Michigan Center for Rural Health

IREACH – Rural Veterans

Improving Rural Enrollment, Access, and Health in Rural Veterans

(I-REACH Rural Veterans)

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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.
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.
“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.
How to Ask

• “Have you served?” versus “Are you a Veteran?” is the preferred method as it enables those who do not feel comfortable or don't identify as a Veteran to be recognized.

• Even better: “Have you or a member of your household ever served in the military?”

Ask the Question

“Have You Served?”

It’s the right thing to do
“Have You Served?” Screening during intake

Veterans have unique health care needs, disease patterns, experiences and cultural backgrounds. More likely than non-veterans to have:

- Toxic exposures: Agent Orange, contaminated water, burn pits, asbestos, radiation, etc.
- Diabetes, ALS, chronic pain, moral injury, and adverse childhood experiences (increases risk for PTS and suicide), etc.
- Vaccines and/or exposure to hepatitis A & B, rabies, typhoid, cholera, yellow fever, anthrax, smallpox, malaria, botulinum toxoid, meningitis, PB, etc., etc., etc.
<table>
<thead>
<tr>
<th>Screening during intake / Presumptive Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-traumatic osteoarthritis</td>
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<tr>
<td>Heart disease or hypertensive vascular disease</td>
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<tr>
<td>Psychosis</td>
</tr>
<tr>
<td>Any of the anxiety states</td>
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<tr>
<td>Dysthymic disorder (or depressive neurosis)</td>
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<td>Organic residuals of frostbite</td>
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<tr>
<td>Stroke and the residual effects</td>
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<tr>
<td>Osteoporosis, when the Veteran has posttraumatic stress disorder</td>
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<tr>
<td>Beriberi (including beriberi heart disease)</td>
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<td>Chronic dysentery</td>
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<td>Helminthiasis</td>
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<td>Malnutrition</td>
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<td>(including optic atrophy)</td>
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<tr>
<td>Pellagra</td>
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<tr>
<td>Other nutritional deficiencies</td>
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<tr>
<td>Irritable bowel syndrome</td>
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<tr>
<td>Peptic ulcer disease</td>
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<tr>
<td>Peripheral neuropathy</td>
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<tr>
<td>Cirrhosis of the liver</td>
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<tr>
<td>Avitaminosis</td>
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<tr>
<td>Osteoporosis</td>
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<tr>
<td>AL amyloidosis</td>
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<tr>
<td>B-cell leukemia</td>
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<tr>
<td>Chronic lymphocytic leukemia</td>
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<tr>
<td>Multiple myeloma</td>
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<tr>
<td>Type 2 diabetes</td>
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<tr>
<td>Hodgkin’s disease</td>
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<tr>
<td>Ischemic heart disease (including but not limited to, coronary artery disease and atherosclerotic cardiovascular disease)</td>
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<tr>
<td>Non-Hodgkin’s lymphoma</td>
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<tr>
<td>Parkinson’s disease</td>
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<tr>
<td>Parkinsonism</td>
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<tr>
<td>Prostate cancer</td>
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<tr>
<td>Respiratory cancers</td>
</tr>
<tr>
<td>Soft-tissue sarcoma (not including osteosarcoma, chondrosarcoma, Kaposi’s sarcoma or mesothelioma)</td>
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<tr>
<td>Bladder cancer</td>
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<tr>
<td>Hypothyroidism</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Monoclonal gammopathy of underdetermined significance (MGUS)</td>
</tr>
<tr>
<td>Acute and subacute peripheral neuropathy</td>
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<tr>
<td>Chloracne or other similar acneiform disease</td>
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<tr>
<td>Porphyria cutanea tarda</td>
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</tbody>
</table>
## Screening during intake / Presumptive Conditions

