



FREQUENTLY ASKED QUESTIONS

Department of Veterans Affairs / Veterans Health Administration and Department of Health and Human Services / Indian Health Service Memorandum of Understanding

1. What is the MOU between VA and HHS/IHS and what is its purpose?

Answer: The Memorandum of Understanding (MOU) is an agreement established between the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) that promotes collaboration and sharing between the departments in order to enhance access to health care services and improve the quality of care of American Indian and Alaska Native veterans. Five mutual goals are set forth in the MOU between the agencies (Veterans Health Administration (VHA) and the Indian Health Service (IHS)). The goals are improving beneficiary access to high quality health care, improving communication between the agencies, expanding partnerships and sharing agreements, delivering effective health promotion and disease prevention services, and ensuring appropriate resources and services are available to Indian veterans.

2. What are the potential benefits of this MOU?

Answer: The MOU is designed to promote positive change. No reduction in services to our beneficiaries will occur as a result of the MOU; activities conducted under the MOU should enhance services provided by both VA and IHS. The sharing of expertise, infrastructure and administrative functions will increase the efficiency of both organizations.

3. Are there priorities developed under the MOU to guide work?

Answer: Yes, these priorities are:

- Information technology, i.e., using an electronic health record
- Staff development and continuing education
- Health promotion and disease prevention strategies
- Local and regional sharing agreements to improve services
- Improving patient safety and quality
- Enhancing access for American Indian/Alaska Native veterans

4. Will IHS and VHA Headquarters provide guidance to IHS Area Offices and Service Units and to VHA Networks and field facilities regarding those priorities?

Answer: Yes. This process is ongoing.

- The IHS Area Directors and the VA's Network Directors will hold a joint meeting at least once a year. The first meeting took place in January 2004 and the

second meeting was held in October 2004. In addition, Directors have been asked to meet locally on a regular basis.

- A Headquarters Advisory Group meets monthly to further the goals of the MOU.
- The VHA / IHS Steering Committee was established in January 2004 to oversee initiatives created under the MOU. Specifically, the Committee is charged to; Identify new areas and recommend priorities for collaboration between VA and IHS; Encourage additional collaborative activities and Advise and assist in outreach and communication to constituent groups. The committee is co-chaired by the Deputy Under Secretary for Health for Health Policy Coordination, VHA, and the Chief Medical Officer, IHS. The committee reports to the Under Secretary for Health, VHA and the Director of IHS.
- The IHS Area Directors are required, as part of their annual employment contracts, to work with their VHA counterparts. In a parallel fashion, VHA Network Directors submit an implementation plan to Headquarters each year on IHS or Tribal sharing and then report quarterly on progress made.

5. What are some examples of successful local collaborations thus far?

Answer: Collaborations between IHS and VHA did exist before the MOU was in place and new projects have been developed. Current collaborations include:

- Fargo (North Dakota) Veterans Affairs Medical Center (VAMC) sharing agreements with the Sisseton-Wahpeton Tribe to provide medical care follow-up appointments to patients already seen at the VAMC.
- Alaska Federal Health Care Partnership – Health related initiatives include radiology sharing, telehealth, medical training, nuclear medicine, internal medicine, and urology.
- Mountain Plains Health Consortium (South Dakota) – This is a community, IHS, and VA partnership. It includes the capability to download educational programs related to health care and either rebroadcast them or digitize and record on tape or CD and send to partner facilities.
- VA Black Hills Health Care (South Dakota) System and the IHS Aberdeen Area collaboration on satellite and Internet based educational programs.
- Choctaw Nation – Muskogee (Oklahoma) VAMC Sharing Agreement for health care services and pharmacy services for both veterans and Indian non-veterans in the Choctaw Nation Health Center in McAlester, OK. This partnership has been in existence since January 2003.
- Agreement between the VA Salt Lake City (Utah) Health Care System and the Billings Area IHS for implementation of the IHS Electronic Health Record in the Wind River and Crow facilities.
- Telepsychiatry services provided at VA Riverton (California) Community Based Outpatient Clinic to Wind River Reservation.
- VA Iron Mountain (Michigan) provides EKG and lab services to Sault Ste. Marie Tribal Health Center.

- VA's Readjustment Counseling Service contracted with Forest County Potawatomi Mental Health to provide outreach mental health/readjustment counseling services to American Indian/Alaska Native veterans in Northern Wisconsin.

6. What other areas of collaboration are envisioned under the MOU?

Answer: National initiatives include focusing on Health Promotion / Disease Prevention tools/toolkits for addressing the diabetes through physical activity and nutrition as well as behavioral health issues at the local level; and sharing of the electronic health records systems.

7. How can a national MOU help local and community collaborations?

Answer: The national MOU is the umbrella agreement that provides overall endorsement for establishing local initiatives. Local VA and IHS/Tribal facilities/organizations should work together to develop their own sharing agreements or other appropriate mechanisms that meets the needs for improving health care to the American Indian/Alaska Native veterans in the communities.

8. How can VAMCs/Networks, IHS hospitals, urban centers and Tribal organizations use the MOU?

Answer: Local partnerships can foster more effective use of resources, including filling gaps or eliminating duplication of effort and resource sharing. Resource/Cost sharing agreements and exchange of services and facilities are in areas that IHS would otherwise have to contract. The IHS offers experience in community based health care, community networking skills, and cultural sensitivity and VA offers the broad range of clinical care experience in primary, specialty and nursing home care.

9. How can local facilities begin to develop a local sharing agreement?

Answer: Local sharing agreements and MOUs should be based on community needs and arranged through the appropriate contacts within each Area Office or Network office or local/regional office. Examples of local agreements may be available from those offices.

10. What are future or potential areas of collaboration with the VA?

Answer: We are looking to the future for possible collaborative activities on joint education, provider credentialing and the development and evaluation of culturally competent health service delivery models for American Indians/Alaska Native veterans.