I-REACH – RURAL VETERANS

*Improving **R**ural **E**nrollment, **Ac**cess, and **H**ealth in Rural Veterans*

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Improving Veterans Access to Healthcare

VETERANS WELLBEING

TOGETHER WITH VETERANS
UPPER PENINSULA

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VETERANS AND THEIR FAMILY'S HEALTH & WELLNESS – LEVERAGING A CROSS-SECTOR SDOH STRATEGY

1. Understand the unique healthcare needs of Veterans and the importance of cross-sector collaboration.
2. Learn how to connect Veterans with care and benefits.
3. Understand the importance of screening for military service.
4. Discuss ways to support Veterans, their families, their caregivers, and your organization.
5. Discuss operational infrastructure and cross-sector partnerships needed to improve care coordination and referral initiatives.

VETERAN POPULATION

- United States: 20 million Veterans
  - 10 million do not receive VA benefits or services
  - 14 million do not receive VA health care
- Michigan: 530,000+ Veterans
  - Over 372,000 had not received treatment at a VA facility in 2022 (71%)

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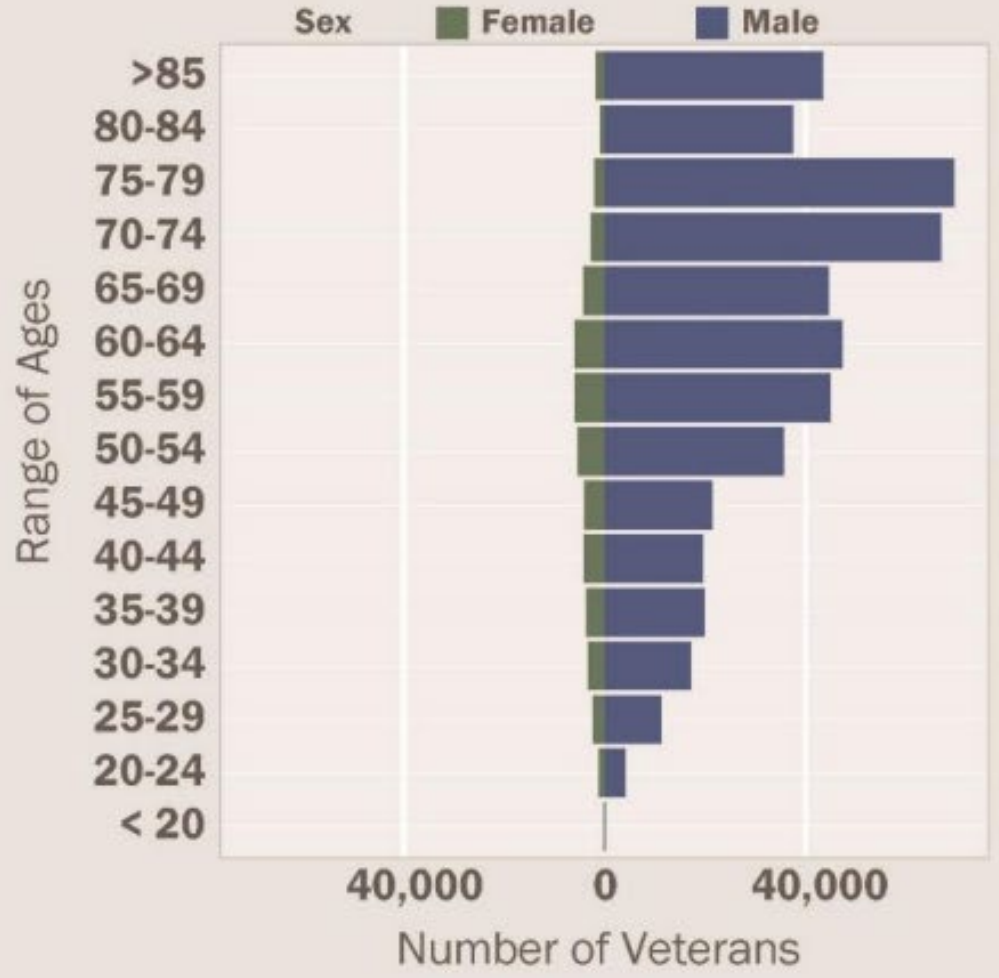
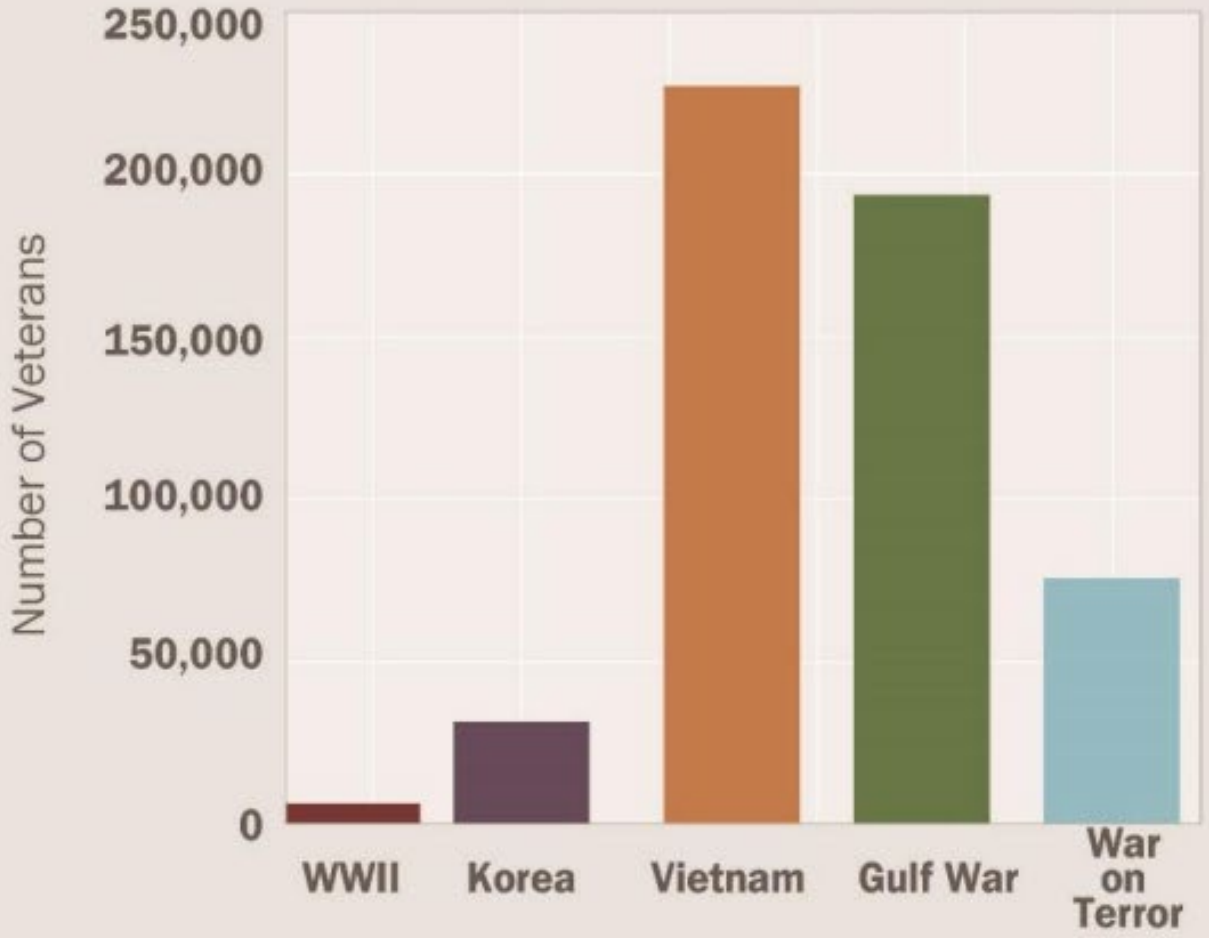
MICHIGAN VETERANS AGE & ERA SERVED

