I-REACH – RURAL VETERANS

*Improving **R**ural **E**nrollment, **Ac**cess, and **H**ealth in Rural Veterans*

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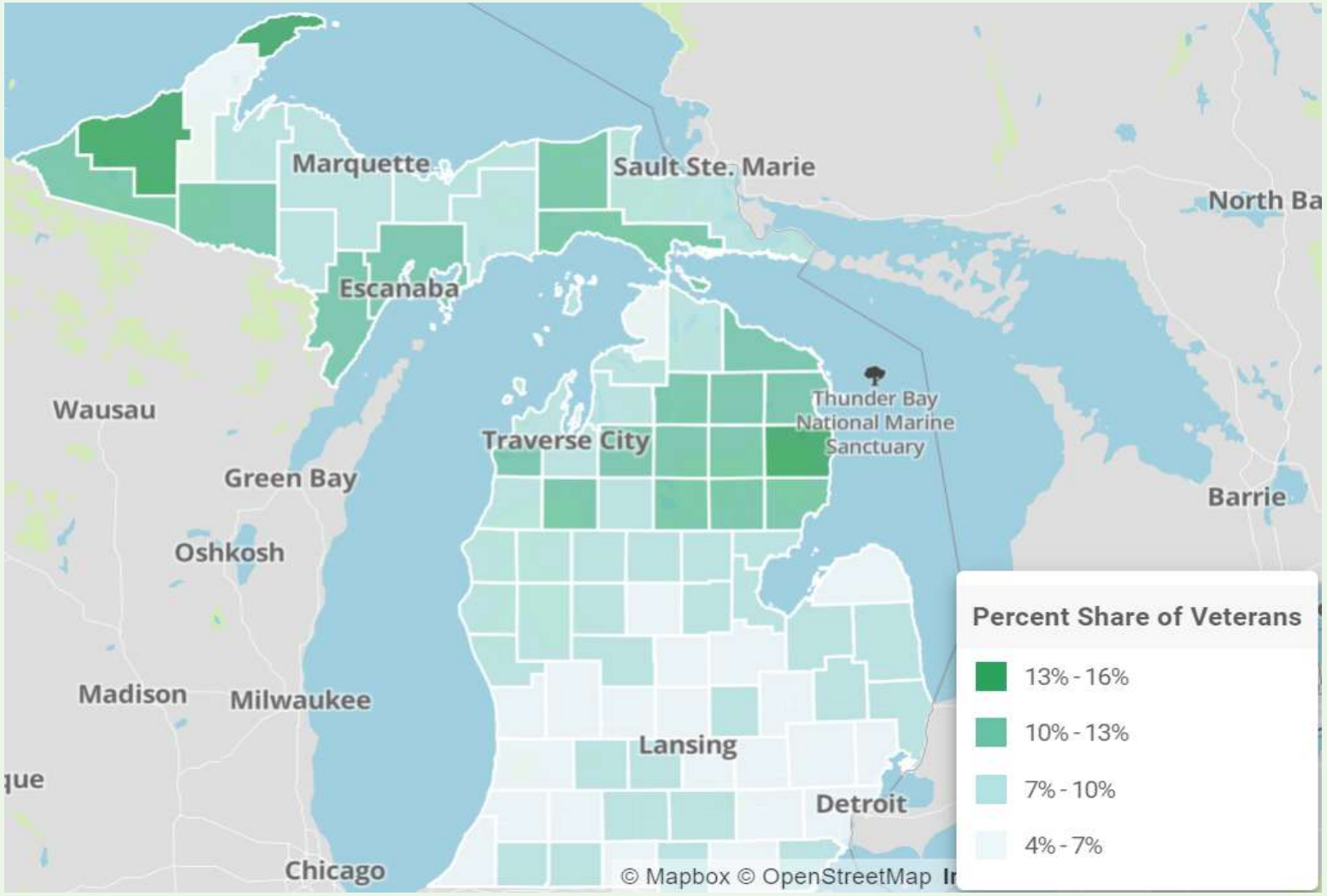
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VETERAN POPULATION

- 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 RURAL VETERAN POPULATION



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.
- Identify SDOH implications associated with Veterans.
- **Facilities can recoup funds by billing the VA**.
- Improves facility needs assessment efforts.
- Improves accuracy of patient characteristic report to UDS.
- **Reduces readmission rates via care coordination** (including social needs).

PROPERLY SCREENING

Facility	Reporting Year	Number of Veterans Identified
*SE Iowa Regional Medical Center West Burlington, IA	**2015** **2017** 2019	**56** **506** 555
CAH/RHC Baraga County Memorial Hospital, L'Anse MI	**2023** **2024**	**60** **710**

*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!!

