

**STATEMENT OF PETER KABOLI, MD, MS  
OFFICE OF RURAL HEALTH  
VETERANS HEALTH ADMINISTRATION  
DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE**

**"FRONTIER HEALTH CARE: ENSURING VETERANS'  
ACCESS NO MATTER WHERE THEY LIVE"**

**MAY 15, 2024**

Chairman Tester, Ranking Member Moran, and Members of the Committee, thank you for this opportunity to appear before you today to discuss the Department of Veterans Affairs' (VA) extensive efforts to enhance the well-being of Veterans in rural areas by addressing their unique needs. I am joined by Ryan Heiman, Deputy Executive Director, Member Services; Dr. Leonie Heyworth, Deputy Director, Telehealth Services, Office of Connected Care; and Wade Vlosich, Health Care System Director, VA Oklahoma City Health Care System.

Nearly a quarter of all Veterans, over 4.4 million, reside in rural communities. These Veterans often face challenges that differ from those of their urban counterparts. Many prefer living in rural communities for their proximity to family, friends, and the community; the availability of recreational open spaces; increased privacy; lower living costs; and less crowded towns and schools. However, the geographical isolation of rural areas can make accessing VA care and other services difficult. VA is consistently striving to bridge the gap between Veterans in rural areas and available resources.

**VA's Offices of Rural Health and Engagement**

VA continues to prioritize connecting Veterans to the "best and earliest care" and hiring "faster and more competitively." These practices are particularly pertinent in rural settings where Veterans can face health care access barriers due to provider shortages. Digital technologies can help overcome these barriers, but many rural communities lack high-speed internet access.

Established in 2006, the Office of Rural Health (ORH) was created to provide innovative solutions for the unique health care needs of Veterans in rural areas. ORH supports targeted research, develops new care models for system-wide implementation, and serves over 4.4 million Veterans living in rural areas.<sup>1</sup> Among these Veterans, 8% are women, 11% identify as members of a racial minority, 54% are aged 65 or older, and 44% earn less than \$55,000 annually. ORH's components include Veterans rural health resource centers, field-based satellite offices, and Veterans Integrated Service Network (VISN) rural consultants. These entities all serve as communication channels between VA Central Office, ORH, and Veterans Health Administration (VHA) field

---

<sup>1</sup> Over 2.7 million Veterans enrolled in the VA health system live in rural areas.

operations. ORH collaborates with other VA offices to identify, support, and disseminate novel solutions for Veterans in rural areas, including improved access to care, expanded efforts, and community engagement. The initiatives aim to enhance mental health, primary care, telehealth, workforce development, and innovation.

VA has also made significant strides in strengthening networks from the time of the inaugural President's Rural Prosperity Interagency Policy Council's Federal Resource Fair earlier this year. The Office of Rural Engagement (ORE) has collaborated with others to provide information and expertise at resource fairs throughout the country. These fairs feature roundtables with local leaders and Federal officials and highlight available resources for rural communities; additional discussions are tailored to support aging Veterans who face difficulties accessing VA services. VA is also exploring potential collaboration with the U.S. Department of Agriculture (USDA) to better serve Veterans' health care needs in rural areas, including collaborations with USDA-supported hospital system and services. The agencies are looking at pilot sites in Ohio, North Carolina, New Mexico, Texas, and Washington.

## **Rural Staffing and Recruitment**

VA is committed to employing top-tier health care teams to provide the best care for Veterans. Unfortunately, the gap between supply and demand for clinical and nonclinical staff is more pronounced in rural areas. In fiscal year (FY) 2022, turnover rates within the VHA hit a 20-year high, at 11% for VHA overall and 12.1% in rural facilities. Fortunately, for FY 2023, the *Sergeant First Class Health Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* (P.L. 117-168) gave VA unprecedented authority to enhance staff recruitment and retention. Leveraging this authority, VA launched its *Rural Recruitment and Hiring Plan*, aiming to increase staffing levels in rural facilities, engage stakeholders in recruitment and onboarding, and empower leadership.

The plan also leveraged the U.S. Department of Health and Human Services' Health Resources & Services Administration's Rural Veterans Health Access Program, providing funding to states to work with providers and partners to improve access to needed health care services and coordination of care for Veterans living in rural areas. It included a newly authorized contract buy-out program for rural health providers, in return for a 4-year service commitment at a rural VHA facility. Additionally, VHA established a full-time program manager for Stay in VA, a practice focused on employee retention through engagement, targeting rural facility retention, and a national sourcing function to provide physician/provider recruiters with leads to exceptional candidates for rural health recruitment. While VHA grew by 7.4% overall, rural VHA facilities grew by 7.7%, the highest growth rates in over 15 years. By leveraging the incentives and authorities provided in the PACT Act, VHA also saw a significant decrease in turnover from the highest levels in FY 2022 to some of the lowest levels seen in VHA history in FY 2023, ending the year at an 8.4% total loss rate for VHA and a 9% loss rate for rural facilities. VA continues to use workforce data to shape its recruitment and retention strategies through workforce resource blueprints, offering incentives such as the

expansion of 3R incentives (recruitment, retention, and relocation) and the new critical skills incentive afforded by the PACT Act, as well as the student loan repayment program, education debt reduction program, special salary rates, and expedited hiring authority for graduates.