Michigan Veteran Age Distribution by Sex



Michigan Veterans by Conflict Service Period



U.S. DEPARTMENT OF VETERANS AFFAIRS STRUCTURE

Veterans Health Administration (**VHA**)

- U.S. largest integrated health care system
- 172 medical centers
- 1,138 sites of care
- 94% of VA workers 53K independent licensed health care practitioners

Veterans Benefits Administration (**VBA**)

Five key lines of non-medical benefits:

- Home Loan Guarantee
- Insurance
- Vocational Rehab and Employment
- Education
- Compensation and Pension

National Cemetery Administration **(NCA)**

- 4.1 million graves
- 155 cemeteries
- 23,000 acres

“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.
- Identifying those who have served is the first step in enrollment.

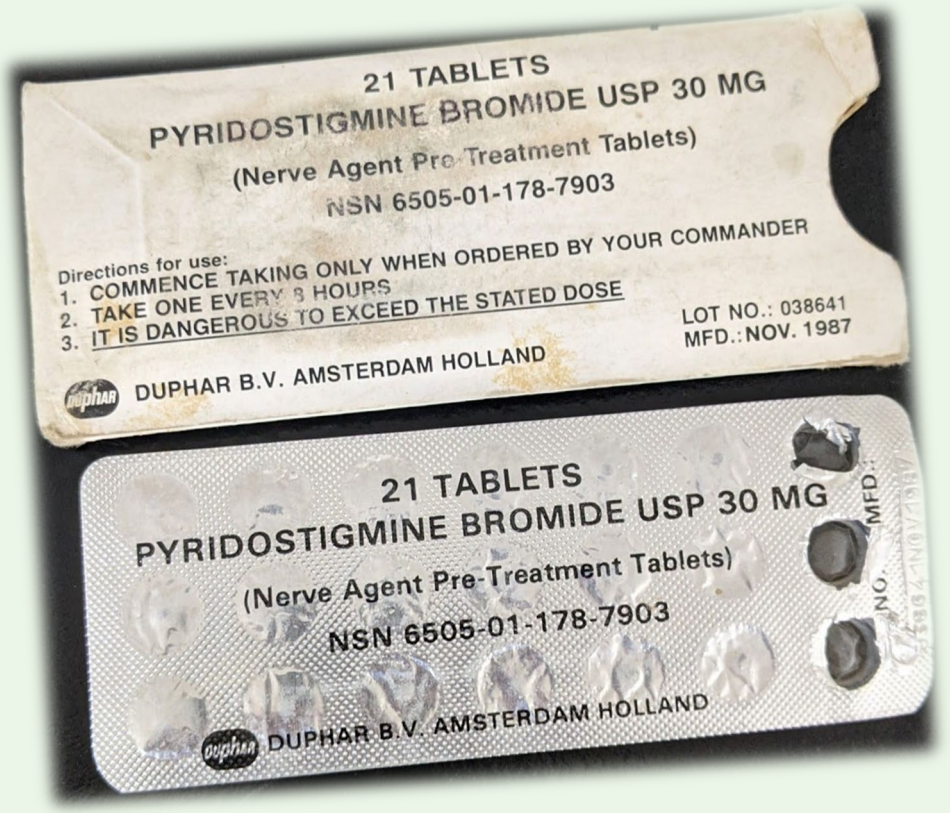
ADVANTAGES OF ASKING, "HAVE YOU SERVED?"

- Increased enrollment leads to increased utilization.
- Benefits providers to know patient background due to the unique culture, possible exposures, and common medical conditions of military service.
- Providers can identify trends in Veteran health conditions, which could impact future legislation, such as the recent PACT Act.
- Identify SDOH implications associated with Veterans.
- Facilities can recoup funds by billing the VA.
- Improves facility needs assessment efforts.
- Improves accuracy of patient characteristic report to UDS.
- Reduces readmission rates via care coordination (including social needs).

UNIQUE HEALTH CARE NEEDS, DISEASE PATTERNS, EXPERIENCES AND CULTURAL BACKGROUNDS

More likely than non-veterans to have:

- Toxic exposures: Agent Orange, burn pits, asbestos, contaminated water, radiation, CARC paint, etc.
- Diabetes, ALS 2x as likely, chronic pain, moral injury, and adverse childhood experiences (increases risk for PTS and suicide), certain cancers, etc.
- Vaccines and/or exposure to hepatitis A & B, rabies, typhoid, cholera, yellow fever, anthrax, smallpox, malaria, botulinum toxoid, meningitis, PB, etc., etc.,



SERVICE-CONNECTED DISABILITY & PRESUMPTIVE CONDITIONS

Post-traumatic osteoarthritis
Heart disease or hypertensive vascular disease
Psychosis
Any of the anxiety states
Dysthymic disorder (or depressive neurosis)
Organic residuals of frostbite
Stroke and the residual effects
Osteoporosis, when the Veteran has posttraumatic stress disorder
Beriberi (including beriberi heart disease)
Chronic dysentery
Helminthiasis
Malnutrition (including optic atrophy)
Pellagra
Other nutritional deficiencies
Irritable bowel syndrome
Peptic ulcer disease
Peripheral neuropathy
Cirrhosis of the liver
Avitaminosis
Osteoporosis
AL amyloidosis
B-cell leukemia
Chronic lymphocytic leukemia
Multiple myeloma
Type 2 diabetes
Hodgkin's disease
Ischemic heart disease (including but not limited to, coronary artery disease and atherosclerotic cardiovascular disease)
Non-Hodgkin's lymphoma
Parkinson's disease
Parkinsonism
Prostate cancer
Respiratory cancers
Soft-tissue sarcoma (not including osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma)
Bladder cancer
Hypothyroidism
Hypertension
Monoclonal gammopathy of underdetermined significance (MGUS)
Acute and subacute peripheral neuropathy
Chloracne or other similar acneform disease
Porphyria cutanea tarda