<table>
<thead>
<tr>
<th>Atomic Veterans exposed to ionizing radiation</th>
<th>Salivary gland cancer</th>
<th>Fibromyalgia</th>
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</thead>
<tbody>
<tr>
<td>Participated in atmospheric nuclear testing</td>
<td>Urinary tract cancer</td>
<td>Irritable bowel syndrome</td>
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<tr>
<td>All forms of leukemia, except chronic lymphocytic leukemia</td>
<td>Brain cancer</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Thyroid cancer</td>
<td>Bone cancer</td>
<td>Skin symptoms</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Lung cancer</td>
<td>Headaches</td>
</tr>
<tr>
<td>Pharynx cancer</td>
<td>Colon cancer</td>
<td>Muscle pain</td>
</tr>
<tr>
<td>Esophagus cancer</td>
<td>Ovary cancer</td>
<td>Joint pain</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>Bronchioloalveolar</td>
<td>Neurological or neuropsychological symptoms</td>
</tr>
<tr>
<td>Small intestine cancer</td>
<td>carcinoma</td>
<td>Symptoms involving the upper or lower respiratory system</td>
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<tr>
<td>Pancreatic cancer</td>
<td>Multiple myeloma</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td>Bile ducts cancer</td>
<td>Lymphomas, other than</td>
<td>Gastrointestinal symptoms</td>
</tr>
<tr>
<td>Gall bladder cancer</td>
<td>Hodgkin’s disease</td>
<td>Cardiovascular symptoms</td>
</tr>
</tbody>
</table>

- Primary liver cancer, except if there are indications of cirrhosis or hepatitis B
- Chronic fatigue syndrome
- Weight loss
- Menstrual disorders
- Brucellosis
- Campylobacter jejuni
- Coxiella burnetii (Q fever)
- Nontyphoid Salmonella
- Shigella
- West Nile virus
- Malaria
- Mycobacterium tuberculosis
- Visceral leishmaniasis

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Screening during intake / 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)

Updated October 2022
Promise to Address Comprehensive Toxics Act of 2022 (PACT Act)

- A new law, and the most significant expansion and extension of Veteran benefits, eligibility, and care in more than 30 years.
- Previously not eligible / denied may now be eligible for VA benefits.
- Could benefit nearly a third of U.S. veterans and their families, including an estimated 150,000-200,000 in Michigan.
Success Stories!!

A woman 92 years young was asked, and she 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 was asked. He 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 was asked, and she 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.

“Have you or member of your household ever served in the military?”
Participate in the VA Community Care Network

- Over 1/2 of all Veterans are enrolled in VA healthcare.
  - Over 1/3 receive care via VA Community Care Network
  - Not all qualify for VA care.

- More in-network providers are needed (through Optum)
  - VA is short-handed.
  - Distance to the nearest VA provider can be a barrier.
Join the VA Community Care Network (CCN)

- VA MISSION Act of 2018 established the Veterans Community Care Program (VCCP).
  - VA can purchase health care services from community.
- VA is improving relations with community providers.
- VA CCN addresses previous challenges, including claims processing and billing.
Join the VA Community Care Network (CCN)

- CCN is VA’s network of community providers – built and managed by Optum.
- CCN works better than VA’s previous networks.
- Improved customer service between VA and the Third-Party Administrator, which is now Optum.
Rural Veteran suicide prevention program.
- Encouraging participation in healthcare and well-being activities.
- Organizing events for Veterans, their families and their caregivers.
Connecting service members, Veterans, their families, and their caregivers with care services and well-being activities
Help us improve Veterans access to healthcare

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

Military and Veterans Health Program

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Serving You as You Served Us™

We are proud to provide services to current, former, and retired military, and their families.

Trinity Health
Military and Veterans Health Program
MilVet

Why?
How?
What does it look like?
What did we experience?
The Warrior Community and Disease Burden

**CONDITIONS OF MILITARY SERVICE ARE DEBILITATING**

Environment, stress, toxins, combat, variable OSHA protections, and other conditions transform the “healthiest of the healthy” into the “most chronically sick.”

**MULTIPLE DEPLOYMENTS & IMPROVED BATTLEFIELD MEDICINE…**

have increased the numbers of survivors, chronic conditions, and co-morbidities (multiple chronic conditions).

**FAMILIES ARE NOT SPARED**

They too, are less healthy relative to the general population.
MILVET CULTURAL COMPETENCY REQUIREMENTS

- All e-Learning modules are assignable in HealthStream

- Introductory Module (~ 15 minutes)

- Instructor Led Session (2-3 hours)

- Administrative Colleagues
  - No e-learning modules

- Clinical Colleagues
  - One e-learning module (~ 30 minutes)

- Clinical Practitioner Colleagues
  - Two e-learning modules (~ 60 minutes)

- eLearning is intended for designated patient facing colleagues and their Supervisors

Cultural Competency
Military Service Flags, Banners Displayed in Lobbies
Standardized MilVet Program Marketing Materials
What have we experienced because of the MilVet program.