## **Enhancing Care through Telehealth**

For over two decades, VA has been implementing telehealth, enhancing care through video, image, and data exchange. In the past five FY's, VA significantly expanded these efforts, with telehealth use increasing by 346% and home video services by approximately 3,100%. Nearly half of Veterans in rural areas who have used video-to-home prefer it over other modalities of care, and about 40% of all patients access part of their care through synchronous, asynchronous, and remote patient monitoring telehealth modalities.

Telehealth is a critical capability that enables VA to increase clinical capacity and address health care disparities in rural areas by sharing clinical services across its system. In FY 2023, VA delivered more telehealth services than in any previous year, while also achieving increased trust and satisfaction rates. Over 11.6 million telehealth episodes were delivered to more than 2.4 million individual Veterans, including over 2.9 million episodes to over 770,000 Veterans in rural areas. Between October 1, 2023, and April 20, 2024, over 1.8 million Veterans have participated in over 6.3 million telehealth episodes, with more than 567,000 Veterans in rural areas participating in 1.6 million telehealth episodes. Beyond VA, telehealth has been embraced by the U.S. health care system, including other Federal providers, as a means to deliver needed care to those in rural and underserved areas.

VA has launched several telehealth initiatives to meet Veterans' needs, including the Clinical Resource Hub (CRH) program. This program established regional telehealth centers to address clinical service needs in underserved areas. All 18 regional CRHs offer primary care, mental health care, and suicide prevention services to VA outpatient sites. In FY 2023, the CRH program provided 372,845 Veterans with 903,089 encounters across 43 specialties, including 40,835 encounters for Suicide Prevention Services. Additionally, 40% of Veterans served through the CRH program in FY 2023 resided in rural areas. Furthermore, VA continues to help Veterans bridge the digital divide through education, help desk support, and the direct provision of internet-connected devices.

In FY 2023, VA implemented 23 Virtual Health Resource Centers that function as in-person support centers at VA facilities where Veterans can get assistance understanding and using VA's digital services, such as mobile applications, telehealth, and MyHealtheVet. In FY 2023, VA's Connected Care Help desk received 216,423 calls from Veterans to assist with their technology, receiving a 91% satisfaction rate. VA also completed 33,157 digital divide consults during FY 2023 and managed over 110,000 internet-connected devices provided to Veterans to enable digital connectivity with their

VA benefits. In collaboration with public and private organizations, VA has continued work on the Accessing Telehealth through Local Area Stations program, establishing telehealth access points in Veteran communities, providing private spaces for VA health care professionals to connect with Veterans and their caregivers remotely through video telehealth.

VA also launched VA Health Connect, modernizing the Veteran health care experience by offering a 24/7 virtual care option on the phone, through VA Video Connect, or through chat with a real person. It allows Veterans to speak with a nurse; schedule, confirm, or cancel medical appointments; talk to a medical provider about an urgent or developing issue; refill and request medication renewals; and check on the status of medications with pharmacy professionals. As part of VA Health Connect, VA developed a Tele-Emergency Care (Tele-EC) capability similar to a nurse advice line. Tele-EC uses clinical contact centers to triage and connect Veterans or caregivers to a licensed emergency medicine practitioner, addressing acute medical needs over video or phone or directing them to appropriate resources. Tele-EC is currently available in 13 VISNs, and VA plans to go Nationwide by the end of the year. Since last year, Tele-EC has triaged over 15,000 calls, with a median wait time to speak to a provider under 10 minutes. Veterans uses Tele-EC would have otherwise been referred to an emergency department or urgent care. This potentially reduces community care costs as the data show that many issues are resolved over video or the phone. Over the past year, nearly 85% of Veterans who have used Tele-EC say they were satisfied with their visit, and the same percentage of Veterans trust using Tele-EC in the future.

