



# I-REACH – RURAL VETERANS

*Improving Rural Enrollment, **A**ccess, and **H**ealth in Rural Veterans*

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# MICHIGAN CENTER FOR RURAL HEALTH



## **Vision & Mission:**

MCRH will be universally recognized as the center for expertise for rural health in Michigan through creative and visionary education, service, and research.

MCRH coordinates, plans, and advocates for improved health for Michigan's rural residents and communities.

## **Programs:**

- ❖ Critical Access Hospitals (CAHs)
- ❖ Rural Health Clinics (RHC)
- ❖ Emer. Medical Services (EMS)
- ❖ Workforce
- ❖ Population Health
- ❖ Northern MI Opioid Response Consortium (NMORC)
- ❖ I-REACH – Rural Veterans



# I-REACH

- ❖ Promotes screening for military service during intake
  - Ask, **“Have you, a family member, or anyone close to you ever served in the military?”**
- ❖ Encourages facilities and providers to join the VA Community Care Network, through Optum
- ❖ Coordinator for the U.P. Together With Veterans Program
- ❖ Promotes other agency programs



# 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%)

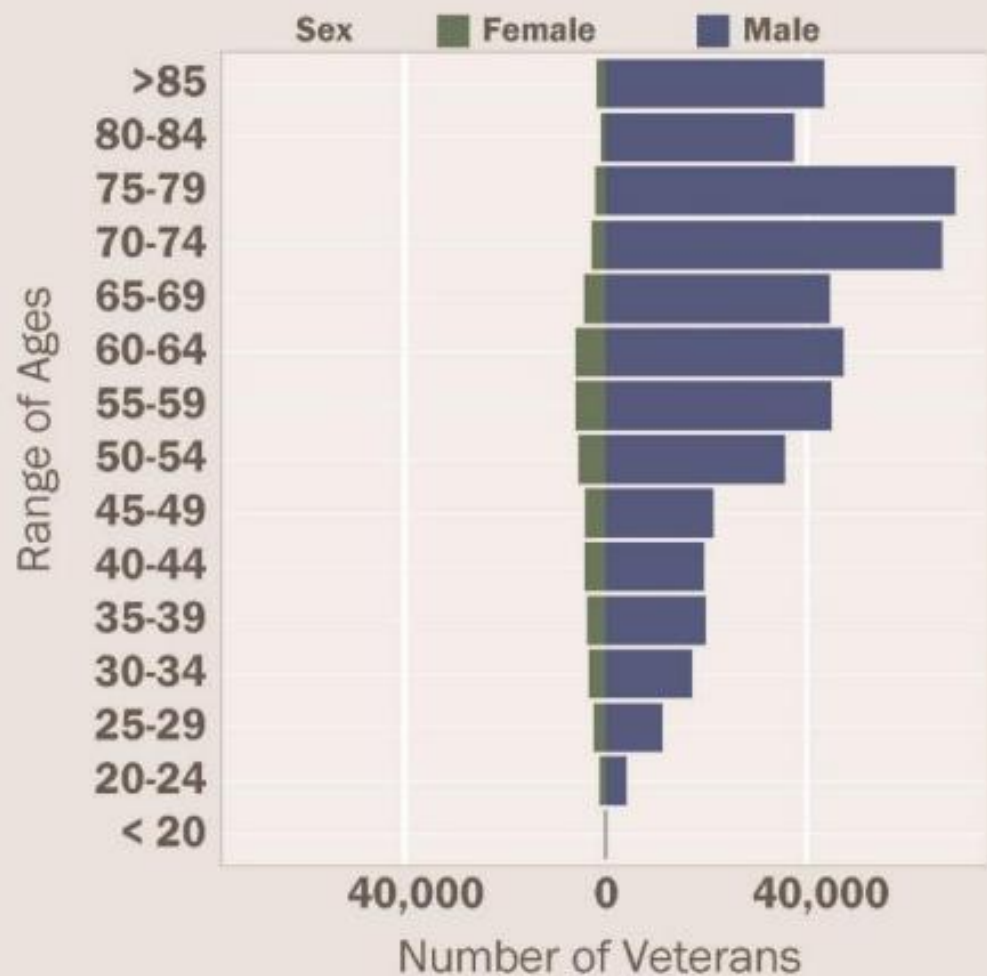


