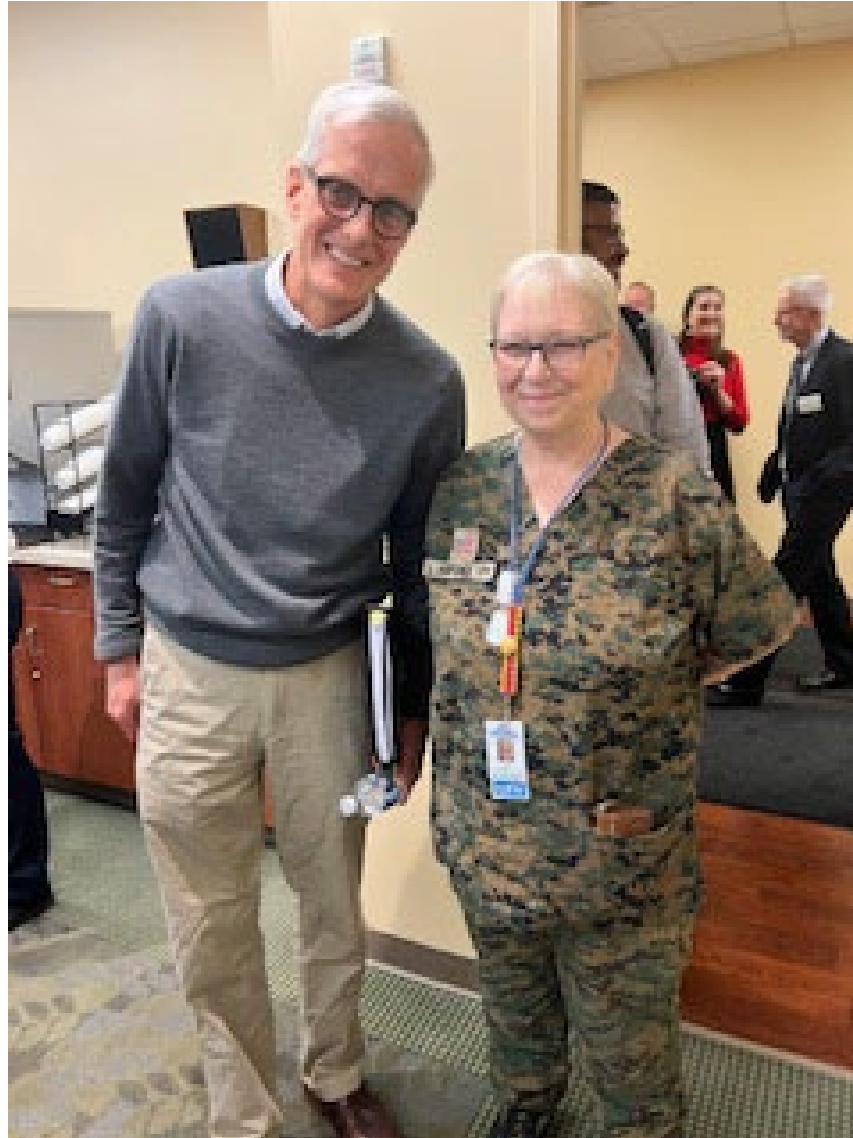
Baraga County Memorial Hospital

Secretary McDonough of the VA, Round Table IREACH



Baraga County Memorial Hospital

Lori Karvonen, LPN VA Coordinator



Baraga County Memorial Hospital

Began screening all patients for veteran status in October 2023

To date have treated 366 patients who have been identified as veterans (8.5%)

VA Healthcare



John Shealey DBA, MBA, MHA
Medical Center Director
Oscar G Johnson VA Medical Center

Dr. Shealey is an eight-year Veteran of the United States Army and has over 20 years of healthcare management and leadership experience in the Department of Veterans Affairs and the civilian sector.

Dr. Shealey earned a Doctorate in Business Administration from Capella University and Masters degrees in Healthcare Administration and Business Administration, a Bachelor of Arts in Accounting and Finance, and an Associate of Arts in Business Administration.

