GRECC Connect is a promising telehealth-hub and spoke model that provides rural patients access to teams of multidisciplinary geriatric specialists in more urban medical centers primarily by video connection with affiliated community-based outpatient clinics (CBOCs). This model provides a viable option for increasing access to geriatric specialty care for rural patients but is not used to the extent it could be. To date, much of our understanding of this model has come from the experts at the hub medical centers. To learn more about the experience of this model from the field we interviewed CBOC staff and providers as well as Veterans and their caregivers about geriatric specialty telehealth services. In this symposium we will discuss facilitators and barriers to implementing this model from the perspective of the field and then explore more deeply both the context of the CBOC environment and the older patient population served by rural CBOCs to further understand the challenges that are faced in attempting to connect older patients with telehealth services. Finally, we will share the perceived value of the service and alignment with local needs. This deeper understanding of the experience of the ‘spoke’ may help enhance access to much needed geriatric specialty care for rural veterans.

QUALITATIVE EVALUATION: GRECC CONNECT AS A METHOD OF DELIVERING HEALTH CARE TO RURAL OLDER VETERANS
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The VA Office of Rural Health-funded GRECC Connect program uses telehealth modalities to provide geriatric specialty care to rural older veterans and education to clinicians in VA Community-based outpatient clinics (CBOCs). Qualitative evaluation of GRECC Connect has included interviews with three stakeholder groups: geriatrics specialty teams at 15 hub medical centers, rural CBOC staff, and patients/family caregivers. CBOC staff interviews included 50 individuals from 13 different CBOCs. Staff roles included clinic managers, social workers, psychologists, physicians, nurses, and telehealth technicians. Older veterans who had recently been involved in a GRECC Connect video visit were also invited to share their views on the visit. By including multiple perspectives on the program, we are better positioned to increase reach, access, and improve care for older rural veterans.

THE INTEGRAL ROLE OF CBOCS IN RURAL HEALTHCARE: PROMISES AND CHALLENGES
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Community-based outpatient clinics are critical to extending the geographic reach of VA’s healthcare delivery system. Nationwide, 733 CBOCs provide outpatient care to nearly half of the VA’s patient population. The 13 rural CBOCs in the study sample provide outpatient primary care, mental health care, and a limited number of specialty care services. Located 1–3.5 hours away from their closest VA Medical Center, these CBOCs have a wide—sometimes interstate—service catchment area. To effectively serve increasingly older and medically complex patient populations, they rely heavily on partnerships with larger VA Medical Centers and local community providers for inpatient, residential, and additional outpatient services. CBOCs experience myriad staffing challenges, including staff turnover, “access providers” working at multiple CBOCs, and highly variable training in rural health and geriatrics. While some CBOCs have robust telehealth offerings, others cannot currently grow their telehealth capacity owing to constraints in clinic space and provider schedules.

ANOTHER SET OF EYES: RECIPIENTS’ VIEWS OF THE BENEFITS OF GERIATRIC SPECIALTY TELEHEALTH SERVICES
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The aim of GRECC Connect is to increase access to specialty care for medically complex, older, rural patients through e-consultations and telehealth visits. We interviewed 50 outpatient clinic staff and providers as well as 30 patients and caregivers about these services. Overall, the services were considered beneficial. For patients and caregivers, services alleviated the stress and cost of travel, improved quality of life by increasing their understanding of the progression of an illness and providing treatment and guidance to increase patient functioning and reduce disruptive behaviors, and they eased anxiety associated with not receiving needed care. Having ‘another set of eyes’ on the patients reduced stress and anxiety for providers. Concerns included alignment of telehealth modality with the capabilities of older patients with cognitive problems, hearing loss and/or limited technological abilities and, for some providers, that the referral for and recommendations resulting from the service added to their workload.

DIGITAL DIVIDE MAGNIFIED FOR OLDER VETERANS LIVING OFF THE GRID
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Compared to urban Veterans, rural Veterans are more likely to be older (55–74), not employed, have less education, more service-related disabilities and unmet healthcare needs.