**I-REACH**  
*Improving Veterans Access  
to Healthcare*

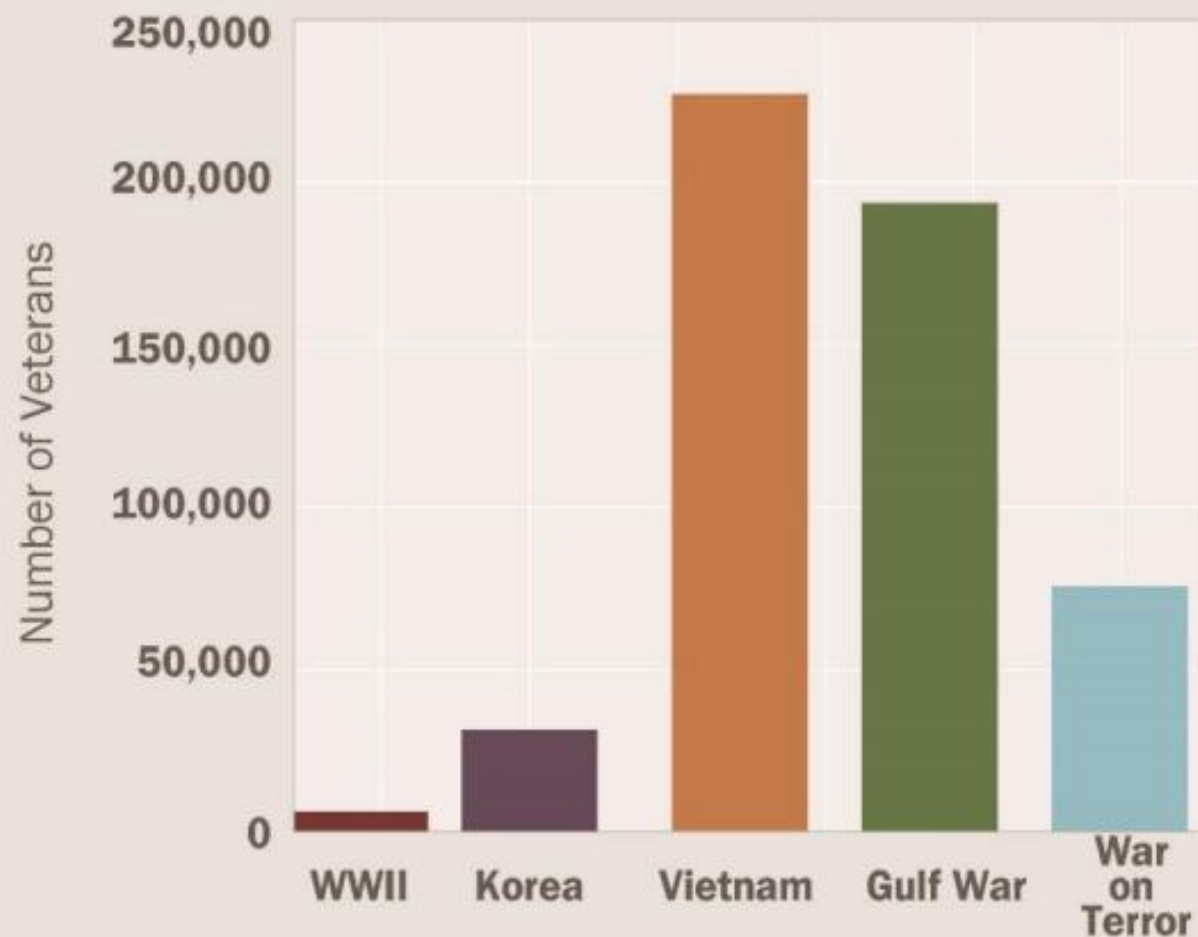
# MICHIGAN VETERANS AGE & ERA SERVED



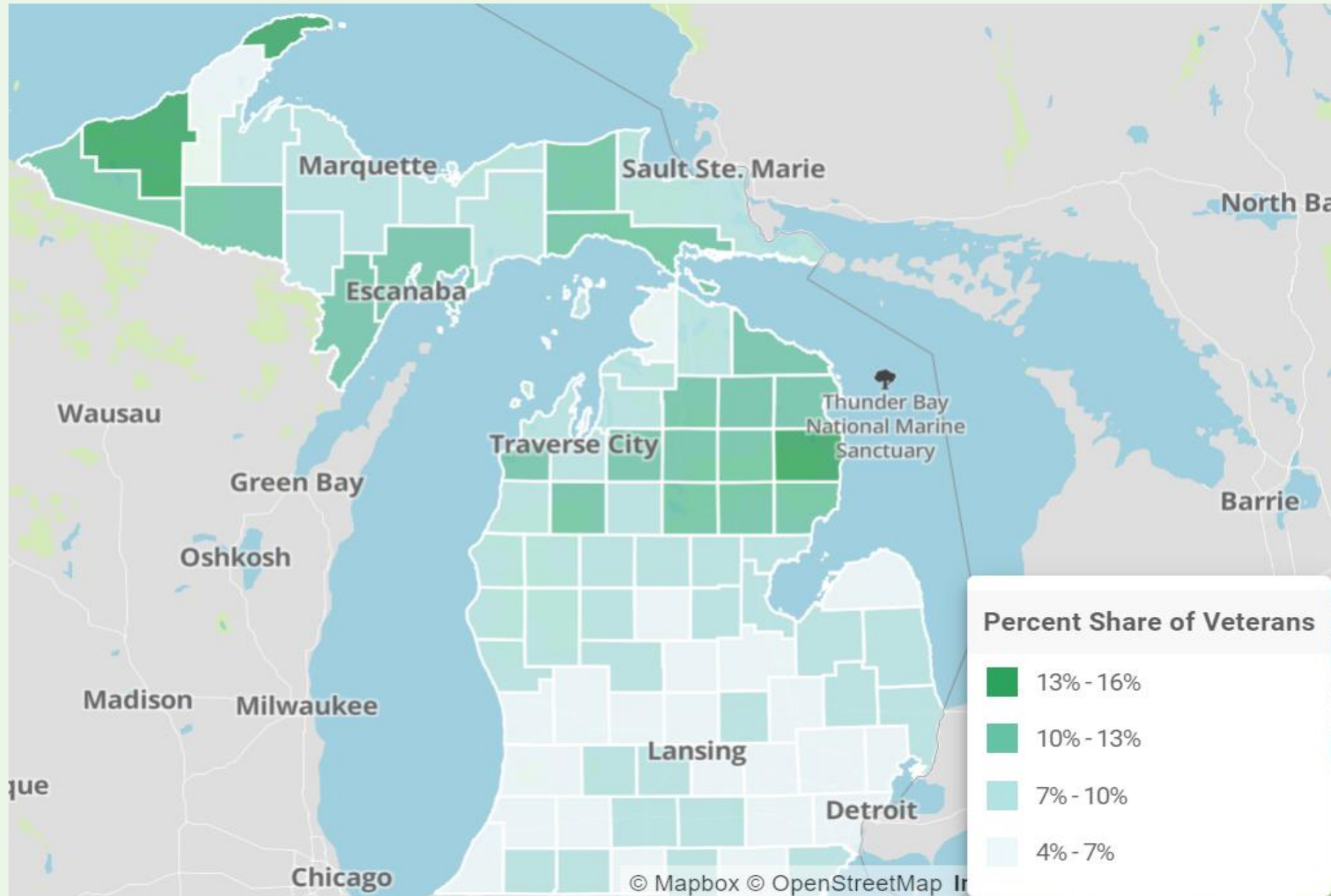
## Michigan Veteran Age Distribution by Sex



## Michigan Veterans by Conflict Service Period



# MICHIGAN RURAL VETERAN POPULATION



# 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.
- ❖ Facilities can recoup funds by billing the VA.
- ❖ Improves facility needs assessment efforts.
- ❖ Improves accuracy of patient characteristic report to UDS.