## **Supporting Rural Native Veterans**

Meeting the needs of Veterans in rural areas also involves ensuring that our American Indian and Alaska Native (AI/AN) Veterans receive the care and benefits they have earned. AI/AN Veterans serve in the military at one of the highest rates among all racial and ethnic groups and are more likely to live in rural communities. Our AI/AN Veterans face significant health care disparities, exacerbated by barriers related to care access, coordination, and navigation. Moreover, the generational trauma and racial discrimination experienced by rural AI/AN Veterans contribute to their distrust of VA and other Federal systems. e

Health Care Copayment Exemptions. In April 2023, VA implemented section 3002 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315), ensuring that AI/AN Veterans receive necessary care. As of April 1, 2024, VA has exempted or reimbursed nearly 180,000 copayments for more than 4,000 eligible Veterans, totaling approximately \$3.2 million. VA continues to process exemption applications and plans to promote the exemption process at more than 25 engagements this fiscal year.

Health Care Access. Alongside the Indian Health Service (IHS), VA offers health care at IHS clinics in Chinle and Kayenta, Arizona. These clinics, referred to as a “clinic-in-a-clinic,” launched in February and March 2024 and expand health care options for more than 400 VA-enrolled AI/AN Veterans. We are also exploring the potential to open

more clinics in Arizona, New Mexico, and South Dakota.

Supportive Housing. In collaboration with the Office of Native American Programs at the U.S. Department of Housing and Urban Development (HUD), the tribal HUD-VA Supportive Housing program aims to provide permanent supportive housing for homeless AI/AN Veterans and those at risk of homelessness. This program combines hybrid Indian Housing Block Grants for rental assistance with VA case management and supportive services, helping Veterans secure and maintain housing. Currently, 29 Tribes participate, with grant funding to support approximately 600 AI/AN Veterans' households. Another service that homeless veterans are referred to is the Department of Labor's (DOL) Homeless Veterans' Reintegration Program (HVRP), a competitive grant program whose sole purpose is to work with veterans who are experiencing homelessness, or who are at risk of homelessness. DOL's Veterans' Employment and Training Service (VETS) funds HVRP grantees across the country that serve AI/AN veterans in rural areas.

Suicide Prevention. In 2021, AI/AN Veterans had the highest suicide rate of any racial or ethnic group. VA is working to reduce this by enhancing access to care, offering culturally significant treatments, and expanding support networks. VA collaborates with Federal, Tribal, State, and local governments to promote a public health approach to suicide prevention. This includes initiatives like granting \$52.5 million to 80 community-based organizations through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program and bolstering collaborative efforts with tribal communities as part of the VA and Substance Abuse and Mental Health Services Administration's joint Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

## **Transportation Barriers**

Veterans in rural areas are disproportionately impacted by longer drive times to health care services. This leads to lower rates of diagnostic testing, such as spirometry for chronic obstructive pulmonary disease diagnosis; fewer screening services like osteoporosis screening in women aged 65 and above; and reduced therapeutic care, such as cardiac rehabilitation for patients hospitalized due to ischemic heart disease. This disparity in health care access underscores the need for targeted interventions to address these challenges.

Beneficiary Travel Self-Service System. VA launched the Beneficiary Travel Self-Service System (BTSSS) in November 2019, allowing Veterans and their beneficiaries to submit reimbursement claims online. The program aims to address the financial and logistical challenges of long-distance travel for specialized medical care by reimbursing eligible Veterans for travel expenses like mileage, lodging, and meals. This program enhances access to medical appointments and reduces financial stress, allowing Veterans in rural areas to prioritize their health without financial barriers. VA is upgrading tools for Veterans through FY 2024 to simplify the reimbursement process. BTSSS allows for virtual assistance in claims processing, which was not possible with

the legacy processing tool. Additional paperless modalities were developed, including the Patient Check-in mobile application through va.gov and the integration of Vecna's express patient check-in kiosks, which are integrated directly with BTSSS. During the transition to BTSSS, claims processing time increased due to the need to manually scan paper claims.

VA's transportation program internal processing team assisted facilities with these challenges. VTP also provides ongoing training and guidance to effectively manage travel claims. Increased outreach and continued training opportunities assist Veterans and staff in submitting complete claims, allowing them to successfully move through the adjudication process, improving the time to payment of reimbursement. In response to Veteran feedback about the benefits of the kiosk system, we have also launched a working group that is taking a Veteran-centered design approach to improving the experience of travel claim submission while keeping Veterans' voices at the center.

