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

NOSORH Leadership Institute, October 2013
Tracy Speier, MPA, Health and Social Service Planner II, RVHAP Director
Presentation Outline

• Reality and Alaska
• Other Parallel Efforts Avoiding duplication
• Overview of P.L. 112-74
• Goals of Alaska RVHAP
• Preliminary System Gap Analysis
• Overview of Revised Goals of Alaska’s RVHAP and status of project
RURALITY OF ALASKA
At 591,000 square miles, Alaska is as wide as the lower 48 states and larger than Texas, California, and Montana combined.
Enormous spaces, sparsely populated

Geographically Vast

• 570,640 square miles of land represents 16.2% of all U.S. land area.
• 6,640 miles of coastline, more than 50% of the entire U.S.
• More than twice as large as the next largest, Texas.
• Not only is Mt. McKinley the highest mountain in North America, but Alaska has 15 other peaks higher than any in the continental U.S.
Disperse Population

- Population of 731,449, less than 0.25% of the United States total population (2012 Census).
- Lowest population density of all states
  - 1.2 residents per square mile
  - The next closest is Wyoming with 5.85
  - The U.S. average is 87.4
Rurality of Alaska

Transportation Challenges

- Juneau is the only state capital not accessible by the road system.
- There are more than 139 communities in Alaska that are isolated from the public road system.
- Transporting people/patients is often limited to weather conditions.
- Accessing some bush locations is limited to boat or float plane only.

Cost of Living

- Energy costs are 40-50%+ higher than the national average, 125%+ higher than the least expensive state, Idaho.
- Energy costs in several rural communities can be 9 times national average.
Alaska is Urban, Rural and Frontier or ‘Bush’

- Alaska has Urban, Rural and Bush locations
- Central Anchorage, Fairbanks, and Juneau are our "urban" markets
- Rural communities are non-urban but typically connected by a road or other infrastructure, such as fiber optic cable
- Examples: Kenai, Delta Junction, Sitka, and Kodiak
- Bush is defined as geographically and infrastructure isolated from the rest of Alaska and the world – spread out over more than 1,000 miles
- Most of these communities cannot be accessed by road
- Most of these communities are off the power grid
- Most of these communities have satellite, or possibly microwave communications links
- Bush community populations range from less than 50 to about 1,000
- All but one of the locations in the Alaska Rural Veterans Telehealth Project are Bush communities
## Rurality of Alaska

### Sample 50 Bush communities in Alaska

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## Rural Veterans Health Access Program

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<td><strong>77,482</strong></td>
<td><strong>77,440</strong></td>
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Overview

- Funded by P.L. 112-74 – Section 1820 (g)(6) of the Social Security Act

“Grant funds to be used for the purchase and implementation of telehealth services, including pilot and demonstrations…”
Rural Veterans Health Access Program

Funded through HRSA, ORHP, Office of the Advancement of Telemedicine (OAT)

• Three demonstration projects:
  - Alaska
  - Montana
  - Virginia

• Funding Cycle:
  - Sep 1, 2010 – Aug 31, 2013
Other Parallel Efforts and Avoiding Duplication

- Tribal Sharing Agreement between the Alaska VA Health System and the Alaska Tribal Health System (federal to federal relationship)

- VA Pilot TH project for PTSD in Sitka with SEARHC, the regional Tribal Health Corporation serving SE Alaska

- Tribal Veteran Representative trainings (TVR)
Rural Veteran Health Access Program

RVHAP Goals

Goal 1: Implement a TH demonstration project in the non-Tribal health care system that increases access to quality mental health services and other health care services to Veterans in rural and remote communities

- Develop and deploy pilot telehealth network where none previously existed
- Identify where and how existing networks can be improved, expanded, or linked to increase access to services that meet the MH needs of rural Veterans and other rural residents
Goal 2

Increase quality of care to veterans by increasing knowledge among community-based health providers about: military culture, PTSD, TBI, and other health issues common among veterans

- In-person and on-line health provider training/distant learning
- Establish on-line on-demand VA approved trainings for distance delivery and continuing education for providers state-wide
Goal 3

Increase the number of non-tribal health care facilities that are VA approved Vendors and can provide care on a fee for service bases.