# 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.,



# 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)

Updated October 2022

# HOW TO ASK

**“Have you, a family member, or anyone close to you ever served in the military?”** is the 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

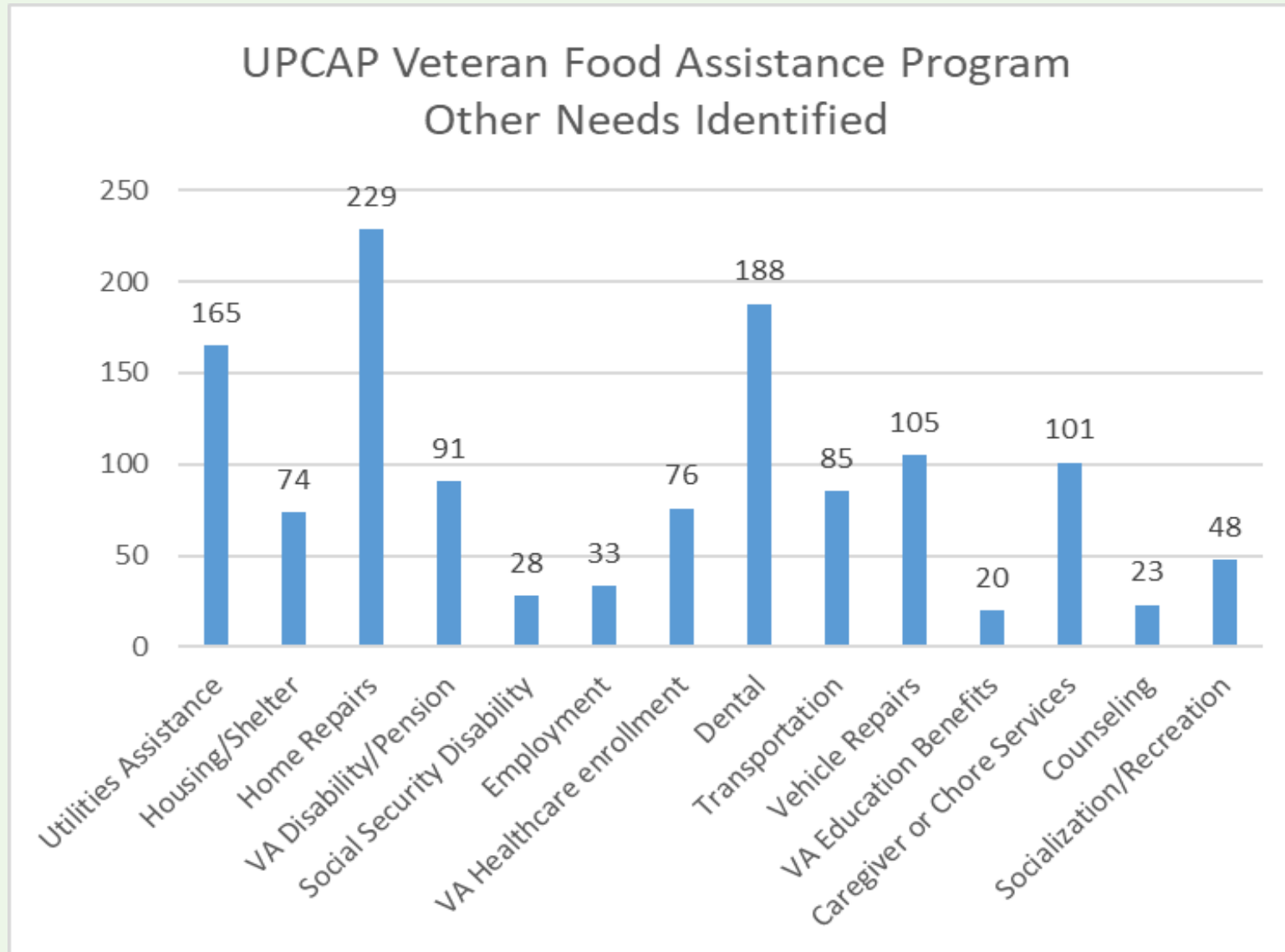
Facility	Reporting Year	Number of Veterans Identified
*FQHC Crescent Community Health Center, Dubuque IA	<b>2015</b>	<b>56</b>
	<b>2017</b>	<b>506</b>
	<b>2019</b>	<b>555</b>
CAH/RHC Baraga County Memorial Hospital, L'Anse MI	<b>2023</b>	<b>60</b>
	<b>2024</b>	<b>527</b>



