Rural Veterans Health Access Program

State of Alaska

Department of Health and Social Services
Division of Public Health

Section of Health Planning and Systems Development
Office of Rural Health

Presentation to SE Conference, Craig, Alaska, September 26, 2012
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Presentation Outline

• Overview of P.L. 112-74
• Overview of Goals of Alaska’s RVHAP
• Other parallel efforts and avoiding duplication
• Discussion of Preliminary System Gap Analysis
• Status of project
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P.L. 112-74

- Congressionally funded by P.L. 112-74 – Section 1820 (g)(6) of the Social Security Act through HRSA, ORHP, OAT
- Funding cycle: September 2, 2010 – August 30, 2013
- Three demonstration projects in the U.S.
  - Alaska
  - Montana
  - Virginia
- Focus on non-tribal CHC and CAH
Funds are to be used for the purchase and implementation of telehealth services, including pilot and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the VA.
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Goals of RVHAP

**Goal 1**: Implement demonstration project that provides access to and increases the delivery of quality mental health services and other health care services to Veterans and other residents in remote communities in SE AK.
Goals of RVHAP

How

• Development and deployment of a telehealth network
• Use of electronic health information exchanges
• In-person and on-line health provider training/distant learning
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Goals of RVHAP

Goal 1

Objective A: by 9-31-2013 increase access to behavioral health services for Veterans living in rural and remote communities of SE AK by enhancing existing TBH capabilities

Objective B: Rural pilot of the AeHN’s “Ax the Fax” campaign for BH services
Goals of RVHAP

Goal 1

Objective C: Increase quality of BH services provided to veterans by increasing knowledge among health providers about military culture, screening for VA status, PTSD, TBI and other health issues more common among veterans

Objective D: Establish on-line on-demand VA approved trainings for distance delivery education state-wide
Goals of RVHAP

Goal 1

Objective E: Outreach to primary care and BH providers and associations state-wide to provide information about the availability of on-line training tools aimed at improving delivery of health care to Veterans
**Goals of RVHAP**

**Goal 2a:** Increase the number of Veterans enrolled in VA benefits within demonstration area

**Objective A:** Develop a community information campaign in clinical and non-clinical settings to increase Veterans’ enrollment in VA services

**Objective B:** “Change Agent” training among BH providers
Goal 2b: Increase the number of non-tribal health care facilities in SE AK that are VA approved BH and/or medical care vendors

Objective A: Work with APCA, ASHNA, and the VA to provide necessary resources to encourage non-tribal health facilities to actively provide care to veterans as a VA vendor
Revised Goals of RVHAP & Current Status

Goal 3: I.D. where and how existing networks can be improved, expanded, or linked to increase access to services that meet the MH needs of rural Veterans living in SE AK
Revised Goals of RVHAP & Current Status

Goal 3:

Objective A: Conduct gap analysis

Objective B: Establish and Maintain Core Steering Committee

Objective C: Secure any necessary working agreement between members of Core Steering Team
Revised Goals of RVHAP & Current Status

Goal 4: Consult with the ASHNHA, APCA, CHC, and other stakeholders for the provision of services to veterans in concert with the VA.
Revised Goals of RVHAP & Current Status

Goal 4

Objective A: Development and execution of TBH system in demonstration area and upgrade equipment where needed to improve access and quality of care for Veterans
Other Parallel Efforts -- Avoiding Duplication

- MOA between the VA and the Alaska Tribal Health System*
- VA pilot telehealth project in Sitka with SEARHC telehealth coordinator, TVR trainings, VA vendorizing of the ATHS
- 13\textsuperscript{th} Work Group – VA collaborative group looking at rural health systems development
Avoiding Duplication

• 13 Work Group goals being implemented by the RVHAP
  – Improve care through telehealth technology
  – Enhance access by developing and implementing new models of care using new technologies
  – Increase capability and improve quality through training and workforce development
System Gap Analysis

• Develop mind map of current telehealth players

• System Gap Analysis focus:
  ✓ Health care facilities in SE AK
  ✓ VA Approved Vendor (Vendorized)
  ✓ Gaps in Telebehavioral health networks
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Preliminary Finding of System Gap Analysis of Current Telebehavioral Health Networks in Southeast Alaska

Notes: Currently, connectivity is being discussed as part of the System Gap Analysis.

SEARHC Dept. Behavioral Health – connectivity is through AT&T and they can use AFHCP bridge lines. Home telebehavioral health services not used and Alaska Federal Health Care Partnership provides tethers (home health monitoring devices) for homes.

Wrangell connectivity is through GCI, connectivity in catchment area possible, need T1 lines and equipment. Schools in all communities on Prince of Wales Island have AT&T broadband services. Project manager is currently in discussion with SEARHC and communication companies about upgrades and connectivity capabilities in N. Prince of Wales, Gustavus, Yakutat, Kasaan and other remote communities where BH services are provided, but lack T1 technology.

Ketchikan: Ketchikan General Hospital managed by Peace Health, Primary Care/Psychiatric Care Communities: Ketchikan and Craig
Ketchikan Indian Corp.
TBI Equipment: Preble – other Peace Health clinics

SEARHC TBI working (AT&T)

Hoonah-SEARHC TBI working (AT&T)

Juneau-SEARHC TBI working for tribal beneies (AT&T) assessments only

VA outpatient clinic (no TBI)

Juneau Alliance for MH, Inc. (no TBI) screening regional hospitals/mental health recovery

Skagway - SEARHC Equipment no T1 line

Klawkaw - SEARHC TBI working (AT&T)

Haines-SEARHC TBI working (AT&T)

Angoon and KakeSEARHC TBI working (AT&T) Turtles (AFHCP)

Petersburg-SEARHC TBI working for tribal beneies (AT&T), TBI services limited for non-tribal benees, receive BH services through AICS based in Wrangell

Coffman Cove: primary care Peace Health via Craig Clinic BHS: AICS in Wrangell

Kasaan – SEARHC Possible TBI expansion site, no T1, no equipment

Metlakatla – Turtles (AFHCP)

N. PoW and Gustavus currently receive BH services from AICS – currently no TBI equipment or services
System Gap Analysis

• Assessment of connectivity and equipment costs
• Determine most cost effective type of equipment given:
  • technology
  • Infrastructure
  • connectivity capabilities
## Equipment Costs and Technology

<table>
<thead>
<tr>
<th>Connection and Equipment Costs to set up a TBH network in AICS Catchment Area</th>
<th>Point 2</th>
<th>Point 2</th>
<th>Internet / computer</th>
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<td>T1 connection onetime expense</td>
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<td>Monthly fee for T1 connection without subsidy from RHC Universal Services funding ($8,000 + 150 internet access x 12 months)</td>
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Work Plan

• Conduct planning meeting with the VA, Alaska Area Health Education Center (AHEC), DBH, DMVA and CHC/CAH about provider trainings relating to Vendorizing

• Develop linkages and scope of work agreements with DBH and Alaska Area Health Education Center (AHEC), and pilot site
Current Status of Project

- Core Steering Team
- Secured internal collaboration with SOA DMVA, HIT, DBH, external with pilot site
- System development for online training/educational system for health providers
- Community assessments of NPOW to prioritize pilot communities
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Current Status of Project

• Connectivity testing for TBH network
• Information campaign to increase enrollment in VA benefits
  – drinking establishments
  – homeless shelters
  – substance abuse clinics
  – grocery stores
  – boat harbors...
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