- 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.

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

COMPACT ACT: NO COST EMERGENT SUICIDE CARE

- Started January 2023
- Veterans in suicidal crises can go to any health care facility, at VA or in the community, for free emergency health care – including transportation costs, inpatient or crisis residential care for up to 30 days, and outpatient care for up to 90 days, including social work.
- Regardless of VA enrollment status.

- COMPACT Act link



Leveraging A Cross-Sector SDOH Strategy - Ecosystem of Support

Ewa Panetta, MHA

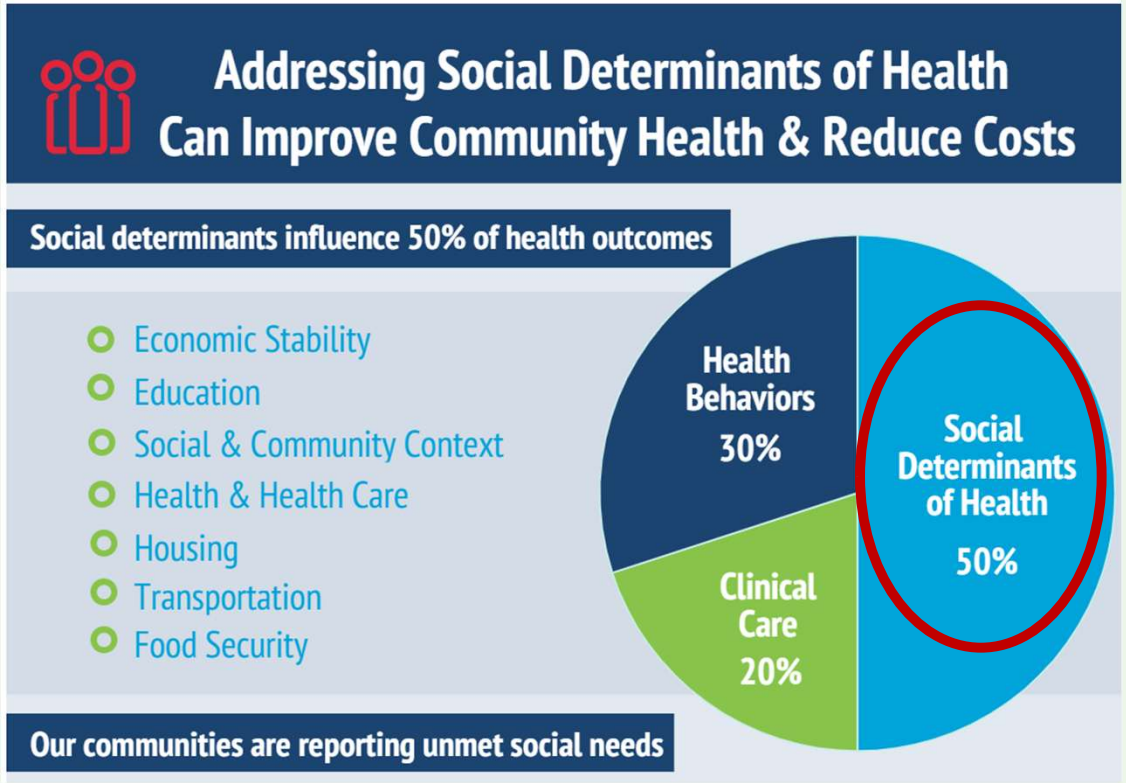
Improving Support For Veterans & Their Families– Moving being checking the box.

Goal: To improve outcomes for veterans and their families – we must address both **clinical and social unmet needs.**

Strategy: Establishing and operationalizing effective SDOH strategy & infrastructures



WHAT DO WE KNOW - SDOH IMPACT ON HEALTH OUTCOMES



Source/Credit: NIHCM Addressing SDOH of Health Can Improve Community Health & Reduce Costs.

Data Telling the Story: SDOH Impact

"Military Service Can Be a Social Determinant of Health"

- **Social needs - 82%** Veterans reported at least **one** unmet health-related social need, **29%** Veterans experienced **three or more** unmet health-related social needs (aka SDOH).
- **Care Coordination - Increased risk of fragmented care** across VA and non-VA facilities and programs = adverse outcomes, lack of follow-up care and addressing social determinants/drivers of health (SDOH).