PRESUMPTIVE CONDITIONS

Atomic Veterans exposed to ionizing radiation
Participated in atmospheric nuclear testing
All forms of leukemia, except chronic lymphocytic leukemia
Thyroid cancer
Breast cancer
Pharynx cancer
Esophagus cancer
Stomach cancer
Small intestine cancer
Pancreatic cancer
Bile ducts cancer
Gall bladder cancer
Salivary gland cancer
Urinary tract cancer
Brain cancer
Bone cancer
Lung cancer
Colon cancer
Ovary cancer
Bronchioloalveolar carcinoma
Multiple myeloma
Lymphomas, other than Hodgkin's disease
Primary liver cancer, except if there are indications of cirrhosis or hepatitis B
Chronic fatigue syndrome
Fibromyalgia
Irritable bowel syndrome
Fatigue
Skin symptoms
Headaches
Muscle pain
Joint pain
Neurological or neuropsychological symptoms
Symptoms involving the upper or lower respiratory system
Sleep disturbance
Gastrointestinal symptoms
Cardiovascular symptoms
Weight loss
Menstrual disorders
Brucellosis
Campylobacter jejuni
Coxiella burnetii (Q fever)
Nontyphoid Salmonella
Shigella
West Nile virus
Malaria
Mycobacterium tuberculosis
Visceral leishmaniasis

PRESUMPTIVE CONDITIONS

Squamous cell carcinoma of the larynx
Squamous cell carcinoma of the trachea
Adenocarcinoma of the trachea
Salivary gland-type tumors of the trachea
Adenosquamous carcinoma of the lung
Large cell carcinoma of the lung
Salivary gland-type tumors of the lung
Sarcomatoid carcinoma of the lung
Typical and atypical carcinoid of the lung
Brain cancer
Gastrointestinal cancer of any type
Glioblastoma
Head cancer of any type
Kidney cancer
Lymphatic cancer of any type
Lymphoma of any type
Melanoma
Neck cancer of any type
Pancreatic cancer
Reproductive cancer of any type
Respiratory cancer of any type
Asthma that was diagnosed after service
Chronic bronchitis
Chronic obstructive pulmonary disease (COPD)
multiple myelomas
myelodysplastic syndromes and myelofibrosis

Updated January 2025

HOW TO ASK

“Have you, a family member, or anyone close to you ever served in the military?” is a preferred screening question vs. “Are you a Veteran?"

- Enables those who are not comfortable with the term Veteran, or don't identify as a Veteran, to be recognized.

Ask the Question

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It’s the right thing to do!

HOW TO ASK

- Helps identify spouses (benefits) and non-family members who are providing care (caregiver benefits).
- Allows others to identify Veterans.
- Informs providers of conditions potentially associated with generational effects of military service.
- Cues the potential to bill the VA for services.

Toolkit for providers to assist with next steps and referrals.

Ask the Question

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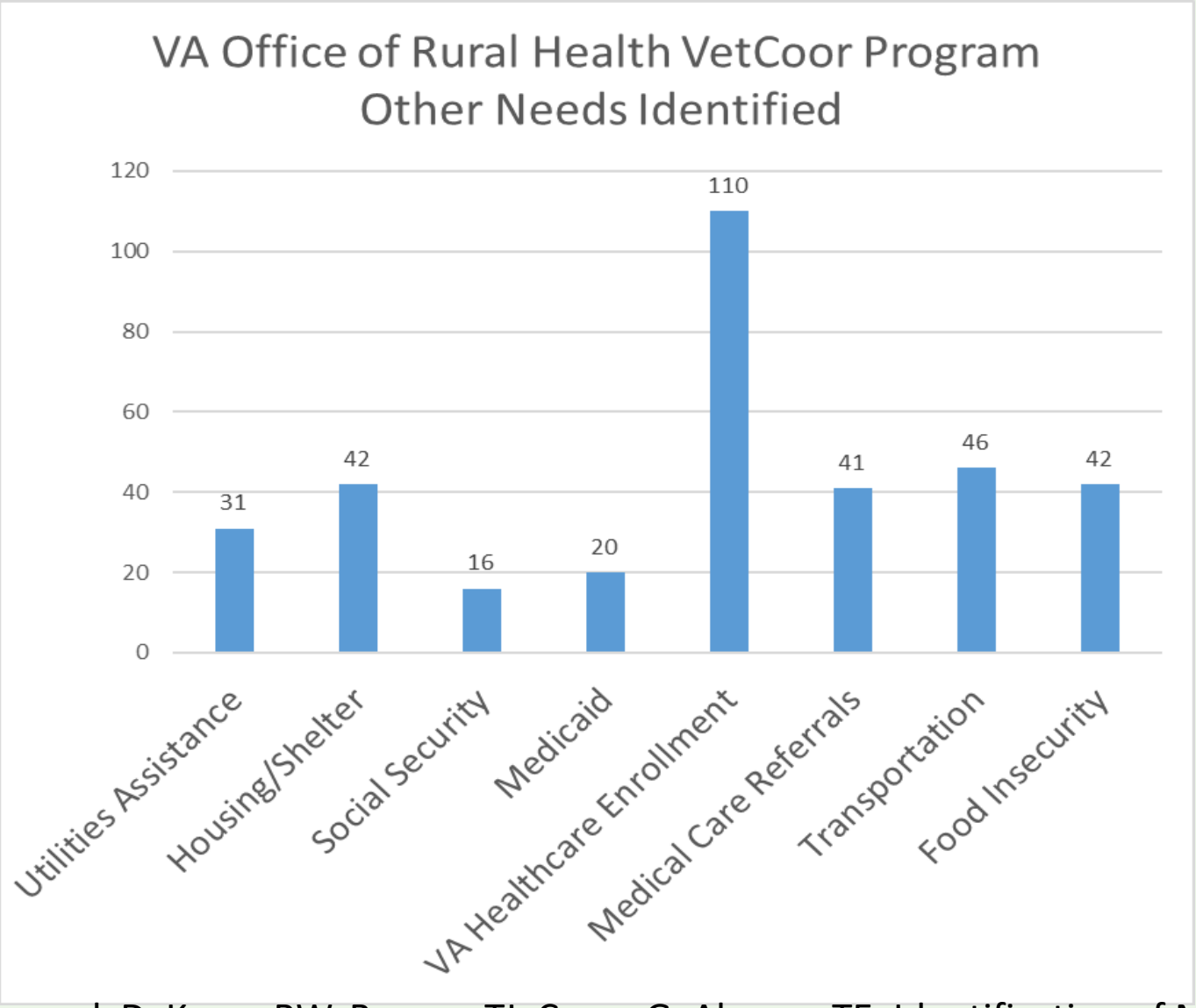
It's not just an intake form, it's a life-altering journey!