- How to do business with the VA training for non-tribal CHC, CAH, CMHC state-wide
Goal 4
Increase the number of Veterans enrolled in VA benefits within demonstration area

- Develop a community information campaign in clinical and non-clinical settings to encourage Veterans to enroll in VA benefits
- Collaborate with VA staff to train BH providers to screen for military and veterans status
Alaska’s Rural Veterans Health Access Program Implementation Goal 1
Goal 1 Implementation

• Develop ‘mind map’ of current telehealth players in Alaska and how the systems work together (or not)

• System Gap Analysis
  – current health care facilities in rural and remote areas SE Alaska
  – Focus of System Gap Analysis
    ◦ Type of facility (Tribal, CHC, CAH, CMHC, PHN)
    ◦ Gaps in Telebehavioral health networks
Telehealth Players in Alaska by Federal and non-Federal Health Care Systems

**Non-Federal Health Care System**

- State of Alaska: Rural Veterans Health Access program, Dept of BH including the Alaska Psychiatric Inst, Health Information Technology, Department of Military and Veterans Affairs, Advisory Board on Alcoholism and Drug Abuse/Mental Health Board, Public Health Nursing, Alaska Mental Health Trust (Very Limited TH Networks between non-federal systems)

**State of AK DOC**
- DJJ (Follow-up)
- QCS Assessments/CM
- EMS-HIE

**State of AK DHSS TH/HE pilots and Plan Project**
- ORH (Tele-BH)
- PHN (Tele-BH)
- Public Health
- Lab
- MCFH/WIC Assessments
- EPI (Disease Reporting)

**State of AK Medicaid**
- HIT Plan (SMHP)
- SOA Medicaid HIT Plan for non-Federal members

**Non-Federal Hospitals/clinics**
- CMHC
  - Some CMHC are tribal and have AFHCAN carts
- ACHIN
- AHEC
- CAH
  - Some CAH are tribal and have AFHCAN carts

**Federal Health Care System**

- The Department of Defense, The VA, the Alaska Tribal Health System, AFPHAN, AFHCP, Denali Commission, (Excellent TH Network with ATSH, building network with VA and ATHS, no network with DOD and VA)

**Alaska Tribal Health System**
- TH system completely in place at all hub and village clinics within ATSH, now Sharing Agreements with VA
- Data base
- PHN cards - patient ed.
- Federal Communication Commission (FCC) filled by ATSH, on behalf of AehIN on behalf of HealthInfo Security and Privacy Collaboration (HISPC)

**Alaska Veterans Health System**
- Has TH with other VAHS and home care in urban areas, but not with non-tribal vendors
- Mail
- TriCare Payer
- Other independent private non-profit stand alone clinics in Alaska
- Peace Health (SE AK only)
- Kodiak
- Seward

**Alaska Military Health System**
- TH within DOD only
- (new contract payer)
- Eielson AF
- Richardson Army
- Elmendorf
- Weinwright

Tracy Speier, State of Alaska, DHSS, DPH, ORH
Beneficiaries and employees of organizations belonging to the Federal Health Care Partnership can access care from the Alaska Native Health Care System.

The Alaska Tribal Sharing Agreement allows Native and qualified VA enrolled non-Native veterans to access care in the Alaska Native Health Care System.

VA enrolled Alaska Natives can access care at a tribal facility without preauthorization for care and reimbursement is at an encounter rate.