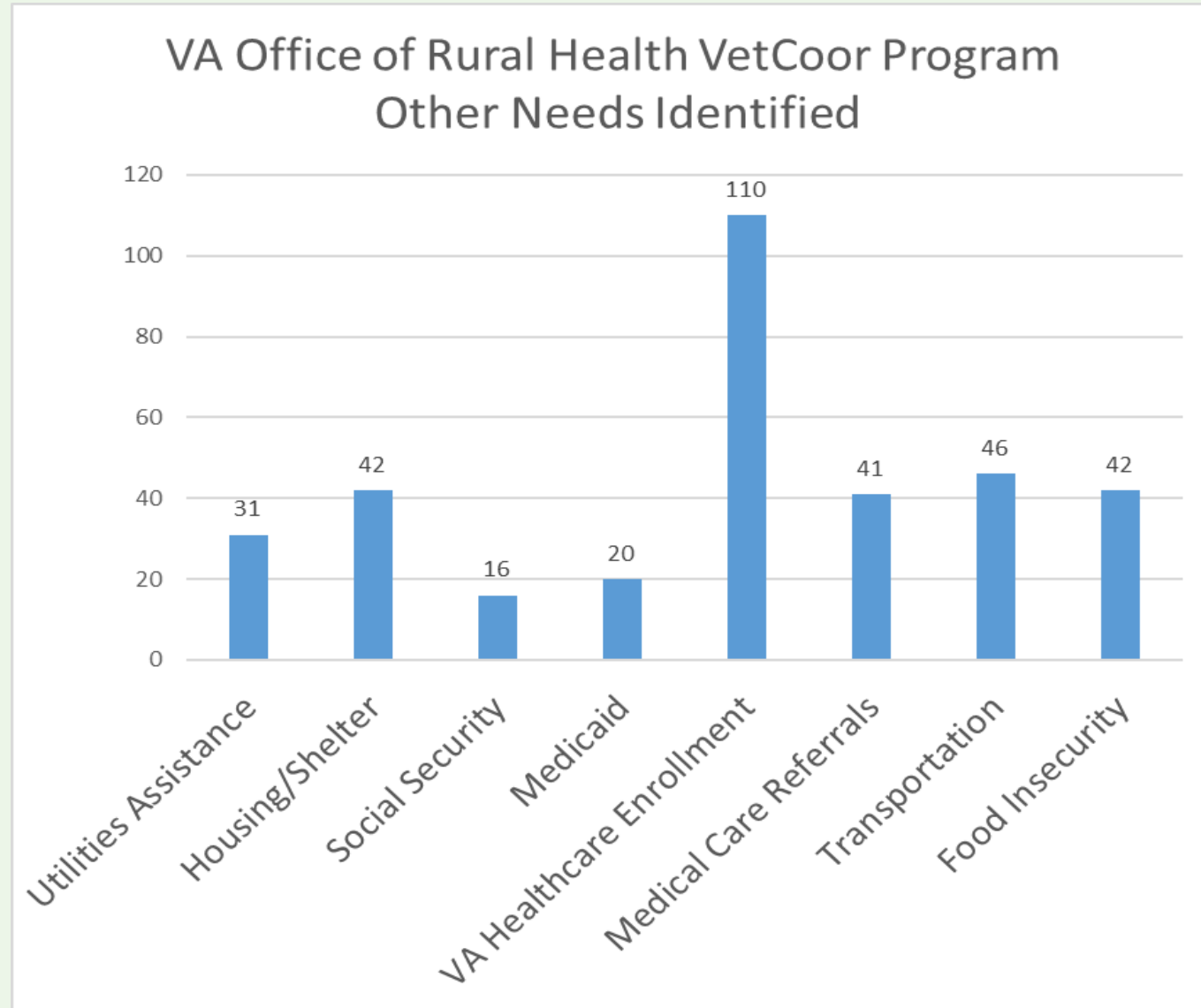
\*Howren MB, Kazmerzak D, Kemp RW, Boesen TJ, Capra G, Abrams TE. Identification of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center. J Community Health. 2020 Jun;45(3):465-468. doi: 10.1007/s10900-019-00761-3. PMID: 31620908.



