

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



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Rural Veterans Health Access Program

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



Rural Veterans Health Access Program

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



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P.L. 112-74

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



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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



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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



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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



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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



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Goals of RVHAP

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



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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



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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



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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.



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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



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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
- 13th Work Group – VA collaborative group looking at rural health systems development



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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



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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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DRAFT Telehealth Players in Alaska
by non-Federal and Federal Systems of Care

Non-Federal Health Care System

State of Alaska
DHSS
DPH

ORH - RVHAP

DBH
ARAIMS
Data base

PHN

SOA
DMVA

DBH-API
Tele-BH

SOA HIT

SOA
ABADA/
AMHB

SOA
Medicaid
HIT
Plan (SMHP)

SOA Medicaid
MMIS → AMH
E

AeHN
(by membership)

AREC: assist
selection,
implementation,
updates (ARRA
funds), TA to
MMC HER
Incentive
program

AKMHT

Non-Federal/State
clinics

CMHC

Some CMHC are
tribal and have
AFHCAN carts

CHC

21 orgs, 142 sites.
Some CHC are tribal &
have AFGHAN carts
some are FGHC & do
Not have BHT

CAH

Some CAH are tribal
and have AFHCAN
Carts

Providence
EPIC

Kodiak

Seward

Valdez

Other
independent
clinics in
Alaska

ASHPIN

ARTN
Membership-
small hosp/
clinics

APCA
(membership CHC
Board-HER)

ACHIN

WAN

FCC Bridge Lines
throughout Alaska

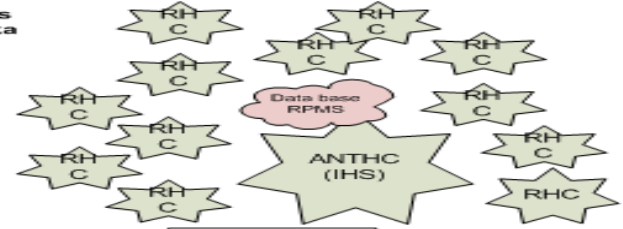
AFHCAN

GCI
Connect
M.D.

ACS

ATT&T

Federal Health Care System



AFHCAN
248 sites & 21
PHN cards -
patient ed

AFHCP
Home telehealth,
Virtual clinical
teleconferencing,
telehealth
brokerage

Federal
Communication
Commission (FCC)
Filled by ANTHC
on behalf of AeHN

Health Info
Security and
Privacy
Collaboration
(HISPC)

VA
FRBX

Vista
VA
Anchorage

VA
Kenai

VA
Juneau

TriCare

TriWest

Eielson AF

Richardson
Army

Elmendorf

DOD
DOD data
base?