PROPERLY SCREENING

Facility	Reporting Year	Number of Veterans Identified
*SE Iowa Regional Medical Center West Burlington, IA	**2015** **2017** 2019	**56** **506** 555
CAH/RHC Baraga County Memorial Hospital, L'Anse MI	**2023** **2024**	**60** **710**

*Howren MB, Kazmerzak D, Kemp RW, Boesen TJ, Capra G, Abrams TE. Identification of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center. J Community Health. 2020 Jun;45(3):465-468. doi: 10.1007/s10900-019-00761-3. PMID: 31620908.

SCREENING



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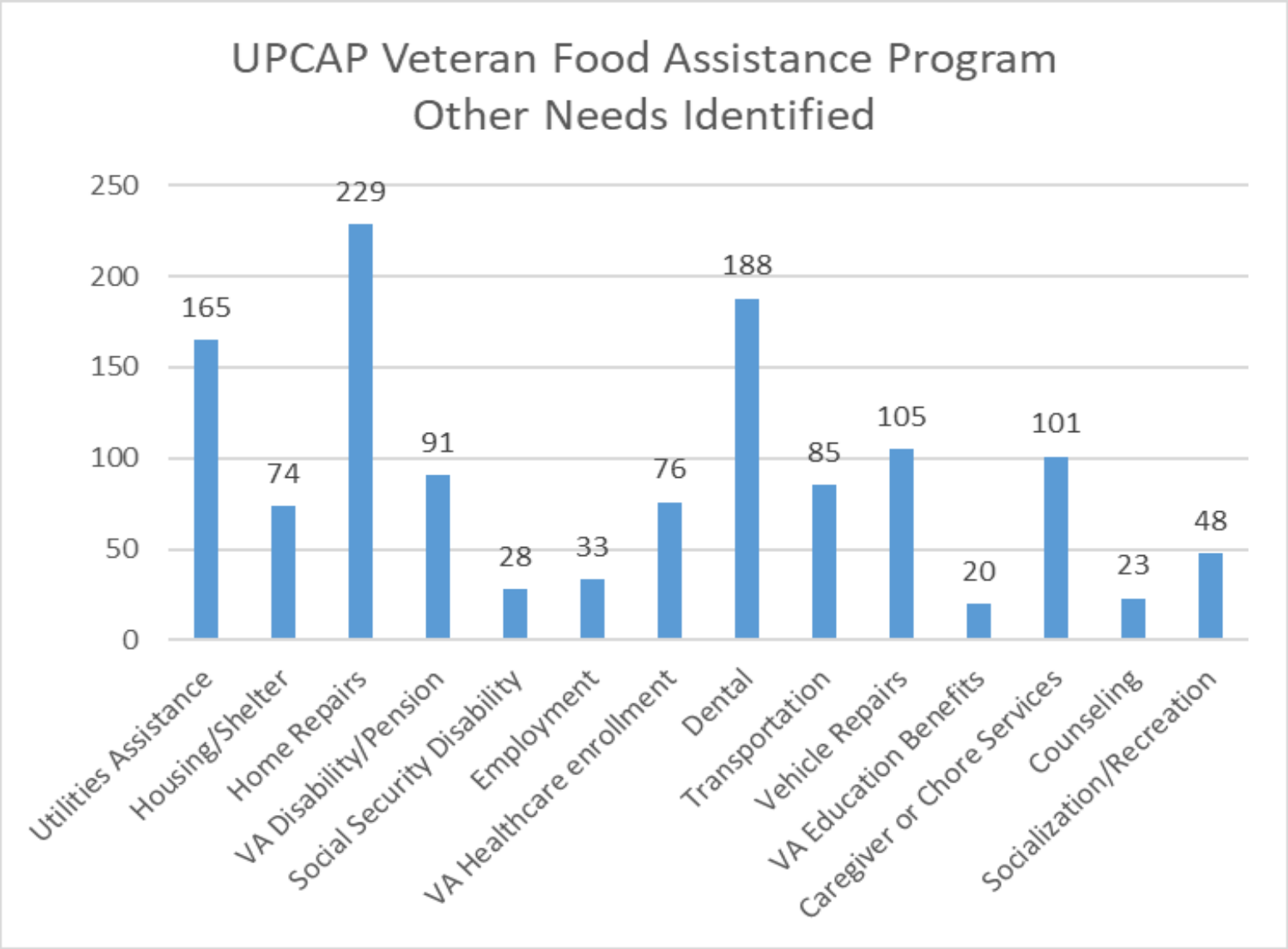
SCREENING



Strength of Rural April 2024 Spotlight | Michigan State University

SUCCESS STORIES!!

- A woman 92 years young acknowledged being a Veteran. She was referred to the VA and received assistance with her in-home care needs.

- A man in hospice care with lung cancer had served in the Navy and was exposed to asbestos. He had not applied for disability from the VA. He was connected to the local Veteran Service Officer and filed a claim. After he passed, his widow received a pension based on this disability.

- An older woman acknowledged being a military widow. The provider helped her access health insurance coverage to use services at the VA Medical Center, saving her a precious $300 a month.

SUCCESS STORIES!!

- Woman Veteran 10% service connected but not enrolled in VHA presented to a facility Veteran coordinator. Veteran had several significant financial and legal issues pertaining to the termination of her marriage. The coordinator assisted in the completion of the 10-10-EZ form and connected her with the VA Women Veterans Coordinators, the Veterans Justice Outreach and the County VSO.
- Veteran called facility requesting VA assistance with medication payments he cannot afford (over $500/month). Prescribed by a non-VHA provider. The coordinator found the medication is on the VA formulary. Coordinator switched the Veterans primary care to their facility, to be reimbursed by VA, and for the local prescriber to prescribe the medications in that context- thereby ensuring reimbursement by VA.