Transportation Programs and Services. To further address Veterans' transportation issues, VA independently and collaboratively supports programs that assist Veterans in accessing their VA-authorized health care appointments. One such initiative, the Veterans Transportation Service, provides vehicles and funding to VA medical centers to transport Veterans and other VA beneficiaries to and from their appointments. In FY 2023, the program provided over 600,000 transports of Veterans to medical appointments, including 98,000 rural trips, serving nearly 15,000 individual Veterans. Additionally, ORH works with VTP to offer the Grants for Transportation of Veterans in Highly Rural Areas Program, providing grants for Veterans Service Organizations and state Veterans service agencies to improve transportation options for all Veterans, regardless of beneficiary travel eligibility. In FY 2023, nearly 19,000 trips were provided through the program, serving more than 5,000 unique Veterans. PPP The Volunteer Transportation Network is also an essential service for Veterans who lack transportation for VA medical appointments. It operates in collaboration with the Disabled American Veterans, which has donated 328 vehicles to 127 medical facilities since 2020.

## **Health Care Innovations**

VA has been at the forefront of developing innovative care initiatives to address the unique health care needs of Veterans. VA's commitment extends beyond urban areas, recognizing the unique challenges faced by Veterans in rural communities and actively working to address those barriers. By leveraging technology, collaboration, and tailored programs, VA is committed to improving access to high-quality health care services, including ongoing efforts to enhance care delivery and promote wellness.

Innovative Care Initiatives. VA is committed to developing and enhancing cutting-edge methods to ensure that Veterans from all backgrounds and settings receive effective treatments more quickly. VA's strategic collaborations have made much of this work possible. One recent initiative, the TeleWound Practice program, aims to use telehealth technologies for improved care access and coordination for

Veterans. Evaluations of four VA facilities, facilitated by various VA initiatives, identified barriers and solutions for implementation. The data-driven approach will guide the Nationwide rollout of telehealth services, aiming to deliver high-quality, patient-centered care while reducing health care costs and improving efficiency. The initiative's success in the VA Shark Tank Competition highlights its potential to transform health care delivery for Veterans.

Additionally, the Diffusion of Excellence Initiative aims to promote Advance Care Planning through Group Visits (ACP-GV) to empower Veterans, especially those in underserved rural areas, to make informed health care decisions. Since October 2019, ACP-GV has reached 36,597 Veterans, including 8,954 Veterans in rural areas. Group visits provide education, discussion, and community support, fostering a sense of community, and peer support.

Several initiatives have also produced data-driven platforms, including the Medical Foster Home Rural Expansion evaluation, which involved creating interactive maps to identify Veterans in rural areas for placement, Home-Based Primary Care locations, and key resources. These tools helped identify community-based organizations, health care facilities, and local support systems to enhance care delivery. ORH-funded research also created a national map of county-level "hotspots" of Veteran suicide, enabling targeted suicide prevention strategies. The research emphasizes the importance of advanced data analysis techniques and geospatial mapping tools in mental health research, enabling a more targeted and localized approach to suicide prevention efforts.

Innovative Research Initiatives. Looking to further these initiatives, our rural health research priorities include exploring virtual care to improve access and prevent disruptions during public health crises, coordinating care between VA and community providers, and addressing recruitment and retention challenges in the rural health care workforce. Recent research has demonstrated significant improvements in the quality of care for Veterans in rural areas.<sup>2</sup> Additionally, web-based skills training and telehealth coaching for mental illness in Veterans living in rural areas has shown significant benefits across various symptoms and functional outcomes.

Several other research projects are currently underway, focusing on rural health. These include examining the social determinants of health among Veterans in rural areas, ending in FY25; expanding access to opioid use disorder treatment in rural settings, extended through FY25; and understanding the impact of rurality and social risk factors on barriers to care and surgical outcomes, through FY26. VA is also developing a manual to engage vulnerable Veterans in selecting and customizing strategies for implementing or redesigning health care services and implementing the ongoing Virtual Care Quality Enhancement Research Initiative Program to improve access to high-quality care for Veterans in rural areas who receive care at home and in

---

<sup>2</sup> For instance, a study compared the satisfaction of rural and urban Veterans with VA outpatient care vs. community care. It found that rural Veterans rated their community care experiences as similar or better than those in specialty care.

community-based outpatient clinics. Planned research opportunities moving into the next several fiscal years also include reviewing the quality of care for presumptive conditions among Veterans living in rural areas with military toxic exposures, the impact of virtual care on the quality of mental health services for Veterans living in rural areas, and the risk and resilience factors among Veterans experiencing housing insecurity or homelessness.

## **Conclusion**

Chairman Tester and Ranking Member Moran, thank you once more for the opportunity to discuss VA's efforts to best serve Veterans living in rural communities. Through our joint efforts, we are proud to have broadened our reach, delivering more care to a greater number of Veterans than ever before. All Veterans, but particularly those in rural areas, benefit from the robust working relationship between VA and Congress. We value your ongoing engagement as we embrace our shared responsibility to better serve those who have served.