VA enrolled Non-Native veterans seeking care at a tribal facility need preauthorization of care and reimbursement is at a Congressional formula rate.
Number of Active Duty Service Members that have deployed to OIF/OEF since 9/11/2001

Alaska
Number of Service Members

- 0
- 1-10
- 11-50
- 51-150
- 151-300
- >300

- VA Medical Center
- Community Based Outpatient Clinic (CBOC)
- Outpatient Clinic (OPC)
- Vet Center

Source: Defense Manpower Data Center, as of 3/31/11
Rural Veterans Health Access Program
System Gap Analysis (continued)

• Identify existing TH networks and gaps
• Assessment of connectivity and equipment costs
  • Additional ‘build ups’ were required in five of the most remote communities so that connectivity could be possible costing several hundred thousand dollars of in-kind services from private sector communication companies.
  • Determine type of equipment that would be most cost effective given technological capabilities
Preliminary finding of System gap analysis of current Telebehavioral health networks in Southeast Alaska April 2013

Notes:
- Federal system: SEARHC DBH – connectivity is through AT&T and they can use AFHCAN bridge lines. Home-based TBH services not used except for VA, but very limited; AFHCAN provides turtles for home primary care monitoring.
- Non-federal – Alaska island Community Services has connectivity, connectivity in catchment area limited. RVHAP pilot sites to get connectivity and equipment: Gustavus, Coffman Cove, Naukati.
- JAMHI – New partner of the RVHAP three communities to receive connectivity and equipment: Juneau, Teenage Springs, Efin Cove.
- SEARHC TBH working (AT&T)
- Skagway - SEARHC TBH working (AT&T)
- Juneau - SEARHC TBH working for tribal bens (AT&T), assessments only; Juneau Alliance for MH, Inc. (new RVHAP partner)
- Hoonah - SEARHC TBH working (AT&T)
- Klawock - SEARHC TBH working (AT&T)
- Petersburg - SEARHC TBH working (AT&T), no TBH service for non-tribal bens
- Petersburg - SEARHC TBH working (AT&T)
- Petersburg - SEARHC TBH working for tribal beneficiaries (AT&T), no TBH service for non-tribal bens
- Sitka - SEARHC Headquarters TBH Services (AT&T), Turtles (AFHCAN), Sitka Hospital has VTC not being utilized for TBH
- Ketchikan - Ketchikan General Hospital managed by Peace Health Primary Care/Psychiatric Care Communities; Craig; TBH Equipment only with other Peace Health clinics
- Hydaburg - SEARHC TBH working (AT&T)
- Angoon and Kake - SEARHC TBH working (AT&T)
- Turtles (AFHCAN)
- Petersburg - SEARHC TBH working (AT&T)
- Petersburg - SEARHC TBH working for tribal beneficiaries (AT&T), no TBH service for non-tribal bens
- Coffman Cove - primary care Peace Health via Craig Clinic BHS; AICS in
- Metlakatla - Turtles (AFHCAN)
- Kasaan - SEARHC
- Pelican - SEARHC TBH working (AT&T)
- AICS - Pilot sites for the RVHAP Pow and Gustavus: Connectivity to: Gustavus, Coffman Cove, Naukati – currently no TBH equipment or services to catchment area.
- JAMHI, second non-tribal MH clinic to partner with RVHAP: communities to get connectivity and equipment: Juneau, Efin Cove, Tenakee Springs

Tracy Speier, State of Alaska, Project Manager- Rural Veterans Health Access Program
Gustavus, Alaska

Location: Hoonah Angoon County
Population: 2000 – 426
2010 – 442

Per Capita Income

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<th>Location</th>
<th>Per Capita Income</th>
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<tr>
<td>Alaska</td>
<td>30,726 USD</td>
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<tr>
<td>U.S.</td>
<td>27,334 USD</td>
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Based on 2006-2010 data
Naukati, Alaska

Location: Prince of Wales Island
Population: 2000 – 135
2010 – 113

Per Capita Income

- Naukati Bay, AK: $45,213 USD
- Alaska: $30,726 USD
- U.S.: $27,334 USD

Based on 2006-2010 data
Coffman Cove, Alaska

Location: Prince of Wales Island
2010 – 178

Per Capita Income

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<tr>
<th>Location</th>
<th>Per Capita Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffman Cove, AK</td>
<td>$22,943 USD</td>
</tr>
<tr>
<td>Alaska</td>
<td>$30,726 USD</td>
</tr>
<tr>
<td>U.S.</td>
<td>$27,334 USD</td>
</tr>
</tbody>
</table>