WHEN SOMEONE ANSWERS, "YES, I SERVED."

- At a minimum offer VA contact information
  - Preferably a 'warm handover' to an Accredited Veteran Service Officer (VSO)

- If possible, begin further screening
  - Questions align with Social Drivers Of Health (SDOH's)
  - Toolkits available

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WHY ENROLL, FILE A CLAIM

- **VA Health Care** enrollment is easy and free, and health care may be free as well.
- Help other Veterans: VA funding is partially based on enrollment numbers. And, health data could impact future legislation.
- Veteran trust in VA health care is above 90%.
- Also, file a health-related compensation claim, and access other benefits.
- Veterans and their survivors could be eligible for previously denied compensation.

WHY ENROLL, FILE A CLAIM

- Use current plan and VA, dually enrolled means dually insured. Fill gaps in coverage. May lessen co-pays, including prescriptions.
- Current VA disability rating and monthly compensation could increase, especially for Veterans with dependents.
- Increased access to medical devices and Durable Medical Equipment (DME).
- Discharge status may be upgraded.
- Receive updates on eligibility & other notices.
- Prepare for life changes. Do it for your family.

HOW TO ENROLL, FILE A CLAIM

One way to apply for VA health care is by calling the Health Eligibility Center (HEC) (877) 222-8387. M – F 8am - 8pm EST.

If no response within a week after applying, call again.

Another way:

Contact your County VA Office and Veteran Service Officers. They provide accredited claims services (Health Care and other benefits) for Veterans and their families, at no charge.

I-REACH VETERAN CONNECTOR TOOLKIT

- Quick Reference Referral Guide
- Advantages of Screening for Military Service
- Overcoming a Veteran's Indifference to Accessing their Benefits
- Overcoming a Veteran's Concerns about Providing Information
- Success Stories (we'd like to hear yours)
- Family Member Benefits
- Identifying Other Unmet Needs / SDOH (UPCAP)
- Identifying Other Unmet Needs / SDOH (VA ORH)
- Cultural Awareness (brief)
- Action Items Checklist

- How do you track and know the outcomes of your referrals? Do you have an effective closed loop referral follow up system?

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Improving Veterans Access to Healthcare

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

MICHIGAN CENTER for RURAL HEALTH

Help us improve Veterans access to healthcare

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MICHIGAN CENTER for RURAL HEALTH

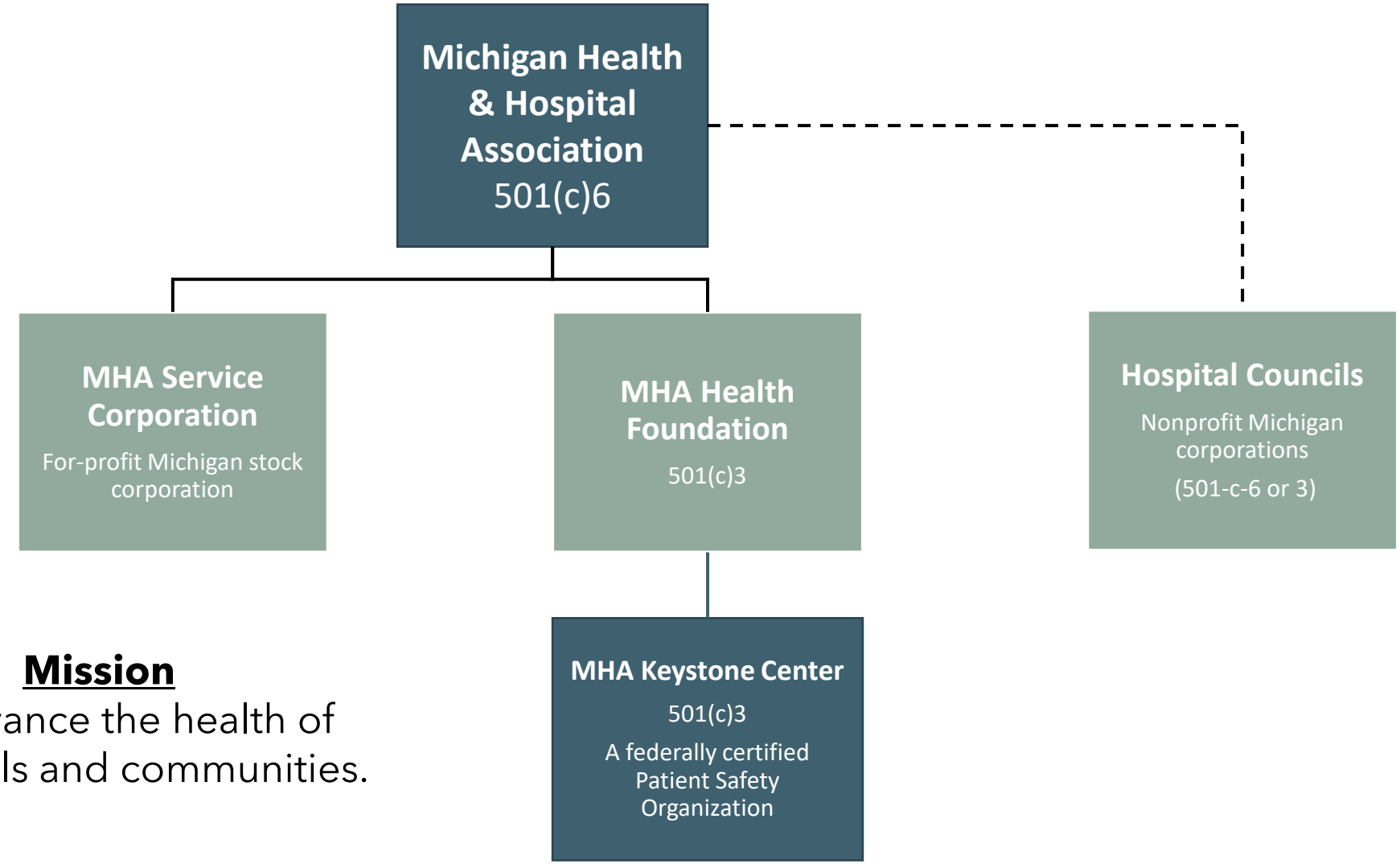
Improving Rural Enrollment, Access, and Health in Rural Veterans (I-REACH Rural Veterans)

Leveraging A Cross-Sector SDOH Strategy - Ecosystem of Support

Ewa Panetta, MHA

MHA

Context: Hospital Association



Mission

We advance the health of individuals and communities.

