

Michigan Center for Rural Health

IREACH – Rural Veterans



I-REACH
Improving Veterans Access
to Healthcare



*Improving Rural Enrollment,
Access, and Health in Rural
Veterans*

(I-REACH Rural Veterans)

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What I-REACH Does

- ❖ Promotes screening for military service during intake
 - Ask, **“Have you, a family member, or anyone in your household ever served in the military?”**
- ❖ Encourages facilities and providers to join the VA Community Care Network, through Optum
- ❖ Coordinates the U.P. Together With Veterans Program
- ❖ Promotes other agency programs



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Veteran Population and Accessing Benefits

- ❖ 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%)



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**MICHIGAN CENTER
for
RURAL HEALTH**

U.S. Department of Veterans Affairs Structure

Veterans Health Administration (VHA)

- U.S. largest integrated health care system
- 172 medical centers
- 1,138 sites of care
- 53,000 independent licensed health care practitioners

Veterans Benefits Administration (VBA)

- Five key lines of non-medical benefits:
- Home Loan Guarantee
 - Insurance
 - Vocational Rehabilitation and Employment
 - Education
 - Compensation and Pension

National Cemetery Administration (NCA)

- 4.1 million graves
- 155 cemeteries
- 23,000 acres



“Have You Served?” Screening during intake

- ❖ Less than 50% of Veterans are connected to all their earned military benefits. Awareness and how to get started are largest barriers.
- ❖ Connection to benefits saves lives and improves quality of life.
- ❖ Identifying those who have served is the first step in enrollment.



“Have You Served?” Screening during intake

- ❖ 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.
- ❖ Facilities can recoup funds by billing the VA.
- ❖ Improves facility needs assessment efforts.
- ❖ Improves accuracy of patient characteristic report to UDS.



“Have You Served?” Screening during intake

Veterans have unique health care needs, disease patterns, experiences and cultural backgrounds.

More likely than non-veterans to have:

- ❖ Toxic exposures: Agent Orange, burn pits, asbestos, contaminated water, radiation, CARC paint, etc.
- ❖ Diabetes, ALS, chronic pain, moral injury, and adverse childhood experiences (increases risk for PTS and suicide), certain cancers, etc.
- ❖ Vaccines and/or exposure to hepatitis A & B, rabies, typhoid, cholera, yellow fever, anthrax, smallpox, malaria, botulinum toxoid, meningitis, PB, etc., etc.,



How to Ask

“Have you, a family member, or anyone in your household ever served in the military?” is the preferred screening question vs. “Are you a Veteran?”

- Enables those who are not comfortable with the term Veteran or don't identify as a Veteran to be recognized.



Ask the Question

“Have you, a family member, or anyone in your household ever served in the military?”

It's the right thing to do

How to Ask

- Helps identify spouses (benefits) and non-family members who are providing care (caregiver benefits).
- Allows others to identify Veterans.
- Informs providers of conditions potentially associated with generational effects of military service.
- Cues the potential to bill the VA for services.

Toolkit for providers to assist with next steps and referrals.



Ask the Question

“Have you, a family member, or anyone in your household ever served in the military?”

**It's not just an intake form,
it's a life-altering journey!**

Barriers

- Enrollment Barriers

- Awareness
 - Unaware of programs
 - Unaware of eligibility & benefits
- Stigma
- Hard to reach (remote areas, low tech, disconnected)
- Unselfishness
- Enrollment process
- Lack of follow-on support

- Breaching Barriers

- Creating awareness (Outreach)
 - Relevant materials
 - Informational events
- Removing stigma – trust, advocacy
- Connecting through friends, family, providers, advocates, veteran and community organizations
- Awareness of sufficient funding. Would they give up other earned benefits?
- Enrollment assistance, warm hand-offs
- Vet-to-vet peer support (mentor/battle buddy), providers, advocates

“Have You Served?” Screening during intake

Facility	Reporting Year	Number of Veterans Identified
*FQHC Crescent Community Health Center, Dubuque IA	2015	56
	2017	506
	2019	555
CAH/RHC Baraga County Memorial Hospital, L'Anse MI	2023	60
	2024	390

*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.



I-REACH – Rural Veterans

Improving access to healthcare for rural Veterans, their families, and their caregivers



I-REACH collaborated with the VA Office of Rural Health's Iowa City Veterans Rural Health Resource Center to establish a Veteran Services Coordinator program at the Baraga County Memorial Hospital (BCMh). Secretary of Veteran Affairs (VA), Denis McDonough, visited BCMh to learn about the program.



Left to Right: BCMh Dir. of Provider Services, Tom VanEss; BCMh CEO, Rob Stowe; I-REACH Project Mngr, Jim Yates; Clinical Dir. of Veterans Rural Health Resource Cntr, Iowa City, Dr. Carolyn Turvey; Congressman Bergman; Secretary McDonough; Dir of MVAA, Brian Love; BCMh Chief M.O., Dr. Todd Ingram. Not pictured: BCMh Case Mngr and Clinic Sup., Sue Ingram, RN; BCMh VA Coord. Lori Karvonen; Baraga Cnty VSO, Doug Gray; Keweenaw Bay Indian Community Pres., Doreen Blaker; tribal council member, Rodney Loonsfoot; I-REACH Principal Investigator & Dean of Research Univ. of Texas El Paso, and Veterans Wellbeing Lab, Dr. Emre Umucu.

PACT Act of 2022 and March 5, 2024

Promise to Address Comprehensive Toxics Act of 2022 (PACT Act)

- ❖ 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)



VA Community Care

How do *We as a Community* Respond to the Healthcare Provider Shortage?

Move beyond: Should a Veteran go to the community or to VHA based on geographic distance or wait times?

Move towards: How can we best leverage community and VA resources to meet Veterans' comprehensive health needs?



Outreach

- ❖ Organizing events for Veterans, their families and their caregivers
 - Encourages participation in healthcare and well-being activities

2023 - 906 Veterans; total estimate (friends/ family) 1,560
95 unique service providers

2024 - 990 Veterans to date; total estimate (friends/ family) 1,500+
49 unique (from 2023) service providers

- Does not include other community events we attend
- County VSO positive qualitative and quantitative feedback

Connection to benefits saves lives!





Connecting service members, Veterans, their families, and their caregivers with care services and well-being activities



Help us improve Veterans access to healthcare



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