Based on 2006-2010 data
Elfin cove, Alaska

Location: Chichagof Island
Population: 2000 – 32
2010 – 20

Per Capita Income

Elfin Cove, AK  19,178 USD
Alaska         30,726 USD
U.S.           27,334 USD

Based on 2006-2010 data
Rural Veterans Health Access Program

Wrangell, Alaska

Location: Wrangell Island
Population: 2000 – 2,454
2010 – 2,371

Per Capita Income

Wrangell, AK: 28,731 USD
Alaska: 30,726 USD
U.S.: 27,334 USD
Juneau, Alaska (State Capital)

Location: Gastineau Channel
Population: 2000 – 30,480
2010 – 31,418

2nd largest city in U.S. based geographical area

Juneau
Per Capita Income

Juneau, AK 34,923 USD
Alaska 30,726 USD
U.S. 27,334 USD
Tenakee Springs, Alaska

Location: Chichagof Island
Population: 2000 – 104
2010 – 131

Per Capita Income

<table>
<thead>
<tr>
<th>Location</th>
<th>Per Capita Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenakee Springs, AK</td>
<td>$28,145 USD</td>
</tr>
<tr>
<td>Alaska</td>
<td>$30,726 USD</td>
</tr>
<tr>
<td>U.S.</td>
<td>$27,334 USD</td>
</tr>
</tbody>
</table>

Based on 2006-2010 data
### Equipment Costs and Technology

<table>
<thead>
<tr>
<th>Connection and Equipment Costs to set up a TBH network in AICS Catchment Area (Wrangell, Gustavus, Coffman Cove, Naukati)</th>
<th>Point 2 Point</th>
<th>Point 2 Point</th>
<th>Internet /computer</th>
<th>Internet /computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 connection one time expense</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Monthly fee for T1 connection without subsidy from RHC Universal Services funding ($8,000 + 150 internet access x 12 months)</td>
<td></td>
<td>$97,800</td>
<td></td>
<td>$97,800</td>
</tr>
<tr>
<td>Monthly fee for T1 connection with subsidy from RHC Universal Services Funding ($300 + 150 internet access x 12 months)</td>
<td></td>
<td>$5,400</td>
<td></td>
<td>$5,400</td>
</tr>
<tr>
<td>Estimated equipment costs</td>
<td>$44,170</td>
<td>$44,170</td>
<td>$2,300</td>
<td>$2,300</td>
</tr>
<tr>
<td>Total</td>
<td>$142,970</td>
<td>$50,570</td>
<td>$101,100</td>
<td>$8,700</td>
</tr>
</tbody>
</table>
Rural Veterans Health Access Program

• Establish collaborative working relationship between the VA Health System, the RVHAP and the primary pilot site

• Development of MOU between VA and Primary non-tribal CHC/CMHC pilot site to work toward developing a pilot TH network

• Development of MOU between the primary and secondary (CMHC) pilot site to establish a collaborative working relationship among community-based non-tribal clinics in SE Alaska.
Alaska’s
Rural Veterans Health Access Program
Implementation
Goals 2 & 3
Rural Veterans Health Access Program

Trainings:
Community-based Providers and Health Care Administrators

- General overview training for Community Based Providers
- One intensive evidence-based VA approved PTSD training in Prolonged Exposure Treatment
- How to Do Business with the VA for CAH, CMHC, and CMHC CEO and CFOs
Provider Trainings

• Community-based providers trained on military culture, PTSD, TBI, MST, and suicide prevention

• Training provided in Alaska’s only 3 urban communities: Anchorage, Juneau, Fairbanks

• How to do business with the VA for non-tribal CAH, CHC, CMHC

  • 10 new non-tribal rural clinics become vendors of the VA as a result of the RVHAP
“Thank you for sharing your knowledge. Reminding me what life is like for active vets is a helpful reminder when working with clients and/or families (or also Vets who are returning home).”