MHA Journey - What Did We Learn: SDOH Data Collection – Healthcare Settings

Data Quality and Integration Gaps:

- Incomplete or inconsistent data.
- Lack of clear incentives and aligned requirements.
- Data standardization issues.
- Data integration challenges.

Data Collection and Analysis Challenges:

- Apprehension from providers and patients.
- Lack of adequate training across organization and staff.
- Data disaggregation and use gaps.
- Lack of standardized measures.
- Focus on outcomes and not process.

Organizational Infrastructure Barriers:

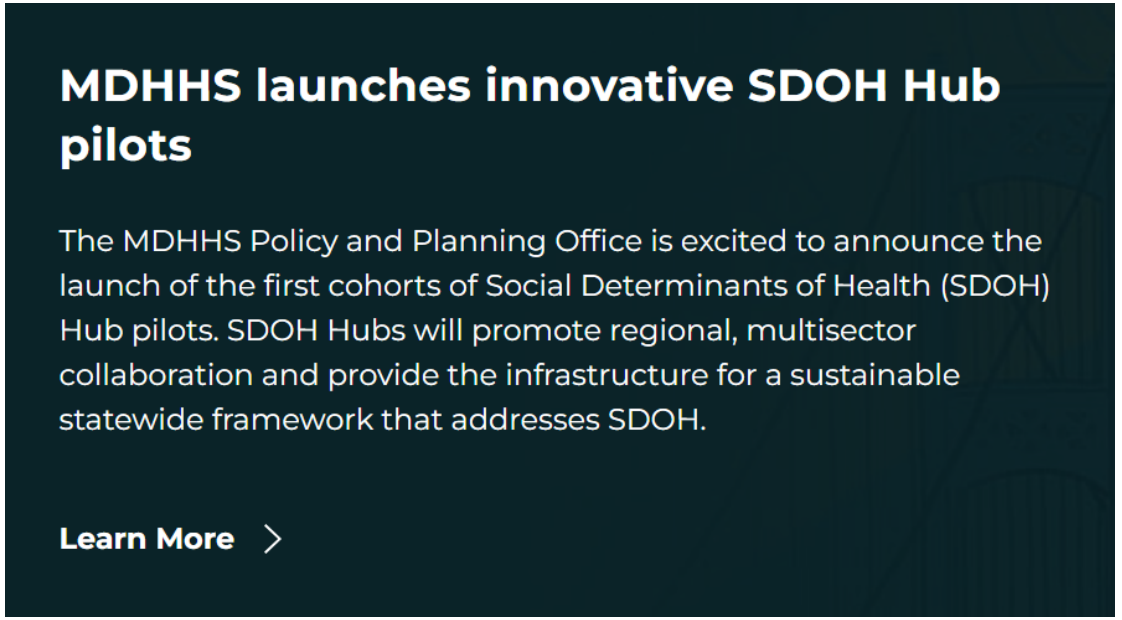
- Lack of actionable collection practices.
- System-wide data strategy and use.
- Community connections and alignment.

MHA/Keystone Center – Priorities

DATA - Building a comprehensive profile of patient and community health needs.

QI - Leveraging Quality Improvement to Advance *Health for All*.

What Did We Learn…..State Level SDOH Focus



https://www.michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/2022-2024-social-determinants-of-health-strategy

What Did We Learn – Past Requirements & Standards

Accrediting bodies, federal regulatory agencies, states, and trade associations – were pushing **out requirements that included a focus on SDOH** across health systems, providers, and healthcare stakeholders.

CMS/TJC - SDOH

Comprehensive framework for **collecting SDOH Data**	**Assessment & Identification**	Using data to inform interventions and designing **'action plans'** to address gaps	Establishing and expanding **community partnerships**

What Do We Know Now? Or not know .....

