

# 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.



**I-REACH**  
*Improving Veterans Access  
to Healthcare*



# 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

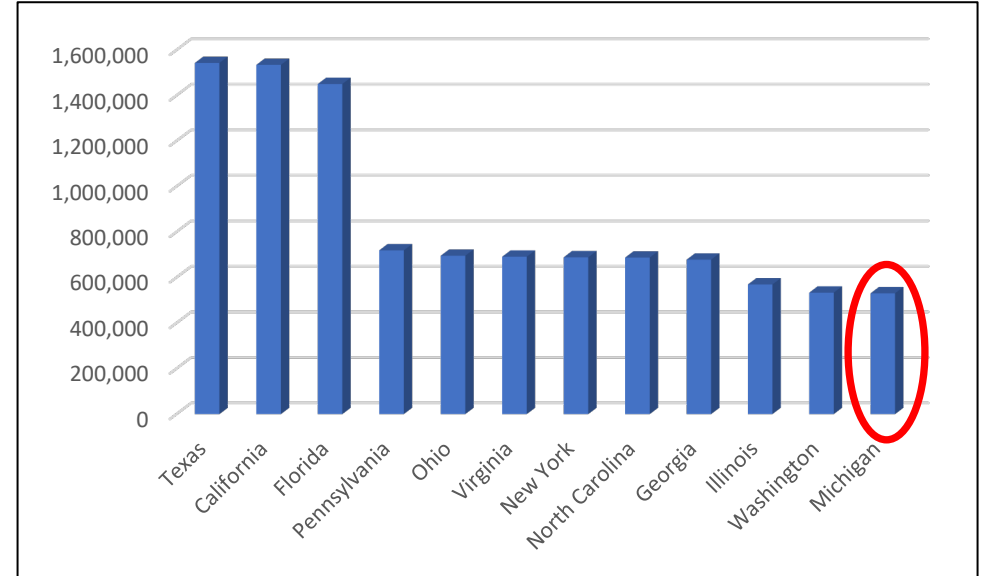
**9.7**  
million

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 12<sup>th</sup> 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.



# 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.,



# Screening during intake / 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



# Screening during intake / 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





# 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



# “Have You Served?” Screening during intake

## 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.



# Support / Sponsor and Join U.P. Together With Veterans

- ❖ 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)*

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# 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.