“Excellent speakers and topics. Learned things that I didn’t know even though I have a lot of military knowledge.”

Demographics:
- 33% from rural communities
- 12% from Tribal sites
- 46% work in Behavioral Health Fields
- 20% work in Medical Fields
How to Do Business with the VA Training

- Offered to all non-tribal CAH, CHC, and CMHC state-wide
- ½ a day training held in Anchorage for CEOs and/or CFOs
- VA non-tribal vendor guidebook
- Enrollment, pre-authorizations, and billing
- Increased collaboration between the VA and community-based clinics
- Facilitated additional non-tribal and non-VA clinics to become vendors of the VA
Alaska’s
Rural Veterans Health Access Program
Implementation
Goal 4
Rural Veterans Health Access Program

• Door hanger with VA benefit enrollment information for clinic providers to hang on their door for reference when working with veterans

• Posters with tear off information cards distributed to:
  • AMVETS, VFW
  • substance abuse clinics
  • grocery stores
  • MH clinics
  • Boat Harbors
  • Tribal village council offices
  • Village post offices
Benefits and Resources are Available to Alaska

VETERANS

Disability compensation • Healthcare • Counseling •
Mental health services • Pension benefits • Burial benefits •
Vision and dental treatment •

Apply for your benefits!
Toll Free 1.888.248.3682 • www.vba.va.gov
Benefits and Resources are Available to Alaska VETERANS

- Disability compensation
- Healthcare
- Counseling
- Mental health services
- Pension benefits
- Burial benefits
- Vision and dental treatment

Apply for your benefits!
Toll Free 1.888.248.3682 • www.vba.va.gov
VETERANS: Apply for your VA benefits

For information about all benefits, call toll free:
1-800-827-1000

Apply for health benefits

- Online: www.1010ez.med.va.gov
- Fax 1010ez and DD 214 forms to: 907-257-6784
Important phone numbers for veterans

Toll Free Number Veterans Crisis Line
   24 hours/day, 7 days/week. .................. 1-800-273-8255

Careline Alaska Suicide Prevention Hotline (Non-military)
   24 hours/day, 7 days/week. .................. 1-877-266-HELP (4357)

Alaska VA Women’s Program Manager .................. 907-257-4737
Military Sexual Trauma Coordinator .................. 907-257-4846
OEF/OIF/OND Program Manager .................. 907-257-4860
OEF/OIF/OND Transition Patient Advocate .................. 907-257-7435

American Legion .................. 907-257-4802
Disabled American Veterans .................. 907-257-4803
Military Order of the Purple Heart .................. 907-257-4760
Veterans of Foreign Wars .................. 907-257-4801
Rural Veterans Health Access Program

Lessons Learned

• Newness of the VA working collaboratively with non-federal rural health clinics
• Interoperability issues between VA and non-VA TH technology
• Economies of scale issues with sustainability of rural and remote TH technology do to high costs and low reimbursements
• Expense of maintenance of equipment in remote communities
Lessons Learned

- Private sector insurance in Alaska does not reimburse for Telehealth behavioral health services.
- Low to no reimbursement for use of TH equipment at originating sites
- Need for VA to develop reimbursement policy for TH services provided by community-based non-federal (tribal) clinics
- Need for on-going webinars/training for community-based providers on military culture, PTSD, TBI, and military related illnesses
Next Three Years

- Provision of care to veterans and other rural residents via telebehavioral health services
- Develop a system to identify veterans on public assistance and do outreach to them to encourage them to enroll in VA benefits
- Develop a pilot rural telehealth TBI treatment clinic in an outpatient clinic of a CAH.
Rural Veterans Health Access Program

“Thank you for saving my life by bringing the PTSD treatment program to this little remote community in Alaska.”

Comment made to RVHAP Director by First Gulf War female veteran August, 2013
Thank You
for serving our country & protecting our freedoms!