VA



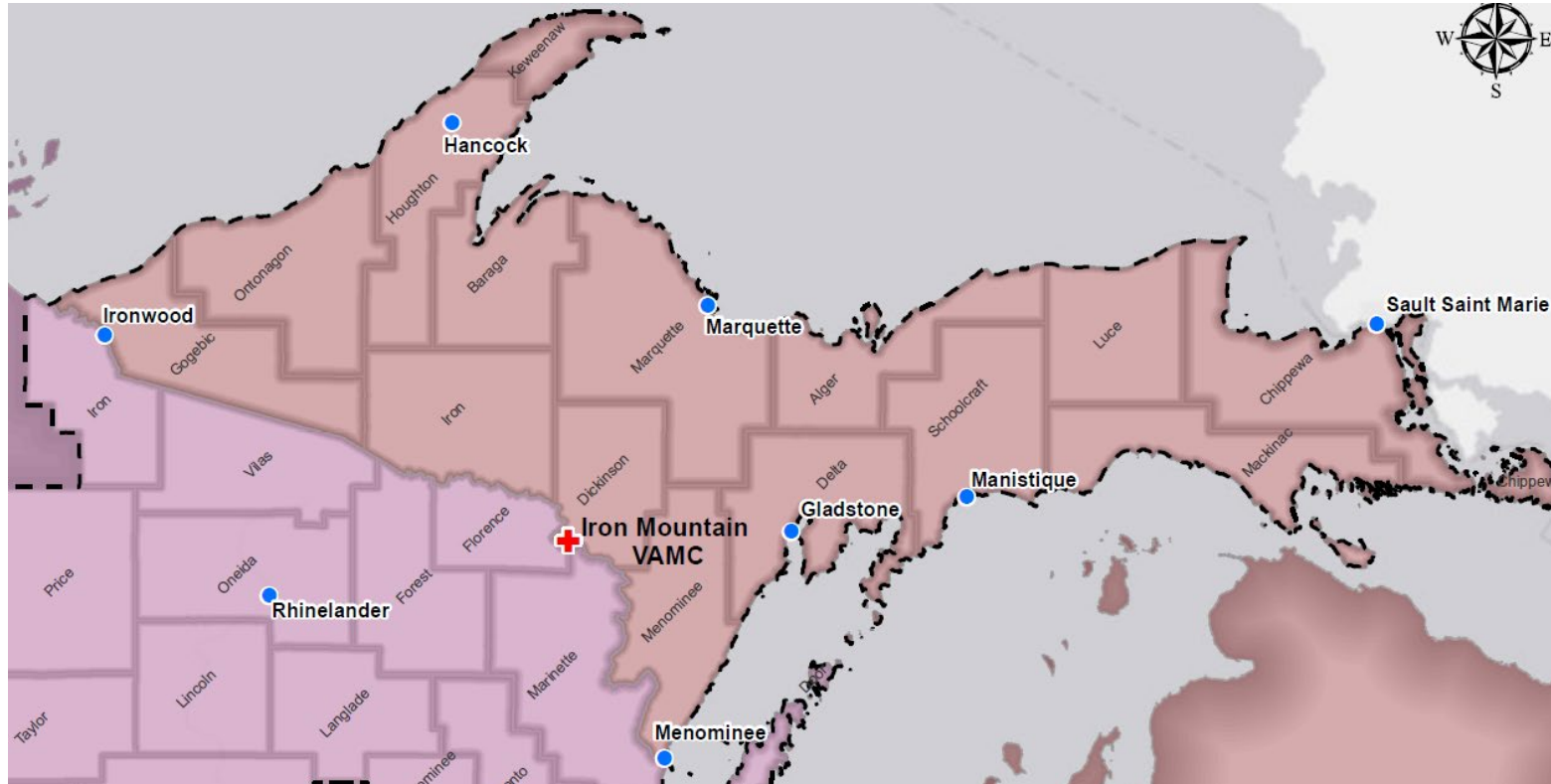
U.S. Department
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VA Healthcare

Oscar G. Johnson VA Medical Center

MISSION: Improving the health and well-being of Veterans through exceptional, comprehensive and compassionate care.