Federal Executive Orders – Impact on SDOH Focus

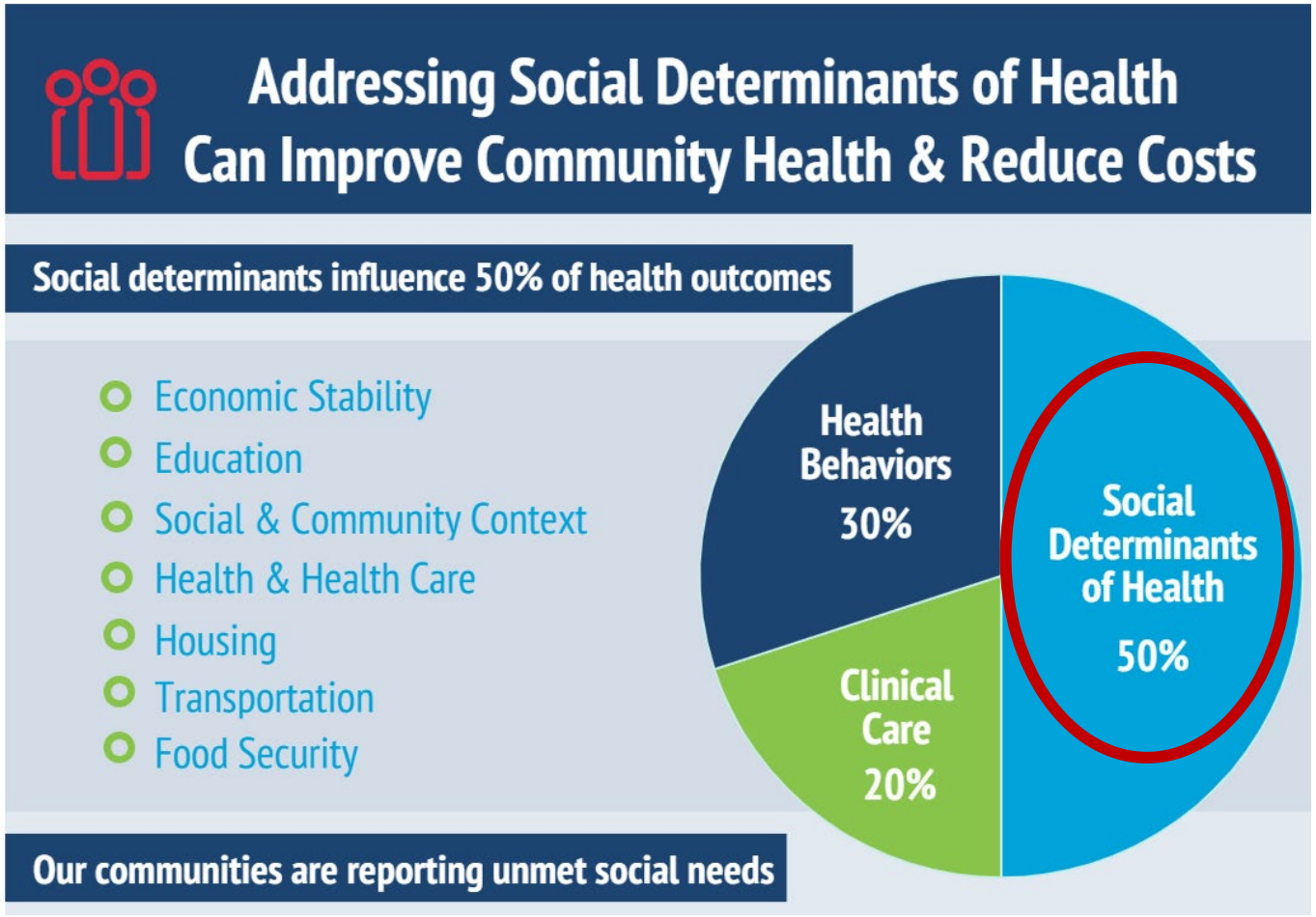
Fact Sheets Apr 11, 2025

FY 2026 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule — CMS-1833-P Fact Sheet

CMS is proposing to remove four measures:

- (1) Hospital Commitment to Health Equity beginning with the CY 2024 reporting period/FY 2026 payment determination.
- (2) COVID-19 Vaccination Coverage among Health Care Personnel measure, beginning with the CY 2024 reporting period/FY 2026 payment determination.
- Both the (3) Screening for Social Drivers of Health and (4) Screen Positive Rate for Social Drivers of Health measures, beginning with the CY 2024 reporting period/FY 2026 payment determination.

What Do We Know - SDOH Impact on Health Outcomes



Source/Credit: NIHCM Addressing SDOH of Health Can Improve Community Health & Reduce Costs.

Data Telling the Story: SDOH Impact

"Military Service Can Be a Social Determinant of Health"

- **Social needs - 82%** Veterans reported at least **one** unmet health-related social need, **29%** Veterans experienced **three or more** unmet health-related social needs (aka SDOH).
- **Care Coordination - Increased risk of fragmented care** across VA and non-VA facilities and programs = adverse outcomes, lack of follow-up care and addressing social determinants/drivers of health (SDOH).

Source: https://www.reliasmedia.com/articles/147691-military-service-can-be-a-social-determinant-of-health

SDOH-The Business Case… Is Still The Case…

- Centers for Medicare and Medicaid Services penalized ***77 percent of safety-net hospitals for excess readmissions*** of patients with heart attack, heart failure, or pneumonia.

- Review of ***70 studies found that unemployment and low income*** were tied to a higher risk of hospital readmission among patients with heart failure and pneumonia.

Whole Health Approach

Social Determinants of Health

The conditions in which people are born, live, work and age. They are shaped by the distribution of money, power and resources at global, national and local levels

Social Needs

TARGETED CARE
information provided to address patient's social needs directly.

INFORMED CARE
information provided on a patient's social context to inform care

Source: https://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs-emerging-business-case-provider

Current State of SDOH Implementation

Fragmented strategies, implementation gaps can lead to incomplete, inaccurate, or inconsistent data, leading to poor decision-making and wasted resources.

Lack of standardized screening and data collection.

Insufficient training and resources.

Challenges in coordinating interventions across different sectors.

Limited use of the data to communicate between health care providers and community-based referral organizations.

Challenge of "closing the loop" on services by collecting data on whether individuals have accessed referred services.

Implementation gaps impact data quality…..

Example:

Feedback from hospitals who deployed SDOH Screening

‘Majority of our patients are reporting there is no need.’

Reality:

Patients are reluctant to report needs.

Health care organizations are screening their patients more than they are actively connecting them to services.

Implementation gaps impact data quality…

Patient Story:

John Smith – 72 years old. Heart condition. Living on his own. Cost of living increasing, food costs rising. Readmitted 5x in the past few months. Screened for SDOH – said no….

Hospital focus → clinical interventions.

Deeper dive → John coming back to hospital for a warm meal.

Improving Support For Veterans & Their Families– Moving being checking the box.

Goal: To improve outcomes for veterans and their families – we must address both **clinical and social unmet needs.**

Strategy: Establishing and operationalizing effective infrastructures to create ecosystem of support through a unified, strategic approach!

Cross-sector SDOH Strategy for Veterans & Their Families

- **Data** driven decision making.
- **Identifying veterans** within the community - effectively!
- Identifying and addressing **unmet needs** - evaluating and analyze root causes.
- Establishing data and information sharing – **integrated referral pathways** & 'closing the loop'.
- Aligning across **tracking and monitoring**.
- **Enhancing partnerships** - improve collaboration and alignment between healthcare, social services, and other relevant sectors.

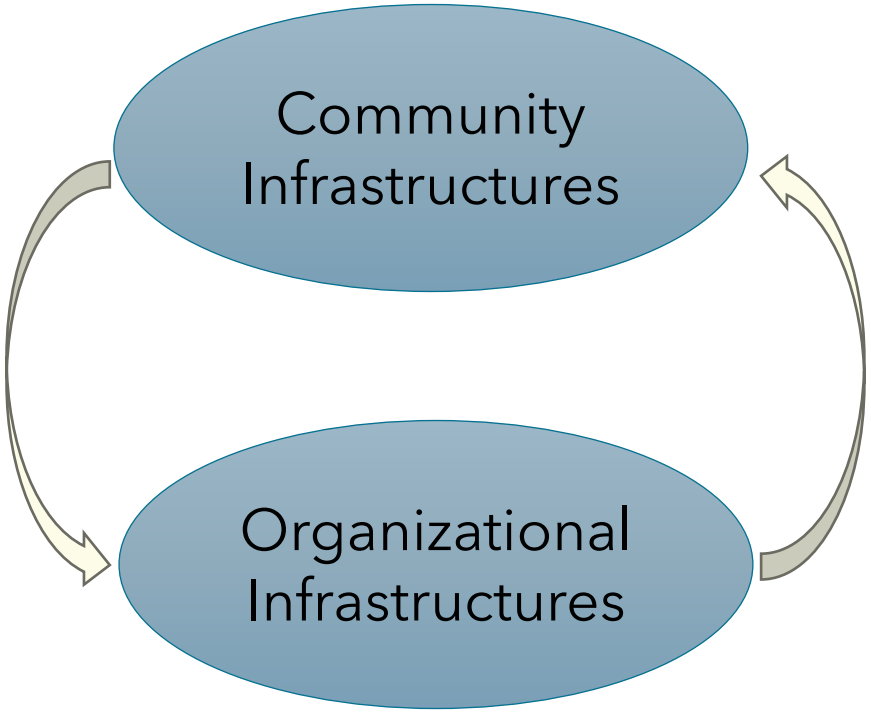
Establishing & Operationalizing Effective Infrastructures

Ecosystem of Support:

Through the lens of Veterans and their families.