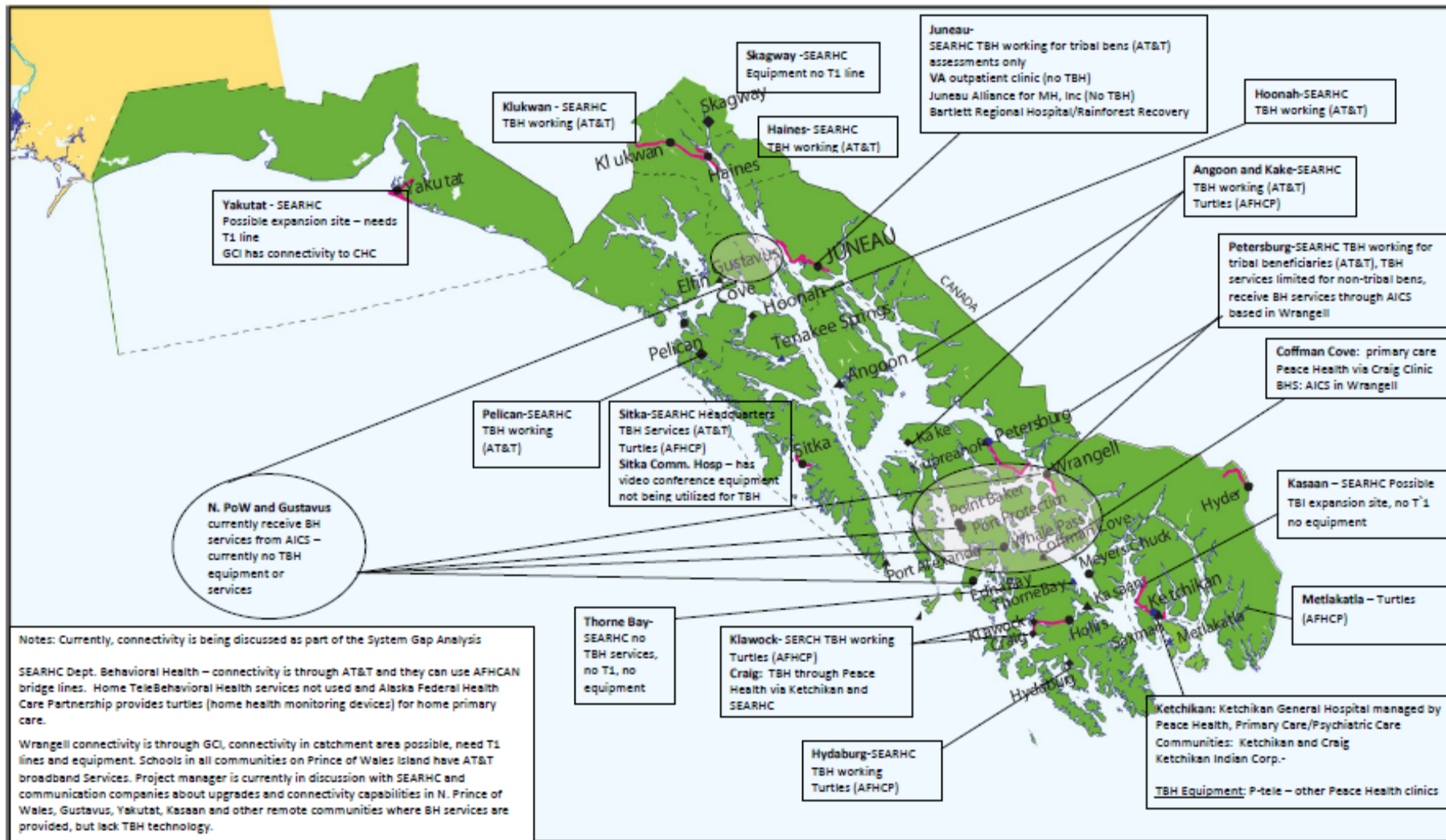
Greeley

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Preliminary Finding of System Gap Analysis of Current Telebehavioral Health Networks in Southeast Alaska



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System Gap Analysis

- Assessment of connectivity and equipment costs
- Determine most cost effective type of equipment given:
 - technology
 - Infrastructure
 - connectivity capabilities



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Equipment Costs and Technology

Connection and Equipment Costs to set up a TBH network in AICS Catchment Area	Point 2 Point	Point 2 Point	Internet / computer	Internet / computer
T1 connection onetime expense	\$1,000	\$1,000	\$1,000	\$1,000
Monthly fee for T1 connection without subsidy from RHC Universal Services funding (\$8,000 + 150 internet access x12 months)	\$97,800		\$97,800	
Monthly fee for T1 connection with subsidy from RHC Universal Services Funding (\$300 +\$150 internet access x 12 months)		\$5,400		\$5,400
Estimated equipment costs	\$20,000	\$20,000	\$2,300	\$2,300
Total	\$118,800	\$26,400	\$101,100	\$8,700

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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



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Current Status of Project

- Core Steering Team
- Secured internal collaboration with SOA DMVA , HIT, DBH, external with pilot site
- System development for on-line 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...



The background of the image is a close-up, slightly blurred view of the American flag, showing the stars and stripes in a wavy pattern. The colors are vibrant, with a deep blue field of stars and bright red and white stripes.

Thank You

*for serving our country &
protecting our freedoms!*