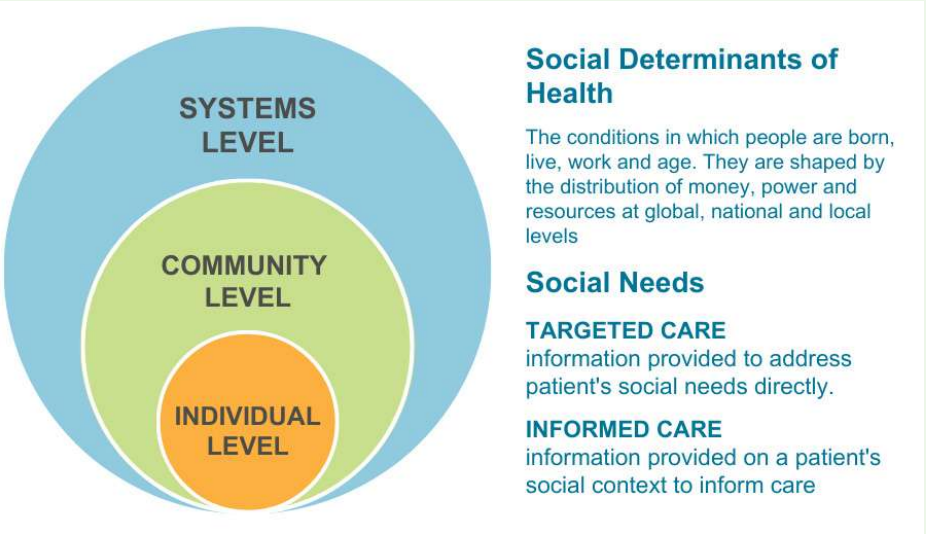
Source: https://www.reliasmedia.com/articles/147691-military-service-can-be-a-social-determinant-of-health

SDOH-THE BUSINESS CASE… IS STILL THE CASE…

- Centers for Medicare and Medicaid Services penalized ***77 percent of safety-net hospitals for excess readmissions*** of patients with heart attack, heart failure, or pneumonia.

- Review of ***70 studies found that unemployment and low income*** were tied to a higher risk of hospital readmission among patients with heart failure and pneumonia.

Whole Health Approach



Source: *https://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs-emerging-business-case-provider*

CURRENT STATE: SDOH IMPLEMENTATION GAPS

Fragmented strategies, implementation gaps can lead to incomplete, inaccurate, or inconsistent data, leading to poor decision-making and wasted resources.

Lack of standardized screening and data collection.

Insufficient training and resources.

Challenges in coordinating interventions across different sectors.

Limited use of the data to communicate between health care providers and community-based referral organizations.

Challenge of "closing the loop" on services by collecting data on whether individuals have accessed referred services.

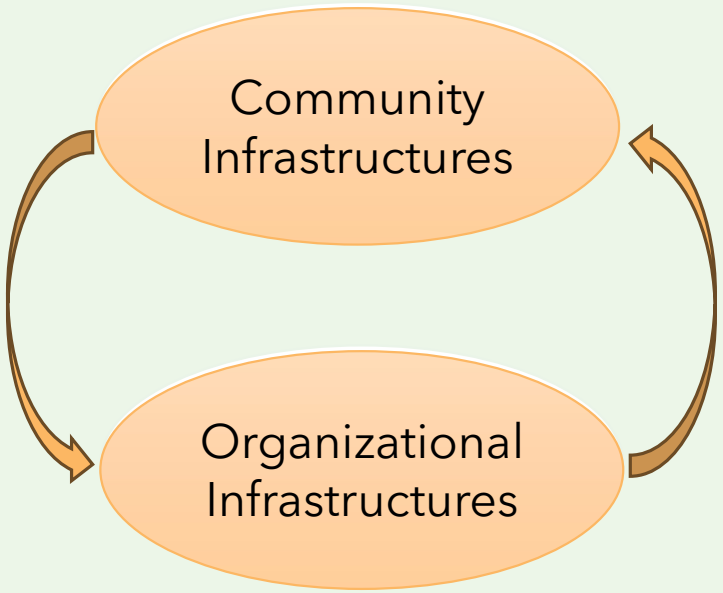
ESTABLISHING & OPERATIONALIZING EFFECTIVE INFRASTRUCTURES

Ecosystem of Support:

Through the lens of Veterans and their families.

Community Level:

- **Identify:** Information Sharing & Data Aggregation
- **Address**: Longitudinal Care Coordination & Support
- **Analyze**: Measuring Community Impact & Identify Opportunities.
- **Sustain**: Strengthening Existing Ecosystems & Shared Goals



Organization Level:

- **Identify:** Assessment/Screening Workflows
- **Address:** Referral/Linkage Workflows
- **Analyze:** Data Use & Measuring Outcomes
- **Sustain:** Sustainability Planning & Scaling

Help us improve Veterans access to healthcare



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