Community Level:

- **Identify:** Information Sharing & Data Aggregation
- **Address**: Longitudinal Care Coordination & Support
- **Analyze**: Measuring Community Impact & Identify Opportunities.
- **Sustain**: Strengthening Existing Ecosystems & Shared Goals



Organization Level:

- **Identify:** Assessment/Screening Workflows
- **Address:** Referral/Linkage Workflows
- **Analyze:** Data Use & Measuring Outcomes
- **Sustain:** Sustainability Planning & Scaling

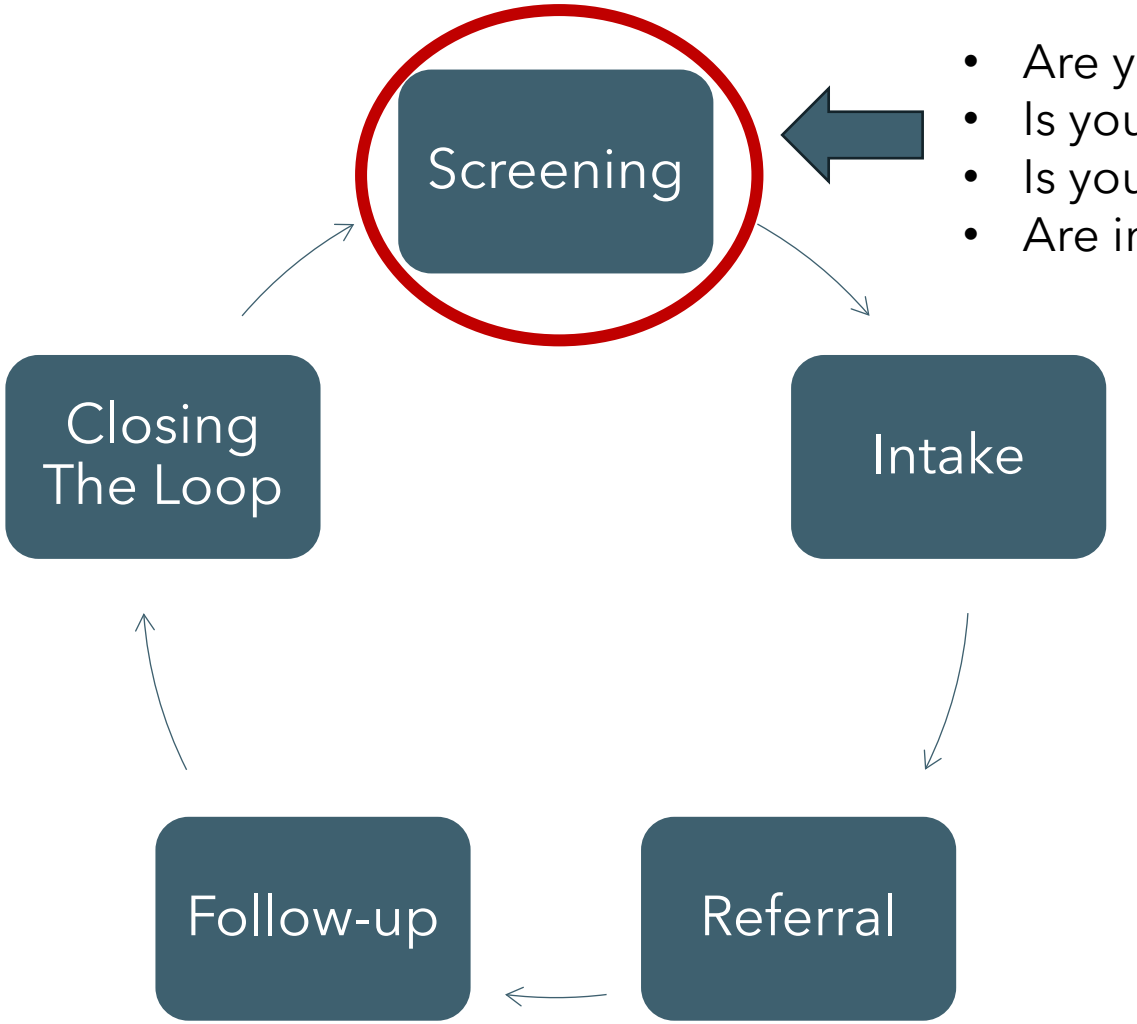
Ecosystem of Support - Through The Lens of Veterans & Their Families

Organizational Level

Identify: Assessment/Screening	Address: Referral/Linkage	Analyze: Data Use	Sustain: Sustainability Planning & Scaling
• Staff/organizational training. • Internal infrastructures needed for capturing and using the data. • Design collection and documentation workflows • Design intervention workflows to address the need. • Integration of systems with community systems. • Community messaging – why are you asking?	• Understand current organization referral process. • ID resources and programs. • ID partners.	• Data validation. • Tracking outcomes and goals. • Tracking process/interventions and impact on outcomes. • Sharing findings to inform action.	• ID community unmet needs and opportunities • ID program/resources gaps. • Aligned initiatives/partners.

What does the process look like in your organization?

Through The Lens of Veterans & Their Families



- Are you asking the right way?
- Is your staff trained?
- Is your community aware?
- Are internal work-flows set-up?

Don’t stop there!

Ecosystem of Support - Through The Lens of Veterans & Their Families

Community Level

Identify: Information Sharing & Data Aggregation	Address: Longitudinal Care Coordination & Support	Analyze: Measuring Community Impact & Opportunities.	Sustain: Strengthening Existing Ecosystems & Shared Goals
• Identifying individual vs. community level unmet social needs.	• Ongoing, continuous, integrated, and interconnected care across medical and social needs. • Aligning across interventions focus on individual's vs community level. • Alignment across downstream and upstream actions.	• Create a shared data and measurement system. • Measuring not only outcomes but process.	• Increasing connections, tools, and standardization • Shared goals among the partners • Leveraging existing infrastructures like MDHHS SDOH HUBS.

Partnering for a Better Future of Health

Ecosystem of Support - Through The Lens of Veterans & Their Families

- Building a more comprehensive profile of individual and community health needs – requires organizational and community alignment across infrastructures, strategies, actions and accountability.
- Narrowing our focus, addressing the 'low hanging fruit', and using lessons learned to scale population wide – QI 101.
- Identify existing infrastructures – like **MDHHS SDOH Hubs** – as an opportunity.