# 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...

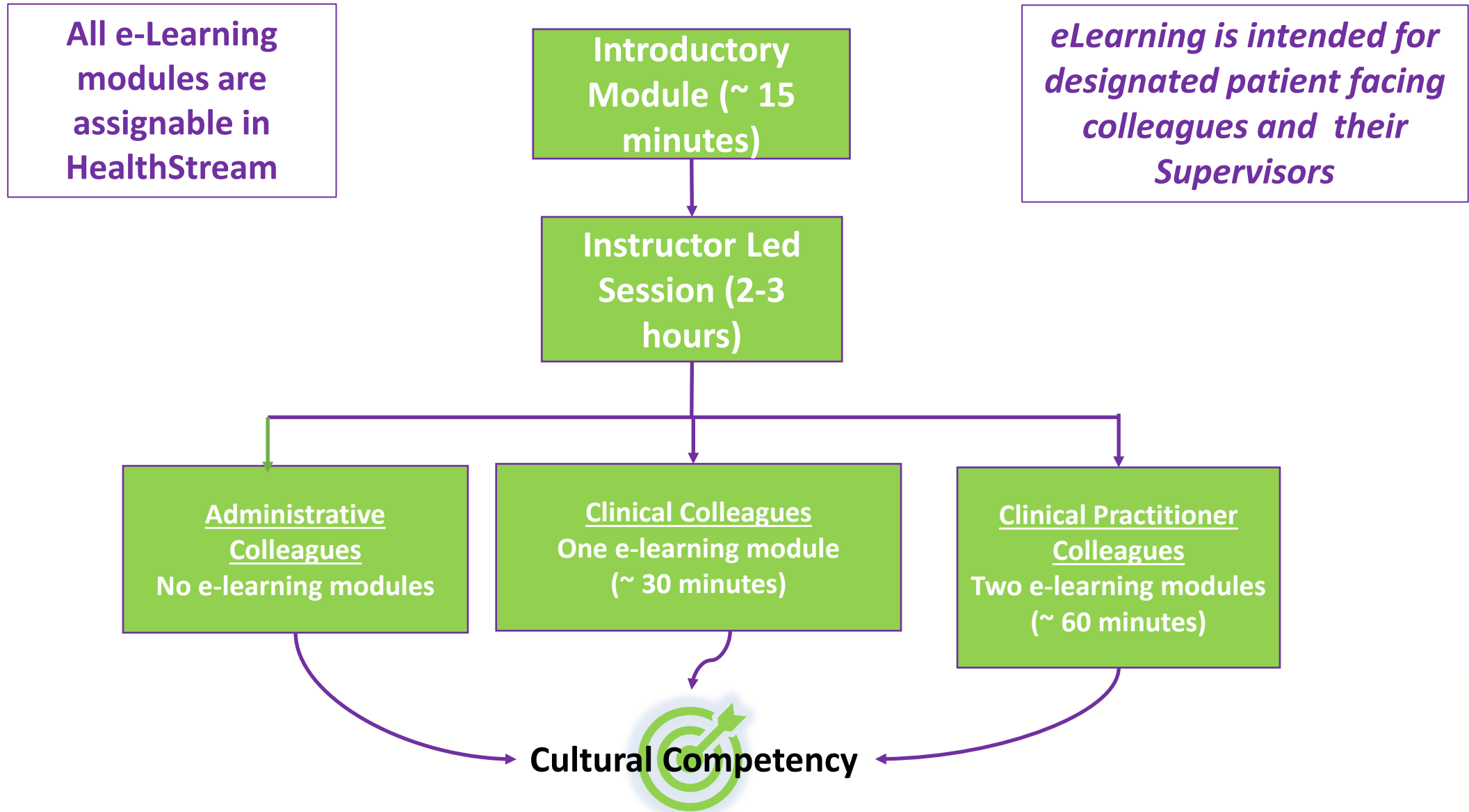
have increased the numbers of survivors, chronic conditions, and co-morbidities (multiple chronic conditions).

## FAMILIES ARE NOT SPARED

They too, are less healthy relative to the general population.



# MILVET CULTURAL COMPETENCY REQUIREMENTS



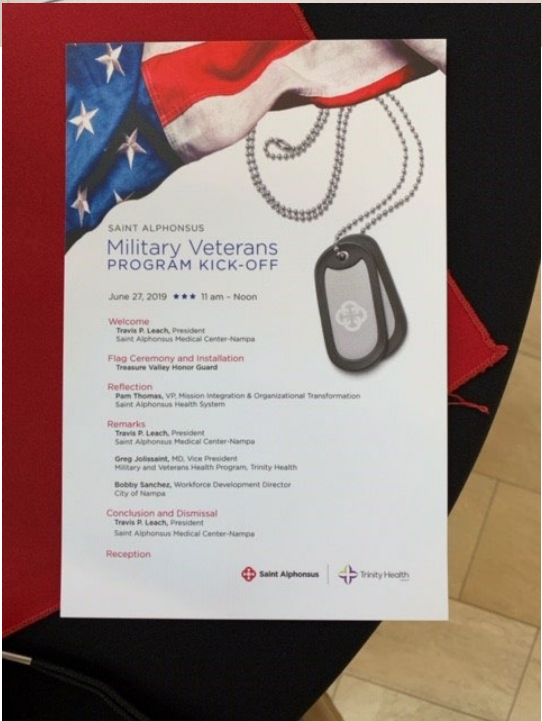


# Military Service Flags, Banners Displayed in Lobbies





# 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



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

# COMPACT Act

**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.**

**VA**



**U.S. Department  
of Veterans Affairs**



# COMPACT Act

**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 .**

**VA**



**U.S. Department  
of Veterans Affairs**

# **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**

## ***MISSION ACT***

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.

# ***MISSION ACT***

## **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>
- 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)
  - <https://EmergencyCareReporting.CommunityCare.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



Choose **VA**



Choose **VA**

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