# SCREENING



# SCREENING



\*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.



# 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.



# FAMILY MEMBER BENEFITS

## ❖ **VA Benefits for Veterans' Spouses, Dependents, and Survivors**

- Health Care
- Disability
- Education and Training
- Careers and Employment
- Life Insurance
- Housing Assistance
- Pension
- Burials and Memorials



# FAMILY MEMBER HEALTH CARE BENEFITS

❖ **CHAMPVA:** Civilian Health and Medical Program of the VA for eligible spouses, surviving spouses, and children of disabled or deceased disabled Veterans.

❖ **TRICARE:** Department of Defense (DOD) program for active-duty and retired military personnel, their families, and survivors.

Cannot be eligible for both

- Spina Bifida linked to Agent Orange, Children of Women Vietnam Veterans, Camp Lejeune Families, the VA Caregiver Support Program, Vet Centers, etc.



# WHEN SOMEONE ANSWERS, “YES, I SERVED.”

- At a minimum offer VA contact information
  - Preferably a ‘warm’ handoff 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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# BARRIERS



## ■ Enrollment Barriers

- Awareness
  - Unaware of programs, eligibility & benefits
- Stigma
- Hard to reach (low tech, remote areas, disengaged)
- Unselfishness
  
- Apathy / Indifference
- Enrollment process
- Lack of follow-on support

## ■ Breaching Barriers

- Outreach
  - Relevant materials
  - Informational events
- Remove with trust & advocacy
- Friends, family, providers, veteran & community groups
- Sufficient funding & helps others. Would they give up other earned benefits?
- Family benefits; backup for life changes
- Enrollment assistance, warm hand-offs
- Vet-to-vet peer support (mentor/battle buddy), providers, advocates





# WHY ENROLL, FILE A CLAIM

- **VA Health Care** enrollment is easy and free, and health care may be free as well.
- VA funding is partially based on enrollment numbers. Help others by enrolling.
- 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.

# HOW TO ENROLL, FILE A CLAIM



Find your County VA Office and Veteran Service Officers at [michigan.gov/mvaa](https://michigan.gov/mvaa) and select “Find a Veteran Service Officer”

Or scan this QR code:



Or dial 1-800-MICH-VET

# VA HEALTHCARE PRIORITY GROUPS



Based on medical condition, service experience, income.  
Each has different levels of benefits and copays.

Group 1: Service-connected disability rated 50% or more, or...

Group 2: Service-connected disability rated 30–40%.

Group 3: Service-connected disability rated 10–20%, or former POW,  
Purple Heart, or Medal of Honor.

Group 4: Catastrophically disabled, or receive aid & attendance or...

Group 5: Nonservice-connected conditions, or..., & income threshold.

Group 6: Eligible but not required to make co-payments.

Group 7: Income threshold...

Group 8: Lowest priority (sub-groups A–G)

Used to prioritize enrollment. Requirements can change yearly.

# PACT ACT OF 2022 AND MARCH 5, 2024, RELEASE



- ❖ A new law, and the most significant expansion and extension of Veteran benefits, eligibility, and care in more than 30 years.
- ❖ **As of March 5, 2024, millions more are eligible**
- ❖ Could benefit nearly all U.S. veterans and their families, including the over **530,000 Veterans in Michigan**.
- ❖ Over 1/3 receive care via VA Community Care Network
  - More in-network providers are needed (through Optum)
- ❖ Connect with your local VA Care in the Community personnel

# SUD RESOURCES



- **Walking with Warriors.** Find a MDHHS Veteran Navigator.

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth>

- **Veterans Health Administration (a.k.a. The VA).**

**To access these services, first apply for VA health care.**

<https://www.va.gov/health-care/health-needs-conditions/substance-use-problems/>

- **Make the Connection.** Search 800+ videos to find relatable stories.

<https://www.maketheconnection.net/>

- **PsychArmor.** Access 250+ military culture educational products.

- *Opioid Use: Prevention in the Military-Connected Community*
- *Substance Use Disorder in Military and Veteran Populations*

<https://psycharmor.org/>



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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