The Staff have a better appreciation for the veteran’s and their families.

The Veterans and families feel recognized.

Providers are more aware of the fact this population has risks for chronic illness.

The veteran staff are recognized and can connect with the veteran patients.

We have more open discussions with the VA system at all levels.
Questions?

Comments?
Oscar G Johnson Healthcare System

Community Outpatient Clinics

- Hancock
- Ironwood
- Marquette
- Sault Ste Marie
- Iron Mountain
- Manistique
- Rhinelander
- Menominee
- Gladstone

ChooseVA

U.S. Department of Veterans Affairs
Eligible individuals in suicidal crisis can go to any VA or any community health care facility for emergency health care and VA will pay for it. Including:

- Transportation costs
- Inpatient or crisis residential care for up to 30 days
- Outpatient care for up to 90 days, including social work.
Eligible individuals, regardless of VA enrollment status, are:

- Veterans discharged or released from active duty after more than 24 months of active service under conditions other than dishonorable.

- Former members of the armed forces, including reserve service members, who served more than 100 days under a combat exclusion or in support of a contingency operation and were discharged under conditions other than dishonorable.

- Former members of the armed forces who were the victim of Military Sexual Trauma.
Maintaining Internal Systems and Strengthening Integrated Outside Networks

- Streamlining and Improving Community Care
- Establishing a new Urgent Care Benefit
- Expanding Caregiver Eligibility
- Strengthening VA’s Workforce
- Strengthens VA’s Infrastructure
Eligibility criteria and final standards were based on VA’s analysis of best practices both in government and in the private sector and tailored to the needs of our Veteran patients.

The criteria include:

• Veterans must **receive approval from VA prior to obtaining** care from a community provider in most circumstances.

• Veterans must either be enrolled in VA health care and have used VA care or VA community care within the last 24 months.

• Eligibility for community care will continue to be dependent upon a Veteran’s individual health care needs or circumstances.

• VA staff members generally make all eligibility determinations.

• Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
6 Community Care eligibility criteria established by MISSION Act:

• Required care or services are not offered at the VA
• Care or services not provided within designated access standards
• Grandfathered eligibility from Veterans Choice Program
• Lack of full-service medical facility in a state, i.e., New Hampshire
• Care or services are non-compliant with VA’s standards for quality
• Best medical interest of the Veteran.

*Meeting any one of the six eligibility criteria is sufficient to be referred to a community provider—a Veteran does not have to meet all six of them to be eligible.
Urgent Care and Emergency Care

- [https://www.va.gov/find-locations](https://www.va.gov/find-locations)

- Visit local urgent care facilities – Non-life threatening

- Visit local emergency facilities – Life threatening
  - Please make sure you or your emergency provider contacts the national call center within 72 hours.
  - 1-(844) 724-7842 (844-72HRVHA)
  - [VHAEmergencyNotification@va.gov](mailto:VHAEmergencyNotification@va.gov)
Medical Center of Choice!

All Other care outside of Urgent Care and Emergency Care requires pre-authorization.

Scenario:

Veteran comes into your ER with a sprained knee. The provider stabilizes the Veteran, but wants the Veteran to follow up with orthopedics.

a. Make an internal referral to orthopedics, the VA will cover it.
b. Send a Request for Additional Services (VA form 10-10172).
Medical Center of Choice!

Referral questions call:

Iron Mountain  906-774-3300 ext. 34422
Battle Creek     269-223-5011
Saginaw         989-497-2500 ext. 12716
Ann Arbor       734-222-8936
Detroit         313-576-1000 ext. 63183

Billing questions call:

(877) 881-7618
Veteran Guidance and complaints call:

• Iron Mountain  (906) 774-3300 ext. 34400
• Battle Creek   (269) 223-5007
• Saginaw       (989) 497-2500 ext. 13012
• Ann Arbor     (734) 222-8936 ext. 27100
• Detroit       (313) 576-1000 ext. 64718