

2024 Current Fiscal Year Report: Veterans' Rural Health Advisory Committee

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1. Department or Agency	2. Fiscal Year
Department of Veterans Affairs	2024
3. Committee or Subcommittee	3b. GSA Committee No.
Veterans' Rural Health Advisory Committee	34739

4. Is this New Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	03/21/2022	03/21/2024	

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No	N/A	

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Agency Authority

12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
38 U.S.C. 7308	06/08/2008	Continuing	No

15. Description of Committee Non Scientific Program Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 0 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 0

Meetings and Dates

No Meetings

**Current Next
FY FY**

18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Committee provides advice to the Secretary of Veterans Affairs (VA) on health care issues affecting Veterans residing in rural areas. The Committee evaluates current VA rural health program activities and identifies existing barriers to rural health services. It recommends strategies to improve those services for Veterans, and its reports are delivered directly to the Secretary of VA. The Committee meets twice a year and is served by working groups who meet between meeting and report directly to Committee. We align and support VA Strategic Goal by ensuring:

- 1) Veterans have easy access, greater choices, and clear information to make informed decisions,
- 2) Veterans receive timely and integrated care and

support that emphasizes their well-being and independence throughout their life journey, 3) Veterans trust VA to be consistently accountable and transparent and 4) VA provide modernize systems and focus resources more efficiently to be competitive and to provide world class capabilities to Veterans and its employees. The Committee also identifies potential barriers that rural Veterans encounter when accessing rural health care in service. This FY23, the Committees focused on formulating recommendations for the VA Secretary to ensure potential gaps in service are considered when exploring options related to access. In addition, for our rural Veterans we increased the understanding of transportation and broadband infrastructure challenges impeding their access to health care, work to improve telehealth access by prioritizing geographic location during telehealth appointment scheduling and strengthen the VAs ability to serve this population with the best in-persons and virtual care appointments. To further our commitment to the rural Veterans community, the Committee continues to engage and receive briefings from VA program offices and non-VA partners on VA's progress in addressing new and prior recommendations made by the Committee, as well as understanding the challenges rural Veteran experiences when they utilize VA/VHA services. This will help us optimize the use of technology and build partnership with other Federal, state community health centers to develop enhance access points of care and options for VA rural Veterans.

20b. How does the Committee balance its membership?

The Committee's membership includes academic experts in rural health care delivery, state and

federal government professionals who focus on rural health issues, Department of Veterans Affairs officials at the state level, and selected Veterans service organization leaders. Committee members range from patient care advocates to medical policy strategists. Additionally, we are working with ACOM, the Committee Chair, and ORH leadership to ensure the committee is balanced ethnically and geographically to include representation of all five minority groups mandated by law: African American, Hispanic/Latino, Asian American, Pacific Islander, and Native American, including American Indian, Alaska Native, and Native Hawaiian.

20c. How frequent and relevant are the Committee Meetings?

The Committee meets at least two times annually. The standard operations entail conducting one local meeting in Washington, DC to receive updates from VA Senior Leaders, and one site visit to a VA facility with a high concentration of Rural Veterans. Its meetings focus on evaluating the programs and policies of VA's Office of Rural Health and on recommending ways to improve those programs and policies. While digital communications has advanced virtual meetings and events significantly, feedback from Committee surveys shows face-to-face meetings are still critical to building strong cultural rapport with members and invited guests and connecting people on a deeper level. In FY 24, the Committee plans to host 2 face-to-face meetings: one in April and November as well as one virtual meeting in September to establish a subcommittee and working group.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Committee's advice is based upon the collective input of members who bring varied perspectives - patient care advocacy, intragovernmental, intergovernmental, academic - to the deliberations. Individuals with those varied perspectives have not been previously assembled in a formal committee setting for the purpose of examining VA health care delivery in rural and highly rural areas of the United States.

20e. Why is it necessary to close and/or partially closed committee meetings?

Meetings are open to the public unless determined otherwise pursuant to FACA and the Sunshine Act. Closed portions of Committee meetings are in order to protect patient privacy in instances where individual Veteran healthcare information is discussed or direct patient care is being administered. Closing portions of the meeting are in compliance with requirements of 5 U.S.C. § 552b(c)(6).

21. Remarks

The Committee's has submitted a total of 44 recommendations from FY 2009 to FY 2022. The Committee plans to formulate and submit 3 recommendations from the September 19-20, 2023, fall meeting. The recommendation package will be submitted later this year. -- Stephanie Birdwell's committee membership ended in FY22 before the scheduled end of the term. The term dates were not updated in the FY22 ACR. -- Katherine Miller's committee membership ended in FY22 before the scheduled end of the term. The term dates were not updated in the FY22 ACR. -- David Ward's committee membership was omitted from FY22 member list in error.

Designated Federal Officer

Peter Kaboli Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Cox, Marcus	10/01/2021	09/30/2024	Prof & Bert Fish Endowed Chair	Special Government Employee (SGE) Member
Ellison, Pavithra	10/01/2021	09/30/2024	Perioperative Medical Director, West Virginia University (WVU) Medicine Children's Hospital, Associate Program Director	Special Government Employee (SGE) Member
Meade, Vanessa	10/01/2021	09/30/2024	Assistant Professor, University of Alaska Anchorage-School of Social Work	Special Government Employee (SGE) Member
Parsetich, Joseph	10/01/2021	09/30/2024	DAV National 1st Junior Vice Commander	Special Government Employee (SGE) Member
Ward, David	08/02/2022	09/30/2024	Director VA Tribal Gov Relations	Regular Government Employee (RGE) Member

Number of Committee Members Listed: 5

Narrative Description

The Veterans' Rural Health Advisory Committee advises the Secretary of Veterans Affairs on health care issues affecting Veterans residing in rural and highly rural areas. The Committee evaluates current VA rural health program activities and identify existing barriers to rural health services. It recommends strategies to improve those services for Veterans to the Secretary of Veterans Affairs.

What are the most significant program outcomes associated with this committee?

Checked if
Applies

Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

The committee provides advice and counsel to the Secretary on implementation of policy and health care services. While there are indirect cost savings from their influence a direct link would be hard to quantify.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

44

Number of Recommendations Comments

This is the total number of recommendations from FY 2009 to FY 2023. The Committee received the signed FY22 recommendation on May 16, 2023. The Committee plans to

submit recommendations formulated from the September 19-20, 2023, meeting later this year.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

85%

% of Recommendations Fully Implemented Comments

This measure can't be validated currently. The Office of Rural Health is undertaking a comprehensive review and will update for the FY24 ACR.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

15%

% of Recommendations Partially Implemented Comments

This measure can't be validated currently. The Office of Rural Health is undertaking a comprehensive review and will update for the FY24 ACR.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

Recommendations are tracked through Office of Rural Health and briefed to the committee, and the Committee received a response to the recommendations from Secretary McDonough on March 22, 2023. The committee plans to address comments to align with FY23, feedback later in the year at the September 19-20, Fall VRHAC Meeting. Interested parties should contact Ms. Judy Bowie, by email at VRHAC@va.gov, or by mail at 810 Vermont Avenue NW (12POP7), Washington, DC 20420.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- | | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |

Other

Action Comments

VA has engaged the VRHAC in the implementation of strategic planning for physician recruitment and retention strategies.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO

Online Agency Web Site

Online Committee Web Site

Online GSA FACA Web Site

Publications

Other

Access Comments

N/A