VISION: Medical Center of Choice!



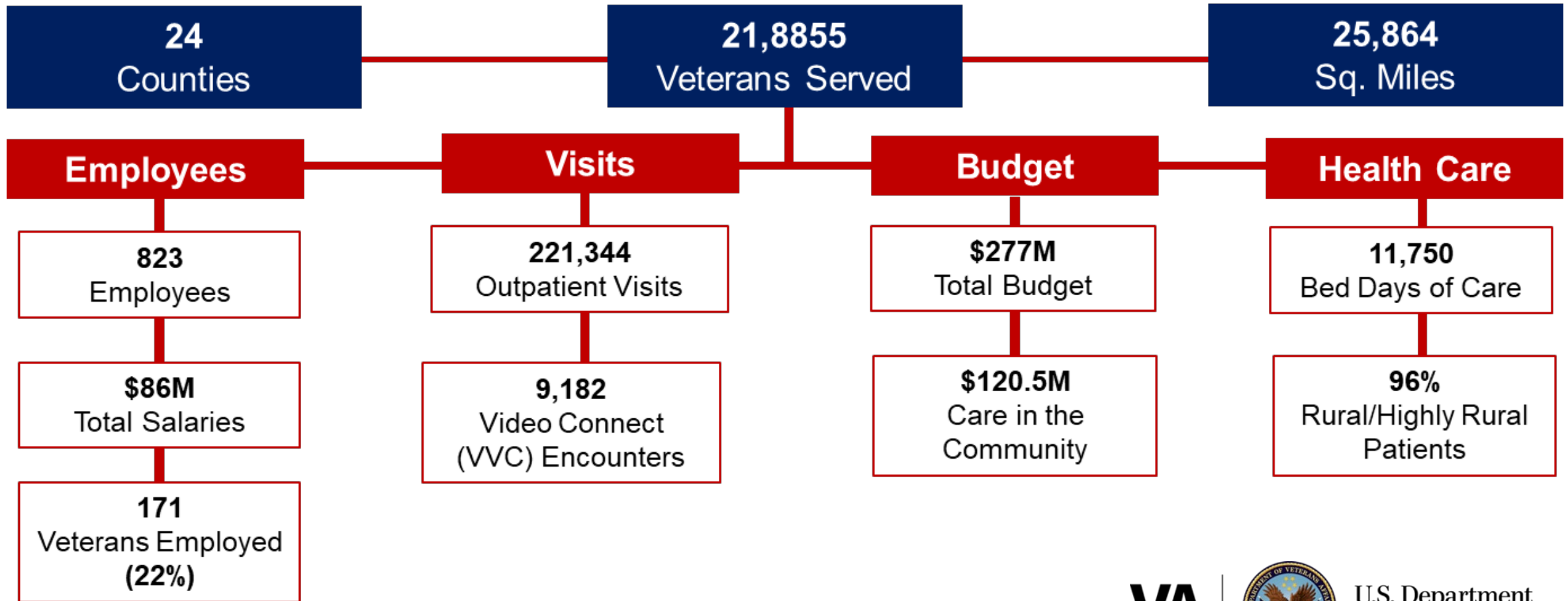
VA



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VA Healthcare

OGJVAMC at a Glance - FY2023



U.S. Department
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VA Healthcare

The Mission Act of 2018 streamlined access to community care for Veterans.

Access Standards	Primary Care, Mental Health, Noninstitutional Extended Care	Specialty Care
Drive Time	30 minutes	60 minutes
Wait Time	20 days	28 days

Eligibility

- Must receive approval from VA prior to obtaining care from a community provider.
- Must be enrolled in VA health care and have received VA care or community care within the last 24 months.

Criteria

- Services not available through VA medical facility, VA cannot provide care within access standards, or best medical interest.

REMEMBER: Community care must be PRE-AUTHORIZED and is TIME SENSITIVE. Monitor referral dates and review approval letters for detailed information.

VA



U.S. Department
of Veterans Affairs

QUESTIONS



Help us improve Veterans access to healthcare



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